PSYCHIATRIC HOAX

The Subversion of Medicine

Report and recommendations on psychiatry's destructive impact on health care

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IMPORTANT NOTICE
For the Reader

The psychiatric profession purports to be the sole arbiter on the subject of mental health and "diseases" of the mind. The facts, however, demonstrate otherwise:

1. PSYCHIATRIC "DISORDERS" ARE NOT MEDICAL DISEASES. In medicine, strict criteria exist for calling a condition a disease: a predictable group of symptoms and the cause of the symptoms or an understanding of their physiology (function) must be proven and established. Chills and fever are symptoms. Malaria and typhoid are diseases. Diseases are proven to exist by objective evidence and physical tests. Yet, no mental "diseases" have ever been proven to medically exist.

2. PSYCHIATRISTS DEAL EXCLUSIVELY WITH MENTAL "DISORDERS," NOT PROVEN DISEASES. While mainstream physical medicine treats diseases, psychiatry can only deal with "disorders." In the absence of a known cause or physiology, a group of symptoms seen in many different patients is called a *disorder* or *syndrome.* Harvard Medical School's Joseph Glenmullen, M.D., says that in psychiatry, "all of its diagnoses are merely syndromes [or disorders], clusters of symptoms presumed to be related, not diseases." As Dr. Thomas Szasz, professor of psychiatry emeritus, observes, "There is no blood or other biological test to ascertain the presence or absence of a mental illness, as there is for most bodily diseases."

3. PSYCHIATRY HAS NEVER ESTABLISHED THE CAUSE OF ANY "MENTAL DISORDERS." Leading psychiatric agencies such as the World Psychiatric Association and the U.S. National Institute of Mental Health admit that psychiatrists do not know the causes or cures for any mental disorder or what their "treatments" specifically do to the patient. They have only theories and conflicting opinions about their diagnoses and methods, and are lacking any scientific basis for these. As a past president of the World Psychiatric Association stated, "The time when psychiatrists considered that they could cure the mentally ill is gone. In the future, the mentally ill have to learn to live with their illness."

4. THE THEORY THAT MENTAL DISORDERS DERIVE FROM A "CHEMICAL IMBALANCE" IN THE BRAIN IS UNPROVEN OPINION, NOT FACT. One prevailing psychiatric theory (key to psychotropic drug sales) is that mental disorders result from a chemical imbalance in the brain. As with its other theories, there is no biological or other evidence to prove this. Representative of a large group of medical and biochemistry experts, Elliot Valenstein, Ph.D., author of *Blaming the Brain* says: "[T]here are no tests available for assessing the chemical status of a living person's brain."

5. THE BRAIN IS NOT THE REAL CAUSE OF LIFE'S PROBLEMS. People do experience problems and upsets in life that may result in mental troubles, sometimes very serious. But to represent that these troubles are caused by incurable "brain diseases" that can only be alleviated with dangerous pills is dishonest, harmful and often deadly. Such drugs are often more potent than a narcotic and capable of driving one to violence or suicide. They mask the real cause of problems in life and debilitate the individual, so denying him or her the opportunity for real recovery and hope for the future.

PSYCHIATRIC HOAX
THE SUBVERSION OF MEDICINE

CONTENTS

Introduction: The Manipulation of Medicine 2

Chapter One: Good Business, Bad Medicine 5

Chapter Two: Psychiatry Versus Medicine 11

Chapter Three: A Parody of Medicine and Science 17

Chapter Four: Harming the Vulnerable 23

Chapter Five: Jeopardizing Medical Ethics 29

Chapter Six: Which Way To Go? 31

Recommendations 34

Citizens Commission on Human Rights International 35

INTRODUCTION

The Manipulation of Medicine

In 1998 Alan I. Leshner, psychiatrist and former head of the National Institute of Drug Abuse stated: "My belief is that today, you [the physician] should be put in jail if you refuse to prescribe S.S.R.I.s [the new types of antidepressants] for depression. I also believe that five years from now, you should be put in jail if you don't give crack addicts the medications we're working on now."[1]

In more than 25 years of working on mental health reform, I have spoken to hundreds of physicians and thousands of patients, while helping to expose numerous psychiatric violations of human rights. However, until recently, the thought had never occurred to me that physicians' rights might also be under assault. Why should a physician be jailed for refusing to prescribe an antidepressant for depression?

> "Psychiatry's diagnostic system did not arrive in a spirit of professional respect for the traditions and knowledge of primary care medicine and other medical specialties." — Jan Eastgate

Many primary care physicians have acknowledged there are numerous physical conditions that can cause emotional and behavioral problems, and the vital need to check for them first. It follows then that relying on an antidepressant to suppress emotional symptoms, without first looking for and correcting a possible underlying physical illness, could simply be giving patients a chemical fix, while leaving them with an illness that could worsen.

What if a primary care physician or family practitioner correctly diagnosed and cured such a physical illness and the depression ended *without* psychoactive drugs? Could that physician then be accused of being unethical, or even be charged and jailed for the "criminal medical negligence" of not prescribing an antidepressant?

Crazy, you say? Couldn't happen? Well, perhaps. But it seems the day has come when a good physician can be accused of being *unethical* for practicing *ethical* medicine. Today, a physician, specialist or otherwise, can be criticized, bullied and treated like a "fringe" dweller for practicing traditional, workable, diagnostic medicine.

This publication has been written with physicians in mind, particularly those who would just like to practice non-psychiatric medicine, who are driven by a high and caring purpose in the best Hippocratic tradition, and who want to be left to get on with the job of caring for people's health to the best of their ability. It is for physicians who are concerned about the fact that millions of children are taking prescribed addictive, speed-like stimulants for a supposed mental disorder, Attention Deficit Hyperactivity Disorder (ADHD).

It is also written for anyone who thinks that government employees threatening parents with charges of criminal neglect for refusing to drug their child with stimulants or antidepressants, as is happening now, is more than just a little strange.

How did this state of affairs come about? We trust that this booklet helps to answer that question.

There is a pervasiveness about the mental health thinking that appears in primary care medicine today. It is largely due to the "success" of psychiatry's diagnostic system, the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*. This system and the mental diseases section of the *International Classification of Diseases (ICD-10)* have been heavily promoted as vitally necessary, mental disorder standards for non-psychiatric physicians.

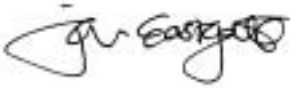
But there is something else here. Among the many pressures facing physicians today, there is one that is unique, in that it is accompanied by a subtle quality of malignant enforcement. Psychiatry's diagnostic system did not arrive in a spirit of professional respect for the traditions and knowledge of primary care medicine and other medical specialties.

There was no letter of introduction saying, "We respect the sanctity and seniority of your relationship with your patients, and your wish to provide the best for them. Here is our diagnostic system, please look it over and first satisfy yourself from your own experience that we are on the right track. We would appreciate your feedback and constructive criticism. By all means holler for help if you need us. Yours in the quest for better health."

Instead, it arrived in effect saying, "Here is a young child with severe mental problems. Our expert diagnosis is already made, in which case you have to do no more than follow our strict drug prescription instructions and be subject to our expert supervision." Or put otherwise, it says, "Your patients seem to trust you more than us, so here is how you have to diagnose their mental illness, from which they undoubtedly suffer."

This is the coercive undercurrent that has indelibly characterized psychiatry since it first assumed custodial duties within asylums 200 years ago. It is manifest in many different ways, and wherever it meddles, it is extremely destructive of certainty, pride, honor, industry, initiative, integrity, peace of mind, well-being and sanity. These are qualities that we must fight to preserve for all patients. *And for all physicians.*

Sincerely,



Jan Eastgate
President, Citizens Commission
on Human Rights International

IMPORTANT FACTS

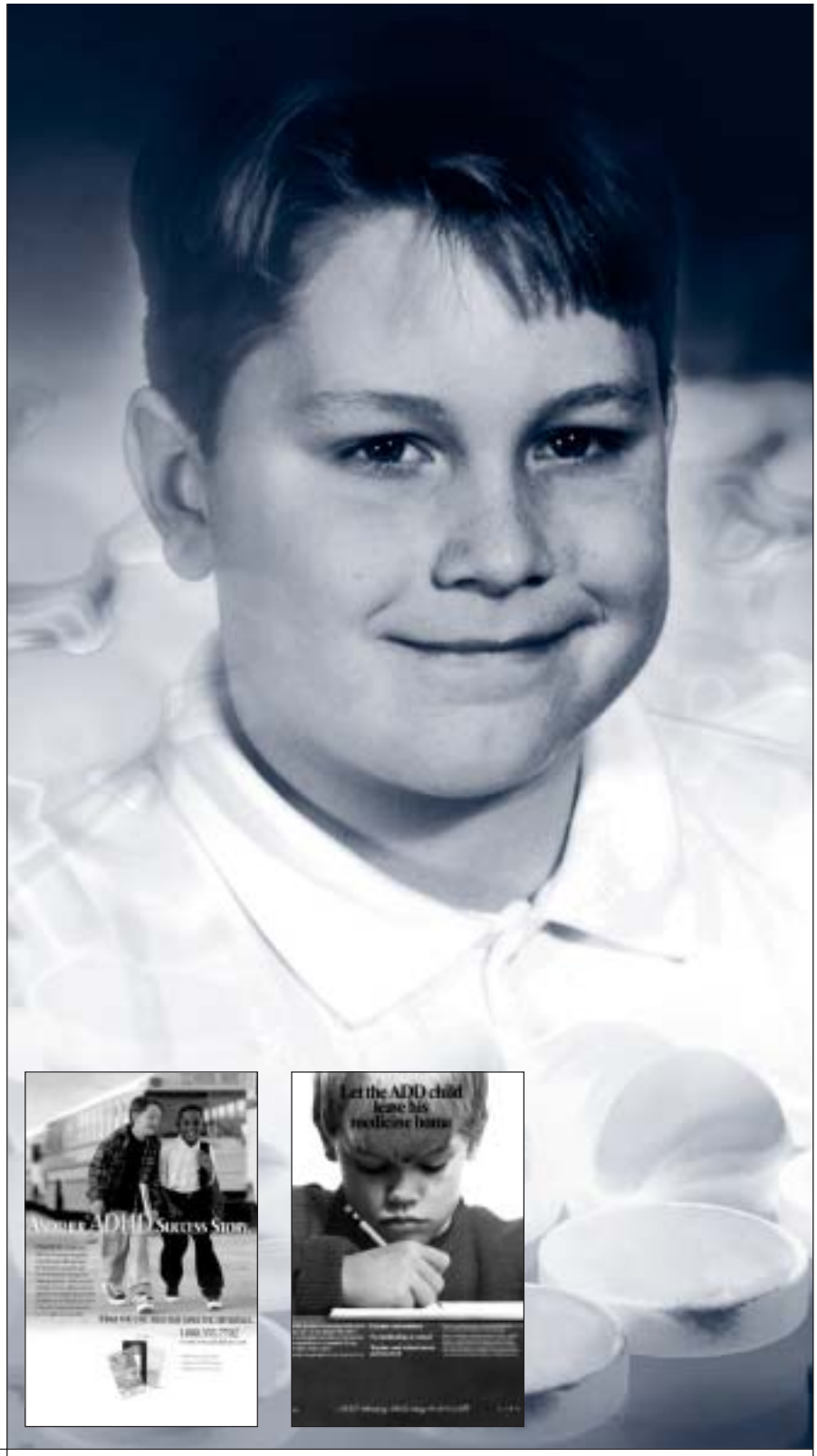
1. In 40 years, "biological psychiatry" has yet to validate a single psychiatric condition/diagnosis as an abnormality/disease, or as anything neurological, biological, chemically imbalanced or genetic.

2. The 1998 U.S. National Institutes of Health Consensus Conference on ADHD (Attention Deficit Hyperactivity Disorder) found no "proof that ADHD is caused by a chemical imbalance."[2]

3. German child and adolescent psychiatrist Paul Runge says that if ADHD was biologically based, "a real, effective treatment would require a cure which influences only this specific biological disorder."[3] Such a treatment does not exist.

4. In 2002, a Parliamentary Assembly of the Council of Europe report called for "stricter control" to be "exercised over the diagnosis and treatment" of ADHD and that more research be conducted into alternative forms of treatment such as diet."[4]

5. Through the 1990s, the international production of methylphenidate (Ritalin) increased from 2.8 tons to 15.3 tons.[5]



Matthew Smith was forced by school personnel to take a psychiatric stimulant to help him "focus" better. However, in 2000, at age 14, he died of a heart attack that a coroner attributed to the prescribed stimulant. More and more children are being diagnosed with ADHD, a disease that has never been proven clinically to exist. Widespread marketing has been largely responsible for the increase.

CHAPTER ONE

Good Business, Bad Medicine

At age seven, Matthew Smith was diagnosed through his school as having Attention Deficit Hyperactivity Disorder (ADHD). His parents were told that he needed to take a stimulant to help him focus. Initially resistant, Matthew's parents were told that noncompliance could bring criminal charges for neglecting their son's educational and emotional needs. "My wife and I were scared of the possibility of losing our children if we didn't comply," said Matthew's father, Lawrence Smith. After being told that there was nothing wrong with the "medication," that it could only help, Matthew's parents yielded to the pressure.

On March 21, 2000, while skateboarding, Matthew died from a heart attack. The coroner determined that Matthew's heart showed clear signs of small blood vessel damage caused by stimulant drugs like amphetamines, and concluded that he had died from the long-term use of the *prescribed* stimulant.

Despite psychiatric claims to the contrary, the practice of prescribing cocaine-like drugs to the world's children is far removed from conclusive science. There are an extraordinary number of distorted facts in the majority of the available data. The following information presents an alternative perspective for concerned physicians.

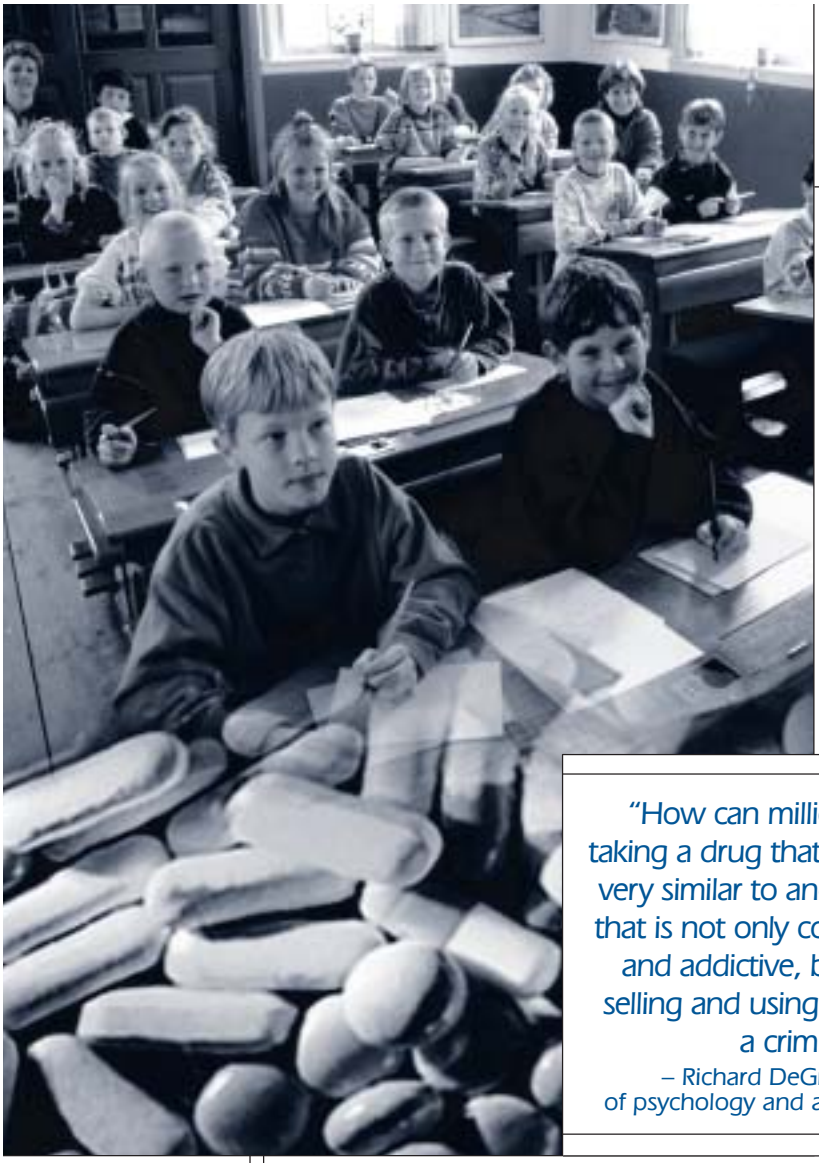
In 1998, a U.S. National Institutes of Health (NIH) Conference of the world's leading ADHD proponents was forced to conclude that there is no data confirming ADHD as a brain dysfunction. The conference admitted that, "our knowledge about the cause or causes of ADHD remains largely speculative." The National Institute for Clinical Excellence in the United Kingdom concurred: "… there is still controversy over the causes and diagnostic validity of ADHD."[7]

> "The diagnosis of ADD [Attention Deficit Disorder] is entirely subjective. … There is no test. It is just down to interpretation. ... The lines between an ADD sufferer and a healthy exuberant kid can be very blurred."[6]
>
> — Dr. Joe Kosterich, Federal Chairman, General Practitioners' Branch, Australian Medical Association, 1999

Dominick Riccio, Executive Director of the International Center for the Study of Psychiatry and Psychology says, "They would need to show me a direct causal relationship between any brain chemical and the symptoms of ADHD. … They have gone through the dopamine hypothesis. They have gone through the serotonin hypothesis. None of them has a causal relationship."[8]

Dr. Louria Shulamit, a family practitioner in Israel, makes it clear: "ADHD is a syndrome, not a disease (by definition). As such, it is diagnosed by symptoms. The symptoms of this syndrome are so common that we can conclude that all children—especially boys—fit this diagnosis."[9]

According to Dr. William Carey, a highly



"How can millions of children be taking a drug that is pharmacologically very similar to another drug, cocaine, that is not only considered dangerous and addictive, but whose buying, selling and using are also considered a criminal act?"

– Richard DeGrandpre, professor of psychology and author of *Ritalin Nation*

respected pediatrician at the Children's Hospital of Philadelphia, "The current ADHD formulation, which makes the diagnosis when a certain number of troublesome behaviors are present and other criteria met, overlooks the fact that these behaviors are probably usually normal."[10]

Thomas Moore, author of *Prescriptions for Disaster,* warns that the current use of drugs like Ritalin is taking "appalling risks" with a generation of kids. The drug is given, he said, for "short-term control of behavior—not to reduce any identifiable hazard to [children's] health. Such large-scale chemical control of human behavior has not been previously undertaken in our society outside of nursing homes and mental institutions."[11]

No Chemical Imbalance

Psychiatrists argue that the source of ADHD is a chemical imbalance that requires "medication" in the same way that diabetes requires insulin treatment.

However, Elliot Valenstein, Ph.D. says, "[T]here are no tests available for assessing the chemical status of a living person's brain."[12] Dr. Joseph Glenmullen of Harvard Medical School states, "In every instance where such an imbalance was thought to have been found, it was later proven false."[13]

In 2004, psychiatrist M. Douglas Mar also debunked the theory that brain scans can diagnose mental discoveries, stating: "There is no scientific basis for these claims [of using brain scans for psychiatric diagnosis]."[14] Dr. Michael D. Devous of the Nuclear Medicine Center at the University of Texas Southwestern Medical Center agreed: "An accurate diagnosis based on a scan is simply not possible."[15]

Dr. Mary Ann Block, author of *No More ADHD*, is adamant: "ADHD is not like diabetes and Ritalin is not like insulin. Diabetes is a real medical condition that can be objectively diagnosed. ADHD is an invented label with no objective, valid means of identification. Insulin is a natural hormone produced by the body and it is essential for life. Ritalin is a chemically derived amphetamine-like drug that is not necessary for life. Diabetes is an insulin deficiency. Attention and behavioral problems are not a Ritalin deficiency."[16]

In 2001, Ty C. Colbert, Ph.D., added his voice: "As with all mental disorders, there is no biological test or biological marker for ADHD."[17]

Dangerous Drug Effects

There are numerous health risks and other inconsistencies associated with the prescription of mind-altering drugs for so-called ADHD or other learning disorders.

The *Physician's Desk Reference Guide* says increased heart rate and blood pressure can result from using Ritalin to "treat" ADHD.[18] In August 2001, the *Journal of the American Medical Association* reiterated that Ritalin acts much like cocaine.[19]

Long-term detrimental side effects may appear after years of remaining on or stopping the drugs.[20] "The adverse effect on growth hormone is so regular and predictable that it can be used as a measure of whether or not [the stimulant] is active in the child's body."[21] "Even a child's sexual maturation is impaired."[22] Suicide is the major complication of withdrawal from this stimulant and similar amphetamine-like drugs.[23]

According to neurologist and psychiatrist Dr. Sydney Walker III, author of *The Hyperactivity Hoax*, "While studies indicate that the drug (methylphenidate) is probably only a weak carcinogen [cancer causing agent], increasing the future cancer risk of millions of children—even a little bit—is not something to be done lightly. Another recent report warns that [Ritalin] 'may have persistent, cumulative effects on the myocardium (thick muscle layer that forms most of the heart wall).'"[24]

The United States consumes 85% of the international production of methylphenidate (Ritalin).[25] In 2002, the Council of Europe Parliamentary Assembly found high rates of methylphenidate consumption in Belgium, Germany, Iceland, Luxemburg, the Netherlands, Switzerland and the United Kingdom. In Britain, the stimulant prescription rate for children soared 9,200% between 1992 and 2000, while in Australia, there was a 34-fold increase over the past two decades.[26] Between 1989 and 1996, France reported a 600% increase in the number of children labeled "hyperactive."[27] Sales of methylphenidate in Mexico increased 800% between 1993 and 2001.

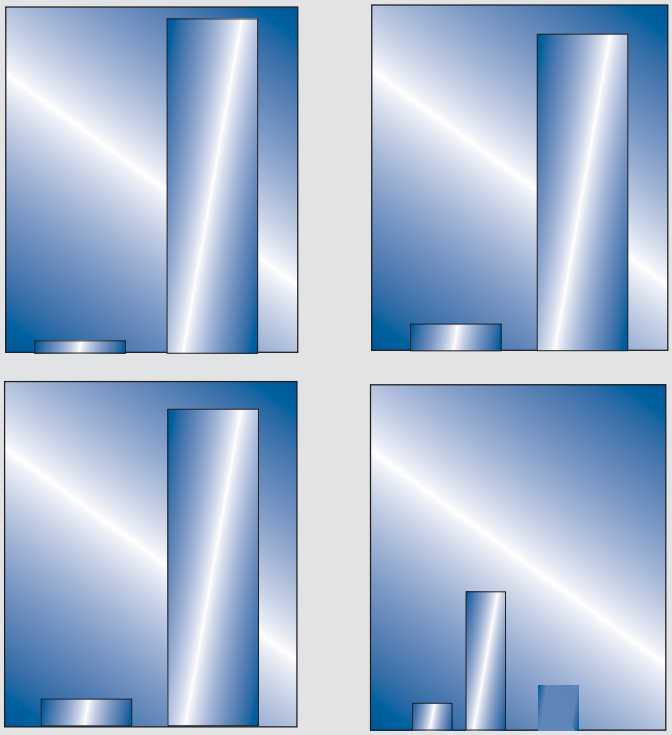
"How can millions of children be taking a drug that is pharmacologically very similar to another drug, cocaine, that is not only considered dangerous and addictive, but whose buying, selling, and using are also considered a criminal act?" asks Richard DeGrandpre, professor of psychology and author of *Ritalin Nation*.[28]

In addition to these stimulants, another 1.5 million children and adolescents in the United States are taking Selective Serotonin Reuptake Inhibitor (SSRI) antidepressants.[29] Between 1995 and 1999 in the United States, antidepressant use

"If there is no valid test for ADHD, no data proving ADHD is a brain dysfunction, no long-term studies of the drugs' effects, and if the drugs do not improve academic performance or social skills and instead can cause compulsive and mood disorders, and lead to illicit drug use, why are millions of children and adults … being labeled ADHD and prescribed these drugs?"

— Dr. Mary Ann Block, author of *No More ADHD*

Skyrocketing Drug Sales & Use



Austin Harris was hailed as "the poster child for Attention Deficit Hyperactivity Disorder." He was the child no one wanted to be around and was kicked out of eleven preschools in three years for doing everything from shouting obscenities and hitting other children, to poking a teacher in the eye with a pencil. He was prescribed stimulants.

But something unexpected happened after Austin went to the hospital to have a blockage removed from his colon. The child no one wanted to be around was no longer terrorizing his teachers and classmates. Instead Austin, who is now 10, was able to sit quietly and was a joy to be around. He gave up the medication.

According to leading pediatric gastroenterologists, the connection between behavior and chronic constipation in children is not uncommon. "The bad behaviors disappear as soon as the impaction is removed," said Dr. Paul Hyman, chief of pediatric gastroenterology at the University of Kansas Medical Center in Kansas City. Hyman said that the negative behavior can be caused by fear and pain the child may not even be aware of.[33]

increased 151% for seven to 12-year-olds and 580% for children under six. Children as young as five years old committed suicide while taking prescription SSRI antidepressants. In Britain, the number of prescriptions for antidepressants has also more than doubled in 10 years.[30]

In 2003, the British medicines regulatory body warned doctors not to prescribe SSRI antidepressants to under-18-year-olds, citing suicide risks. On March 22, 2004, the U.S. Food and Drug Administration (FDA) issued an advisory to doctors, stating: "Anxiety, agitation, panic attacks, insomnia, irritability, hostility, impulsivity, akathisia (severe restlessness), hypomania and mania, have been reported in adult and pediatric patients being treated with [SSRI] antidepressants … both psychiatric and non-psychiatric."[31]

An FDA advisory panel hearing in September 2004 also recommended a prominent "black box" warning about potential suicide risk be placed on SSRI bottles. However, these and, indeed, all psychotropic drugs, should *really* be prohibited *because of their general danger and high potential for fatal consequences*.

Robert Whitaker, science writer and author of *Mad in America*, says, "What we have after years of soaring use of psychotropic drugs is a crisis in mental health, an epidemic of mental illness among children. Instead of seeing better mental health with ever more medicating, we see a worsening of mental health."[32]

"One of the very hard things for me to deal with," Lawrence Smith says, "is the fact that Matthew never wanted his medication. How many more 14-year-old Matthew Smiths will have to die before someone puts a stop to this biggest healthcare fraud ever?"

It was a psychiatrist who prescribed Matthew's lethal drugs, not "health care." However, by accepting psychiatry's system of diagnosis and treatment, general medicine itself may face risk and controversy as the failures of that system become more obvious.

There is yet another significant professional risk. By acceding to, or even merging with, psychiatric thinking, general medical practice and other medical specialties could be associated in the public's mind with not only the mental health industry's poor reputation, but also much of psychiatry's unsavory history. It is a history worth examining.

PSYCHIATRIC FRAUD

Diagnosis By Design

By Professor Thomas Szasz

Dr. Thomas Szasz is a professor of psychiatry emeritus at the State University of New York Health Science Center and author of more than 30 books.

Using a poll surveying the nation's health, *Parade* magazine concluded that depression is "the third most common 'disease.'" Yet when the respondents were asked, "What is your greatest personal health concern for the future?" they did not even mention depression. They were concerned about cancer and heart disease.

Even though people have accepted the categorization of depression as a disease, they are not afraid of getting depression because they intuitively recognize that it is a personal problem, not a disease. They *are* afraid of getting cancer and heart disease because they know these are diseases—true medical problems—not just names.

Allen J. Frances, Professor of Psychiatry at Duke University Medical Center and Chair of the *DSM-IV* Task Force, writes: "*DSM-IV* is a manual of mental disorders, but it is by no means clear just what is a mental disorder … There could arguably not be a worse term than mental disorder to describe the conditions classified in *DSM-IV*." Why, then, does the APA continue to use this term?

The primary function and goal of the *DSM* is to lend credibility to the claim that certain behaviors, or more correctly, misbehaviors, are mental disorders and that such disorders are, therefore, medical diseases. Thus, pathological gambling enjoys the same status as myocardial infarction (blood clot in heart artery). In effect, the APA maintains that betting is something the patient cannot control; and that, generally, all psychiatric "symptoms" or "disorders" are outside the patient's control. I reject that claim as patently false.

The ostensible validity of the *DSM* is reinforced by psychiatry's claim that mental illnesses are brain diseases—a claim supposedly based on recent discoveries in neuroscience, made possible by imaging techniques for diagnosis and pharmacological agents for treatment. This is not true. There are no objective diagnostic tests to confirm or disconfirm the diagnosis of depression; the diagnosis can and must be made solely on the basis of the patient's appearance and behavior.

There is no blood or other biological test to ascertain the presence or absence of a mental illness, as there is for most bodily diseases. If such a test were developed, then the condition would cease to be a mental illness and would be classified as a symptom of a bodily disease.

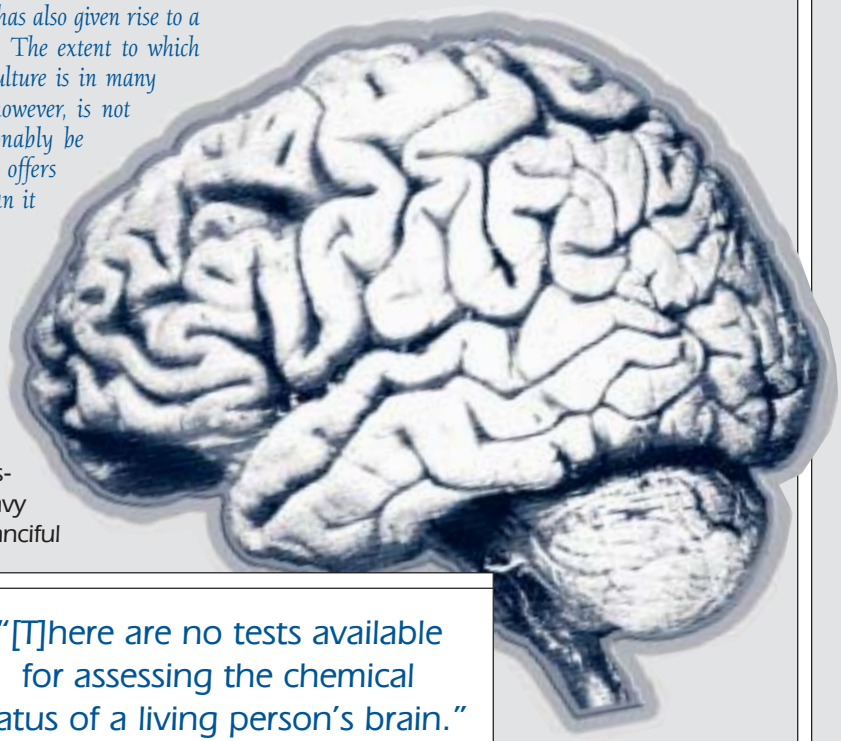
> "There is no blood or other biological test to ascertain the presence or absence of a mental illness, as there is for most bodily diseases. If such a test were developed, then the condition would cease to be a mental illness and would be classified as a symptom of a bodily disease."
>
> — Dr. Thomas Szasz, M.D.
> Professor of psychiatry emeritus, 2002

If schizophrenia, for example, turns out to have a biochemical cause and cure, schizophrenia would no longer be one of the diseases for which a person would be involuntarily committed. In fact, it would then be treated by neurologists, and psychiatrists then have no more to do with it than they do with Glioblastoma [malignant tumor], arkinsonism, and other diseases of the brain.

BLAMING THE BRAIN

The Chemical Imbalance Swindle

"The advent of the psychotropic drugs has also given rise to a new biological language in psychiatry. The extent to which this has come to be part of popular culture is in many ways astonishing .... This triumph, however, is not without its ambiguities. It can reasonably be asked whether biological language offers more in the line of marketing copy than it offers in terms of clinical meaning."[66]
— Dr. David Healy, *The Anti-Depressant Era*, 1999.



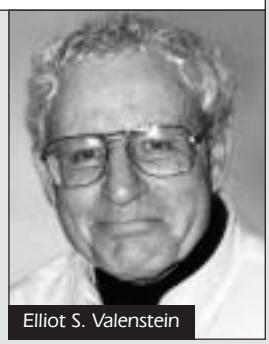
The cornerstone of psychiatry's disease model today, is the concept that a brain-based, chemical imbalance underlies mental disease. While popularized by heavy public marketing, it is simply fanciful psychiatric thinking. As with all of psychiatry's disease models, it has been thoroughly discredited by researchers.

> "[T]here are no tests available for assessing the chemical status of a living person's brain."
> — Elliot S. Valenstein, Ph.D.

Elliot Valenstein, Ph.D. is unequivocal: "There are no tests available for assessing the chemical status of a living person's brain."[67] Also, no "biochemical, anatomical, or functional signs have been found that reliably distinguish the brains of mental patients."[68]

An article published in May 2004 in the U.S. newspaper, *The Mercury News*, states, "Many doctors warn about using the SPECT (single photon emission computed tomography) [brain] imaging as a diagnostic tool, saying it is unethical—and potentially dangerous—for doctors to use SPECT to identify emotional, behavioral and psychiatric problems in a patient. The $2,500 evaluation offers no useful or accurate information, they say."[69]

Dr. Julian Whitaker, author of the respected *Health & Healing* newsletter says: "When psychiatrists label a child or [adult], they're labeling people because of symptoms. They do not have any pathological diagnosis; they do not have any laboratory diagnosis; they cannot show any differentiation that would back up the diagnosis of these psychiatric 'diseases.' Whereas if you have a heart attack, you can find the lesion; if you have diabetes, your blood sugar is very high; if you have arthritis it will show on the X-ray. In psychiatry, it's just crystal-balling, fortune-telling; it's totally unscientific."


Elliot S. Valenstein

Ty Colbert, Ph.D. says, "We know that the chemical imbalance model for mental illness has never been scientifically proven. We also know that all reasonable evidence points instead to the disabling model of psychiatric drug action. Furthermore, we also know that the research on drug effectiveness/efficacy are unreliable because drug tests only measure efficacy based on symptom reduction, not cure."[70]

According to Valenstein, "The theories are held on to not only because there is nothing else to take their place, but also because they are useful in promoting drug treatment."[71]

IMPORTANT FACTS

1. German psychiatrist Emil Kraepelin first defined "schizophrenia" as *dementia praecox* in the late 1800s. The term "schizophrenia" was coined in 1908 by Swiss psychiatrist Eugen Bleuler.

2. It was later discovered that Kraepelin's schizophrenic patients suffered from a global medical disease called *encephalitis lethargica* (brain inflammation causing lethargy), which caused mental disturbance.

3. The *DSM-II* admits, "Even if it had tried, the [APA] Committee could not establish agreement about what this disorder is; it could only agree on what to call it."[75]

4. The drugs prescribed for "schizophrenia" cause violent, manic behavior during both treatment and withdrawal.

5. Successful programs in the United States and Italy have proven that "schizophrenia" can be resolved without psychiatric drugs.

CHAPTER FOUR

Harming the Vulnerable

While psychiatry seeps deeper into our everyday world through the spread of the *DSM* and psychotropic drugs, most people still consider that psychiatry's main function is to treat patients with severe, life-threatening mental disorders.

Here, the psychiatrist deals with the "disease" first tagged as *dementia praecox* by Kraepelin in the late 1800s, then as "schizophrenia" by Swiss psychiatrist Eugen Bleuler in 1908.

Psychiatrist E. Fuller Torrey reports that Kraepelin "put the final medical seal on irrational behavior by naming it and categorizing it. Irrational behavior could now hold its head up in medical company for it had names. … His classificatory system continues to dominate psychiatry up to the present, not because it has proven of value … because it has been the ticket of admission for irrational behavior into medicine."[77]

However, Robert Whitaker reports the patients that Kraepelin diagnosed with dementia praecox were suffering from a medical disease, *encephalitis lethargica* [brain inflammation causing lethargy]: "These patients walked oddly and suffered from facial tics, muscle spasms, and sudden bouts of sleepiness. Their pupils reacted sluggishly to light. They also drooled, had difficulty swallowing, were chronically constipated, and were unable to complete willed physical acts."[78]

> "Diagnosing someone as schizophrenic may appear scientific on the surface, especially when biopsychiatry keeps claiming that a genetic brain disease is involved. But when you step back and observe from a distance what these researchers are really doing, you wonder how they can justify their work. … This is not science."[76]
>
> — Ty C. Colbert, Ph.D., *Blaming Our Genes*, 2001

Psychiatry never reviewed Kraepelin's material to see that schizophrenia was simply an undiagnosed and untreated physical problem. "Schizophrenia was a concept too vital to the profession's claim of medical legitimacy …. The physical symptoms of the disease were quietly dropped …. What remained, as the foremost distinguishing features, were the mental symptoms: hallucinations, delusions, and bizarre thoughts," says Whitaker.

Psychiatry remains committed to calling schizophrenia a mental disease despite, after a century of research, the complete absence of objective proof that schizophrenia exists as an actual disease or physical abnormality.

While Nobel Prize winner John Nash is depicted in the Hollywood film "A Beautiful Mind" as recovering from "schizophrenia" using the latest psychiatric drugs, Nash refutes this fiction. In fact, he had not taken psychiatric medications for 24 years and recovered naturally from his disturbed state.

The neuroleptics or antipsychotics prescribed for the condition were first developed by the French to "numb the nervous system during surgery." Psychiatrists learned very early on that neuroleptics cause Parkinsonian and encephalitis lethargica symptoms.[79]

Tardive dyskinesia (*tardive* meaning "late" and *dyskinesia*, a permanent impairment of the power of voluntary movement of the lips, tongue, jaw, fingers, toes, and other body parts) appeared in 5% of patients within one year of neuroleptic treatment.[80] Neuroleptic malignant syndrome, a potentially fatal toxic reaction where patients break into fevers and become confused, agitated, and extremely rigid, was also a known outcome risk. An estimated 100,000 Americans have died from it.[81]

To counter negative publicity, articles placed in medical journals regularly exaggerated the benefits of the drugs and obscured their risks. Whitaker says that in the 1950s, what physicians and the general public learned about new drugs was tailored: "This molding of opinion, of course, played a critical role in the recasting of neuroleptics as safe, antischizophrenic drugs for the mentally ill."

However, independent research outcomes were worrisome. In an eight-year-study, the WHO found that severely mentally disturbed patients in three economically disadvantaged countries whose treatment plans did not include a heavy reliance on drugs—India, Nigeria and Colombia—did dramatically better than their counterparts in the United States and four other developed countries. Indeed, after five years, "64% of the patients in the poor countries were asymptomatic and functioning well." In contrast, only 18% of the patients in the prosperous countries were doing well.[82] A second follow-up study using the same diagnostic criteria reached the same conclusion.[83] Neuroleptics were clearly implicated in the significantly inferior western result.

Not until 1985 did the APA issue a warning

> "The idea was that 'schizophrenia' could often be overcome with the help of meaningful relationships, rather than with drugs, and that such treatment would eventually lead to unquestionably healthier lives."
>
> — Dr. Loren Mosher, former chief of the U.S. National Institute of Mental Health's Center for Studies of Schizophrenia

letter to its members about the potentially lethal effects of the drugs, and then only after several highly publicized lawsuits that "found psychiatrists and their institutions negligent for failing to warn patients of this risk, with damages in one case topping $3 million."

New "atypical" [not usual] drugs for schizophrenia were introduced in the 1990s, promising fewer side effects.[84] However, one of these atypicals had already been tested in the 1960s and was found to have caused seizures, dense sedation, marked drooling, constipation, urinary incontinence, weight gain, respiratory arrest, heart attack and rare sudden death. When introduced into Europe in the 1970s, the drug was withdrawn after it was also found to cause agranulocytosis, a potentially fatal depletion of white blood cells, in up to 2% of patients.[85]

In the film "A Beautiful Mind," Nobel Prize winner John Nash is depicted as relying on psychiatry's latest breakthrough drugs to prevent a relapse of his "schizophrenia." This is Hollywood fiction, however, as Nash himself disputes the film's portrayal of him taking "newer medications" at the time of his Nobel Prize award. Nash had not taken any psychiatric drugs for 24 years and had recovered naturally from his disturbed state.

Although omitted from psychiatry-sponsored history books, it is vital to know that numerous compassionate and workable medical programs for severely disturbed individuals have not relied on heavy drugging.

Workable Treatments

The late Dr. Loren Mosher was the chief of the U.S. National Institute of Mental Health's Center for Studies of Schizophrenia, and later clinical professor of psychiatry at the School of Medicine, University of California, San Diego and director of Soteria Associates in San Diego, California. He opened Soteria House in 1971 as a place where young persons diagnosed as having "schizophrenia" lived medication-free with a nonprofessional staff trained to listen, to understand them and provide support, safety and validation of their experience. "The idea was that 'schizophrenia' could often be overcome with the help of meaningful relationships, rather than with drugs, and that such treatment would eventually lead to unquestionably healthier lives," he said.

Dr. Mosher further stated: "The experiment worked better than expected. At six weeks post-admission both groups had improved significantly and comparably despite Soteria clients having not usually received antipsychotic drugs! At two years post-admission, Soteria-treated subjects were working at significantly higher occupational levels, were significantly more often living independently or with peers, and had fewer readmissions. Interestingly, clients treated at Soteria who received no neuroleptic medication over the entire two years or were thought to be destined to have the worst outcomes, actually did the best as compared to hospital and drug-treated control subjects."

Between 1973 and 1996 Dr. Giorgio Antonucci (left and above with patient) repeatedly dismantled some of the most oppressive concentration camp-like psychiatric wards by ensuring that patients were treated compassionately, with respect and without the use of drugs.

In the Institute of Osservanza (Observance) in Imola, Italy, Dr. Giorgio Antonucci treated dozens of so-called violent schizophrenic women, most of who had been continuously strapped to their beds (some up to 20 years). Straitjackets had been used, as well as plastic masks to keep patients from biting. Dr. Antonucci began to release the women from their confinement, spending many, many hours each day talking with them and "penetrating their deliriums and anguish." In every case, Dr. Antonucci listened to stories of years of desperation and institutional suffering. Under Dr. Antonucci's leadership, all psychiatric "treatments" were abandoned and some of the most oppressive psychiatric wards were dismantled. He ensured that patients were treated compassionately, with respect, and without the use of drugs. In fact, under his guidance, the ward transformed from the most violent in the facility to its calmest. After a few months, his "dangerous" patients were free, walking quietly in the asylum garden. Eventually they were stable and discharged from the hospital after many had been taught how to read and write, and how to work and care for themselves for the first time in their lives. Dr. Antonucci's superior results also came at a much lower cost.

Such programs constitute permanent testimony to the existence of both genuine answers and hope for the seriously troubled.

Dr. Giorgio Antonucci, second from the right, and the patients he salvaged with communication and compassion.

PUBLIC WARNING
Drug-Induced Violence

On June 20, 2001, Texas mother and housewife Andrea Yates filled the bathtub and drowned her five children, ages six months to seven years. For many years, Mrs. Yates, 37, had struggled through hospitalizations, prescribed psychiatric drugs and suicide attempts. On March 12, 2002, the jury rejected her insanity defense and found her guilty of capital murder.

For the legal profession and the media, the story had been told and the case was closed. From psychiatry, the excuses are predictable. Mrs. Yates suffered from a severe mental illness, which was "treatment resistant," or she was "denied appropriate and quality mental health care."

Unsatisfied, CCHR Texas obtained independent medical assessments of Mrs. Yates' medical records. Science consultant Edward G. Ezrailson, Ph.D., reported that the cocktail of drugs prescribed to Mrs. Yates caused involuntary intoxication. The "overdose" of one antidepressant and "sudden high doses" of another, "worsened her behavior," he said. This "led to murder."[86]

Author Robert Whitaker's research found that antipsychotic drugs temporarily dim psychosis but, in the long run, make patients more biologically prone to it. A second paradoxical effect, one that emerged with the more potent neuroleptics, is a side effect called akathisia [*a*, without; *kathisia*, sitting; an inability to keep still]. This side effect has been linked to assaultive, violent behavior.[87]

▮ A 1990 study determined that 50% of all fights in a psychiatric ward could be tied to akathisia. Patients described "violent urges to assault anyone near."[88]

▮ A 1998 British report revealed that at least 5% of SSRI (Selective Serotonin Reuptake Inhibitor antidepressant) patients suffered "commonly recognized" side effects that included agitation, anxiety and nervousness. Approximately 5% of the reported side effects included aggression, hallucinations, malaise and depersonalization.[89]

▮ In 1995, nine Australian psychiatrists reported that patients had slashed themselves or become preoccupied with violence while taking SSRIs. "I didn't want to die, I just felt like tearing my flesh to pieces," one patient told the psychiatrists.[90]

Withdrawal Effects

▮ In 1996, the National Preferred Medicines Center, Inc. of New Zealand issued a report on "Acute drug withdrawal," which stated that withdrawal from psychoactive drugs can cause:

1) rebound effects that exacerbate previous symptoms of a "disease," and 2) new symptoms unrelated to the original condition and unfamiliar to the patient.[91]

▮ Dr. John Zajecka reported in the *Journal of Clinical Psychiatry* that the agitation and irritability experienced by patients withdrawing from one SSRI can cause "aggressiveness and suicidal impulsivity."[92]

▮ In *The Lancet*, the British medical journal, Dr. Miki Bloch reported on patients who became suicidal and homicidal after stopping an antidepressant, with one man having thoughts of harming "his own children."[93]

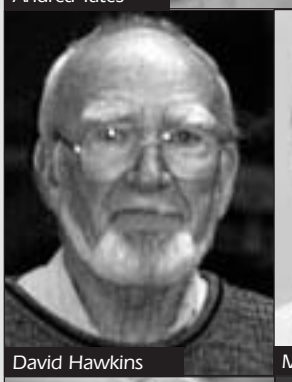
While psychiatrists continue to discount the drug-suicide-violence link as merely "anecdotal," courts are starting to act where psychiatric associations will not.

▮ On May 25, 2001, an Australian judge blamed a psychiatric antidepressant for turning a peaceful, law-abiding man, David Hawkins, into a violent killer. Judge Barry O'Keefe of the New South Wales Supreme Court said that had Mr. Hawkins not taken the antidepressant, "it is overwhelmingly probable that Mrs. Hawkins would not have been killed…"

▮ In June 2001, a Wyoming jury awarded $8 million to the relatives of a man, Donald Schell, who went on a shooting rampage after taking an antidepressant. The jury determined that the drug was 80% responsible for inducing the killing spree.[94]

Many medical studies report evidence of psychiatric drugs inducing violent or suicidal behavior. The below killers, from the U.S., Australia and Japan, brutally murdered 39 people while undergoing psychiatric drug treatment.

Andrea Yates


David Hawkins

Mamoru Takuma

Jeremy Strohmeyer

Kip Kinkel

IMPORTANT FACTS

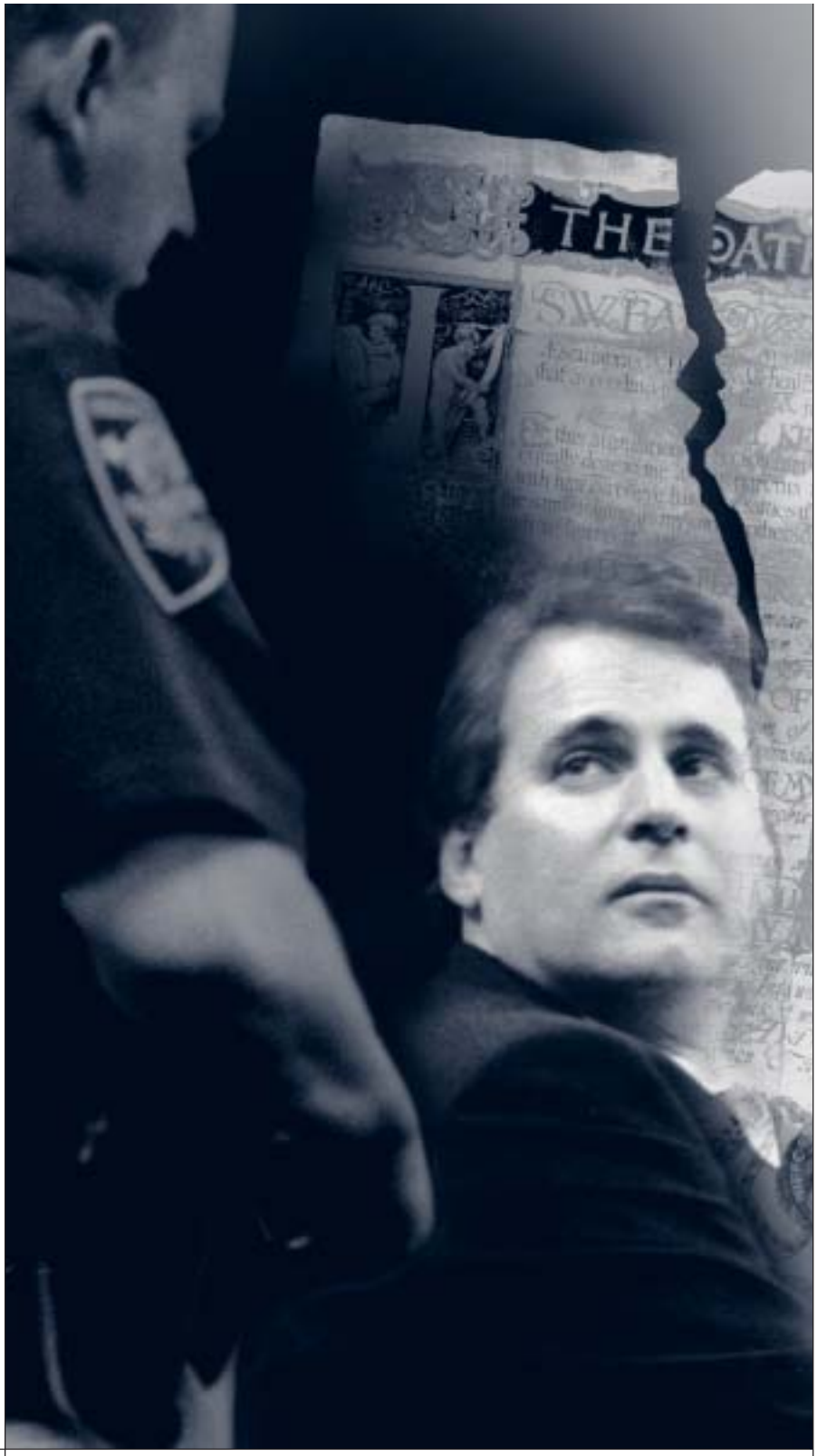
1. Psychiatry has the worst record of insurance fraud of all medical disciplines.[95]

2. Ten percent of mental health practitioners admit to sexually abusing their patients.

3. One study found that one out of 20 clients who had been sexually abused by their therapist was a minor, the average age being seven for girls and 12 for boys.[96]

4. One survey of more than 530 psychiatrists showed 25% had chosen the field of psychiatry because of their own psychiatric problems.[97]

5. Psychiatrists have the highest suicide and drug abuse rate among physicians.[98]



American psychiatrist Michael DeLain was jailed for two years in 2002 for sexually exploiting a 16-year-old patient; since their inception, psychiatrists have systematically and continually violated the Hippocratic Oath.

CHAPTER FIVE

Jeopardizing Medical Ethics

Beyond the many valid medical reasons for non-psychiatric physicians to resist the mental health vision of psychiatrists, there is also the matter of preserving their professional integrity and reputation.

While medicine has nurtured an enviable record of achievements and general popular acceptance, the public still links psychiatry to snake pits, straitjackets, and "One Flew Over the Cuckoo's Nest." Psychiatry has done little to enhance that perception with its development of such brutal treatments as ECT, psychosurgery, the chemical straitjacket caused by antipsychotic drugs, and its long record of treatment failures.

> "Suicide, stress, divorce — psychologists and other mental health professionals may actually be more screwed up than the rest of us."
>
> — *Psychology Today*, 1997

In the area of fraud, psychiatry is considerably over-represented. The largest health care fraud suit in U.S. history involved mental health, yet it is the smallest sector within the healthcare field.[99] According to a veteran California healthcare fraud investigator, one of the simplest ways to detect fraud is to review the drug prescription records of psychiatrists.

Sex Crimes

A 1998 review of U.S. medical board actions against 761 physicians disciplined for sex-related offenses from 1981 to 1996 found that psychiatry and child psychiatry featured in significantly higher numbers than other branches. While psychiatrists accounted for only 6% of physicians in the country, they comprised 28% of physicians disciplined for sex crimes.[100]

A 1998 report on patient complaints issued by Sweden's Social Board (medical board) found that psychiatrists were responsible for nearly half of the mistreatments of patients reported. Some were so gross—involving violence and sexual abuse—that they were referred to prosecutors for further action.[101]

Between 10% and 25% of mental health practitioners *admit* to sexually abusing their patients. A U.S. national study of therapist-client sex revealed that therapists abuse more girls than boys. The female victims' ages ranged from three to 17. For sexually abused boys, the ages ranged from seven to 16 years old.[102]

Meanwhile, psychiatrists work hard to expand their referral business by influencing primary care medicine to use diagnostic checklists based on the *DSM*. As ethical practitioners are an essential part of a profession's standing, it behooves non-psychiatric physicians to consider the likely reputational consequences for medicine itself.

IMPORTANT FACTS

1. In one study, 83% of people referred by clinics and social workers for psychiatric treatment had undiagnosed physical illnesses; in another, 42% of those diagnosed with "psychoses" were later found to be suffering from a medical illness.[103]

2. According to medical experts, unwanted or overactive or "hyperactive" behavior has many sources ranging from, but not limited to, allergies, food additives, environmental toxins, improper sleep and certain medications.

3. A *Journal of Pediatrics* study showed that sucrose may cause a 10-times increase in adrenaline in children, resulting in "difficult concentrating, irritability, and anxiety."

CHAPTER SIX

Which Way to Go?

In a 2002 survey of physicians in three European countries and in the United States, 72% said qualities that best describe a good physician are compassion, caring, personable and good listening and communication skills. In this way, they felt they could help make their patients healthier and lead better lives.

When asked how to distinguish between a "mental disorder" and a physical illness, 65% said that physical examinations and clinical diagnostic testing should first rule out physical problems.

Psychiatrists rarely physically test and diagnose. A pre-packaged checklist of behaviors is consulted and the "diagnosis" is made. All that remains is to prescribe the psychoactive drug.

> "Yes, I believe 'a' Hippocratic Oath is relevant—for me in June of 1990 (when I took it), in March 2001, and every day of my life in this profession in which I am honored to be a member. What is the essence of a Hippocratic Oath? 'May I care for others as I would have them care for me."
>
> — Physician, 2001

Meanwhile, to combat the paucity of interest in psychiatry, the World Psychiatric Association has produced a "Core Curriculum in Psychiatry for Medical Students."[104] Its objective is to train all future physicians to identify and treat mental illness. The authors candidly state, "Since most students will not enter psychiatry, *the acquisition of appropriate attitudes* is of primary importance" and should be taught not just in psychiatry but all other subjects.[105]

In a wish list for mental health reform, *Mad in America* author Robert Whitaker stated, "At the top of this wish list, though, would be a simple plea for honesty. Stop telling those diagnosed with schizophrenia that they suffer from too much dopamine or serotonin activity and that the drugs put these brain chemicals back into 'balance.' That whole spiel is a form of medical fraud, and it is impossible to imagine any other group of patients—ill say, with cancer or cardiovascular disease—being deceived in this way."

David B. Stein, Ph.D., clinical psychologist and associate professor of psychology says, "Physicians are trained to heal. They really want to help. They often claim that they don't have an alternative—that the only way to help these [ADHD, learning disordered] children is with drugs. Besides, parents and teachers are constantly at their throats for them to write prescriptions. They want their disruptive kids under control immediately. Some doctors dislike doing this; many wish for an alternative."[106]

With psychiatric diagnoses and treatments impacting more people's lives through primary care medicine, the alternatives need to be emphasized. The following alternatives are

The emphasis must be on workable medical testing and treatments that improve and strengthen individuals and can save the person from a lifetime of psychiatric abuse.

derived from years of working with health professionals who are qualified to address such medical issues.

1) Check for the Underlying Physical Problem

The California Department of Mental Health *Medical Evaluation Field Manual* states: "Mental health professionals working within a mental health system have a professional and a legal obligation to recognize the presence of physical disease in their patients. … Physical diseases may cause a patient's mental disorder [or] may worsen a mental disorder."[107]

In 1998, the Swedish Social Board cited several cases of disciplinary actions against psychiatrists, including one in which a patient was complaining of headaches, dizziness and staggering when he walked. The patient had complained of these symptoms to psychiatric personnel for five years before a medical check-up revealed that he had a brain tumor.[108]

Dr. Thomas Dorman says, "…please remember that the majority of people suffer from organic disease. Clinicians should first of all remember that emotional stress associated with a chronic illness or a painful condition can alter the patient's temperament. In my practice I have run across countless people with chronic back pain who were labeled neurotic. A typical statement from these poor patients is 'I thought I really was going crazy.'" Often, he said, the problem may have been "simply an undiagnosed ligament problem in the back."[109]

2) Help Without Mind-Altering Drugs

German psychiatrist Paul Runge says he's helped more than 100 children without using psychiatric drugs. He has also helped reduce the dosages of drugs prescribed by other physicians.[110]

Dr. L.M.J. Pelsser of the Research Center for Hyperactivity and ADHD in Middelburg, the Netherlands, found that 62% of children diagnosed with "ADHD" showed significant improvements in behavior as a result of a change in diet over a period of three weeks.[111]

Dr. Mary Ann Block, who has helped thousands of children safely come off or stay off psychiatric drugs, says, "Many doctors don't do physical exams before prescribing psychiatric drugs … [Children] see a doctor, but the doctor does not do a physical exam or look for any health or learning problems before giving the child an ADHD diagnosis and a prescription drug. This is not how I was taught to practice medicine. In my medical education, I was taught to do a complete history and physical exam. I was taught to consider something called a 'differential diagnosis.' To do this, one must consider all possible underlying causes of the symptoms."[112] Dr. Block does allergy testing and develops dietary solutions to "behavioral" problems. She cites a *Journal of Pediatrics* (1995) study showing that sucrose may cause a 10-times increase in adrenaline, in children, resulting in "difficulty concentrating, irritability, and anxiety."

3) Psychotropic Drugs May Mask a Child's Physical Problems

According to medical and educational experts, unwanted or overactive behavior comes from many sources ranging from, but not limited to, allergies, food additives, environmental toxins, improper sleep, certain medications, not knowing how to study, going past words not fully understood, and being bored with the curriculum because of exceptional intelligence or creative ability.

Psychiatrist Sydney Walker's book *The Hyperactivity Hoax* records a variety of reasons for hyperactive behavior: "Children with early-stage brain tumors can develop symptoms of hyperactivity or poor attention. So can lead- or pesticide-poisoned children. So can children with early-onset diabetes, heart disease, worms, viral or bacterial infections, malnutrition, head injuries, genetic disorders, allergies, mercury or manganese exposure, petit mal seizures, and hundreds—yes, hundreds—of other minor, major, or even life-threatening medical problems. Yet all these children are labeled hyperactive or ADD."[113]

Prescribing psychotropic drugs for a disease that doesn't exist, Dr. Walker noted, is a tragedy because "masking children's symptoms merely allows their underlying disorders to continue and, in many cases, to become worse."[114]

Dr. Walker compared the phenomenon to a patient going to see a physician for a swollen leg and the doctor diagnoses it as a "lump," gives him or her an aspirin and never determines if the lump is a tumor, an insect bite, or gangrene.

There are far too many workable alternatives to psychiatric drugging to list them all here. Psychiatry on the other hand, would prefer to say there are none and fight to keep it that way. That leaves a medical practitioner with a choice between fact and fiction, between cure and coercion, and between medicine and manipulation.

We have every respect for medicine practiced as medicine, in a spirit of honest, ethical endeavor, and with due consideration to primacy of the patient's needs and health. However, we have every argument with the seduction and contamination of medicine by medical pretenders whose abject failures threaten to pervert not only the position, honor, humanity and value of medicine, but to wreck the lives of millions of patients who simply came to medicine for help.

Prescribing psychotropic drugs for a disease that doesn't exist is a tragedy because, "Masking children's symptoms merely allows their underlying disorders to continue and, in many cases, become worse."

— Dr. Sydney Walker, author, *The Hyperactivity Hoax*, 1998

RECOMMENDATIONS

Recommendations

1. Install in psychiatric facilities a full complement of diagnostic equipment to locate underlying and undiagnosed physical conditions. Ensure the hiring of non-psychiatric medical doctors to perform this function.

2. None of the 374 mental disorders in the *DSM/ICD* should be eligible for insurance coverage because they have no scientific, physical validation.

3. Conduct clinical and financial audits of all government-run and private psychiatric facilities that receive government subsidies or insurance payments, to ensure accountability and the veracity of statistical information on admissions, treatments, and deaths.

4. Provide funding and insurance coverage only for workable medical treatments that dramatically improve and cure mental health problems.

5. Investigate the impact of psychiatric fraud and malpractice suits on general medicine and non-psychiatric physician insurance premiums.

6. No person should ever be forced to undergo electric shock treatment, psychosurgery, coercive psychiatric treatment, or the enforced administration of mind-altering drugs. Governments should outlaw such abuses.

7. Legal protections should be put in place to ensure that psychiatrists and psychologists are prohibited from violating the right of any person to exercise all civil, political, economic, social and cultural rights as enshrined in the U.S. Constitution and in the Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights and in other relevant instruments.

Citizens Commission on Human Rights International

The Citizens Commission on Human Rights (CCHR) was established in 1969 by the Church of Scientology to investigate and expose psychiatric violations of human rights, and to clean up the field of mental healing. Today, it has more than 130 chapters in over 31 countries. Its board of advisors, called Commissioners, includes doctors, lawyers, educators, artists, business professionals, and civil and human rights representatives.

While it doesn't provide medical or legal advice, it works closely with and supports medical doctors and medical practice. A key CCHR focus is psychiatry's fraudulent use of subjective "diagnoses" that lack any scientific or medical merit, but which are used to reap financial benefits in the billions, mostly from the taxpayers or insurance carriers. Based on these false diagnoses, psychiatrists justify and prescribe life-damaging treatments, including mind-altering drugs, which mask a person's underlying difficulties and prevent his or her recovery.

CCHR's work aligns with the UN Universal Declaration of Human Rights, in particular the following precepts, which psychiatrists violate on a daily basis:

Article 3: Everyone has the right to life, liberty and security of person.

Article 5: No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.

Article 7: All are equal before the law and are entitled without any discrimination to equal protection of the law.

Through psychiatrists' false diagnoses, stigmatizing labels, easy-seizure commitment laws, brutal, depersonalizing "treatments," thousands of individuals are harmed and denied their inherent human rights.

CCHR has inspired and caused many hundreds of reforms by testifying before legislative hearings and conducting public hearings into psychiatric abuse, as well as working with media, law enforcement and public officials the world over.

MISSION STATEMENT

THE CITIZENS COMMISSION ON HUMAN RIGHTS

investigates and exposes psychiatric violations of human rights. It works shoulder-to-shoulder with like-minded groups and individuals who share a common purpose to clean up the field of mental health. We shall continue to do so until psychiatry's abusive and coercive practices cease and human rights and dignity are returned to all.

The Hon. Raymond N. Haynes,
California State Assembly:

"CCHR is renowned for its long-standing work aimed at preventing the inappropriate labeling and drugging of children. ...The contributions that the Citizens Commission on Human Rights International has made to the local, national and international areas on behalf of mental health issues are invaluable and reflect an organization devoted to the highest ideals of mental health services."

Dr. Julian Whitaker M.D.,
Director of the Whitaker Wellness Institute, California, Author of *Health & Healing:*

"The efforts of CCHR and the successes they have made are a cultural benefit of a great magnitude. They have made great strides; they have been a resource to parents and children who have been *terribly abused* by psychiatrists and psychologists. … The over-drugging, the labeling, the faulty diagnosis, the lack of scientific protocols, all of the things that no one realizes are going on, CCHR has focused on, has brought to the public's attention and has made headway in stopping the kind of steam-rolling effect of the psychiatric profession."

Dr. Fred Baughman Jr.
Pediatric Neurologist

"I think there are a lot of groups today that are concerned about the influence of psychiatry in the community and in the schools, but no other group has been as effective in trying to expose the fraudulent diagnosing and drugging in the schools, as has CCHR. They are certainly a highly effective group and a necessary ally of just about anyone who shares these concerns and is trying to remedy these ills."

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CCHR's Commissioners act in an official capacity to assist CCHR in its work to reform the field of mental health and to secure rights for the mentally ill.

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