Fact Sheet 4

If Psychiatry Doesn't Work, What Can You Do about Mental Health Problems?

While life is full of problems—sometimes overwhelmingly so—it is important to know that psychiatry, its diagnoses and its drugs is the wrong direction to go. They admit that they do not know the cause of or have cures for any mental disorder. The psychotropic drugs they prescribe can only chemically mask problems; they cannot and never will be able to solve them. Once the drug has worn off, the original problem remains. The first solution for anyone already troubled is to apply one of the first rules in the highest oath in the medical profession, the Hippocratic Oath, that rule is: "To Do No Harm."

Many nonpsychiatric, humane and workable practices exist, even for the most severely disturbed.

- First, people can be driven "insane" by the suppressed agony of actual physical illnesses and injury. The correct action is a full and searching clinical examination by a competent medical—not psychiatric—doctor to find the underlying undiagnosed and untreated physical problem. Real medical problems have physical treatments that correct, alleviate or cure the condition.
- This is recognized by medical authorities the world over. The California 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."[1]
- All patients should have what is called a "differential diagnosis." The doctor obtains a thorough history and conducts a complete physical exam, rules out all the possible problems that might cause a set of symptoms and explains any possible side effects of the recommended treatments. Dr. Mary Ann Block, author of *Just Because You Are Depressed Doesn't Mean You Have Depression,* says, "If a doctor does not have the time or does not know how to rule out various conditions, the patient should be referred to someone who can do these things. Above all, however, the temptation to rely on

a simple psychiatric diagnosis must be rejected." The majority of her patients "who have been prescribed psychiatric drugs do not have a psychiatric disorder. Normal life experiences or underlying medical problems actually lie at the heart of their symptoms."[2]

- Mental health asylums—offering safety and rest—must replace coercive psychiatric institutions. These should have medical diagnostic equipment, which nonpsychiatric medical doctors can use to thoroughly examine and test for any underlying physical problems that may be manifesting as disturbed behavior. Rest and healthy food in a safe environment can also help in the recovery process.

- Medical doctors have established that environmental toxins, mercury poisoning, and allergies may also cause symptoms that psychiatrists misconstrue as "mental disorder." If a child is labeled with "hyperactivity" or a "learning disorder," he or she should be tested for toxins or medical problems, correct diet and sleep. Moreover, tutoring and educational solutions often resolve the problem.[3]

- A child's behavior can be markedly improved without the use of drugs through improved parenting methods. Dr. David B. Stein, Ph.D., author of *Unraveling the ADD/ADHD Fiasco,* which outlines successful programs he developed for parents, stated: "I teach children that hard work is an essential ingredient for personal happiness.…When one focuses on one's work, then one cannot focus on things that are troubling." [4]

- Several World Health Organization studies have shown that symptoms of so-called schizophrenia improved at much greater rates in countries that employ fewer psychotropic drugs in treatment.[5]

Psychiatrists either do not inform patients of nondrug alternatives or will prevent government funding of nonphysically intrusive, workable therapies. For example:

- In 1971, the late Dr. Loren Mosher, chief of the US National Institute of Mental Health's (NIMH) Center for Studies of Schizophrenia, opened a retreat he called Soteria House for young persons labeled with "schizophrenia." There they lived medication-free with a nonprofessional staff trained to listen and understand them and provide support. Those patients not taking antipsychotic drugs improved significantly compared to the group taking the drugs. Two years later, Soteria patients worked at much higher occupational levels, were more often living independently or with peers, and had fewer readmissions. But the NIMH grant review committee, top-heavy with psychiatrists connected to the pharmaceutical industry, ensured that Soteria received little funding, reducing it to what was described as "the financial kiss of death." The Soteria House model is now used in several countries outside the United States.[6]

- In the Institute of Osservanza (Observance) in Italy, Dr. Georgio Antonucci treated dozens of so-called schizophrenic women who were considered so psychotic they were kept in straightjackets. The doctor abandoned all "usual" psychiatric treatments and spent many hours each day talking with them, and treated them compassionately, with respect, and *without the use of drugs.* The ward transformed from the most violent in the facility to its calmest. Within a few months, his "dangerous" patients were free, walking quietly in the asylum garden. Eventually stable enough to be discharged, they were taught how to work and care for themselves for the first time in their lives.[7]

These are nonviolent ways of helping the mentally distressed person with a humane chance to recover and live a normal life. Government and private funds should be channeled into alternative, workable programs instead of abusive psychiatric treatment and programs.

1. Lorrin M. Koran, *Medical Evaluation Field Manual,* Department of Psychiatry and Behavioral Sciences, Stanford University Medical Center, California, 1991, p. 4.
2. Dr. Mary Ann Block, *Just Because You're Depressed Doesn't Mean You Have Depression,"* (Block Systems Books, 2007), pp. viii, 9, 20, 21.
3. Thomas Dorman, "Toxic Psychiatry," Thomas Dorman's website, 29 Jan. 2002, Internet URL: http://www.dormanpub.com, accessed: 27 Mar. 2002; Dr. Mary Ann Block, *No More ADHD,* (Block Books, Texas, 2001), p. 84; Patrick Holford and Hyla Cass, MD, *Natural Highs,* (Penguin Putnam Inc., New York, 2002), pp. 125–126; Sydney Walker III, *The Hyperactivity Hoax* (St. Martin's Paperbacks, New York, 1998), p. 6.
4. David B. Stein, Ph.D., author of *Unraveling the ADD/ADHD Fiasco,* (Andrews McMeel Publishing, Kansas City, MO, 2001), p. 231.
5. L. Jeff, "The International Pilot Study of Schizophrenia: Five-Year Follow-Up Findings," *Psychological Medicine,* Vol. 22, 1992, pp. 131–145; Assen Jablensky, "Schizophrenia: Manifestations, Incidence and Course in Different Cultures, a World Health Organization Ten-Country Study," *Psychological Medicine,* Supplement, 1992, pp. 1–95.
6. Robert Whitaker, *Mad in America,* (Cambridge, MA: Perseus, 2002), pp. 220–226.
7. Giorgio Antonucci, *Critica al Guidizio Psichiatrico,* Preface by Thomas S. Szasz (Edizioni *Sensibili alle Foglie* Cooperativa a.r.l., Roma, 1993); Giorgio Antonucci, *La nave del paradiso* (Spirali/Vel s.r.l., Milano, 1990).