Neuroleptic Awareness
Part 5

‘Schizophrenia’
Neuroleptics and Disability

Introduction

Neuroleptics are the dominant treatment for patients who are diagnosed with Severe and Enduring Mental Illness i.e. ‘schizophrenia’. Treatment is recommended by the **National Institute of Health and Clinical Excellence (NICE).**

The **NICE** Guidelines for Schizophrenia document the disabilities for ‘schizophrenia’ patients, including excess morbidity and mortality, physical health impairment and unemployment.

The NICE Guideline on Core Interventions in the Treatment and Management of Schizophrenia in Adults in Primary and Secondary Care. Updated edition 2010
http://www.nice.org.uk/nicemedia/live/11786/43607/43607.pdf

Introduction

This part of the Neuroleptic Awareness series provides a critical appraisal of the **NICE** Impairment and Disability section in relation to the adverse effects, both physical and psychological, of neuroleptic medication.

The appraisal identifies mismatches and discrepancies between the **NICE** Guidelines and **Choice and Medication,** which are two major official sources of information.

Disabilities, Morbidity and Mortality

NICE Guidelines document:

"Excess morbidity and mortality is the result of a range of physical disorders, and not simply due to the effects of long-term antipsychotic medication"

NICE Guideline 2.1.5 Physical health care

The range of physical disorders account for 50% of the excess mortality coinciding with neuroleptic drug use compared with the general population.

"The precise extent to which this excess mortality and high rates of disability are, at least in part, a result of some of the medications given for schizophrenia is still not clear."

NICE guideline 2.1.2 Impairment & disability

Disabilities & Neurotransmitters

Physical health is determined by the Central Nervous System, which is the natural control centre for the essential maintenance and healthy functioning of all body systems. This is regulated by neurotransmitters - dopamine, serotonin, noradrenaline and acetylcholine - working in the brain and throughout the body all of which are finely balanced for physical health and psychological well-being.

Neuroleptic medications interfere with neurotransmitters, disrupting the balance, maintenance and functions of all body systems resulting in ill health affecting the whole body, including the mind.

Once understood, it is clear that the excess mortality and high rates of disability are undisputedly the result of neuroleptic side effects.

Physical disorders are presented as a disability and need to be recognised as the adverse effects of neuroleptics, due to interference with the Central Nervous System.

People die sooner once developing a physical health problem, and the prevalence of physical health problems in patients with ‘schizophrenia’ is rising faster than in the general population.

Disabilities and Adverse Physical Effects

Physical disorders induced by neuroleptics compared with general population:

Physical Disorder	Neuroleptics		General Population	
	Men	**Women**	**Men**	**Women**
Metabolic Syndrome	42.6%	48.5%	24%	23%
Obesity	31%	43%	20.2%	19.4%
Cigarette Smoking	74%	66%	30%	28%
Coronary Heart Disease	22%		8%	
Respiratory Disease	25.6%		13.7%	
Diabetes	19%		9%	
Stroke	28%		12%	
Infections: Hepatitis C	9.6%		1.8%	
: HIV	4%		0.5%	

Disabilities and Adverse Psychological Effects

Depression

Lifetime prevalence of depression in ‘schizophrenia’ varies widely from 6% to 75% - overall prevalence of approximately 25%, well above the rate of depression in the general population. http://www.uptodate.com/contents/depression-in-schizophrenia

Suicidality The suicide rate is 10% in ‘schizophrenia’ whereas the suicide rate in the general population is 0.01%.

Approximately 40% attempt suicide at least once (and as much as 60% of males attempt suicide). http://www.schizophrenia.com/szfacts.htm

Rehospitalisation

Known as ‘revolving door patients’ these patients may be experiencing Super Sensitivity Psychosis which is an adverse neuroleptic effect.

Disabilities and Adverse Psychological Effects

The ‘negative symptoms’ of ‘schizophrenia’ replicate the adverse neuroleptic psychological effects in the **NEUROLEPTIC INDUCED DEFICIT SYNDROME (NIDS)**

NICE Negative symptoms:

- Poor self care
- Reduced motivation
- Reduced ability to experience pleasure
- Alogia: reduced production of thought
- Affective blunting: lack of emotional expression
- Reduced social functioning and Catatonia.

Source: Lewander (1994)

Neuroleptic Induced Deficit Syndrome:

- Apathy & Lack of energy
- Reduced drive & initiative
- Lack of feeling. ‘Dead inside’
- Drowsiness
- Flat affect
- Dysphoria

The psychological and cognitive disabilities attributed to ‘schizophrenia’ as ‘negative symptoms’, need to be recognised as NIDS - disabilities resulting from neuroleptic medications.

Unemployment

People with ‘schizophrenia’, have high unemployment rates:

- ***42 to 63% unemployment rates after the first episode of illness.***
- ***80% remained unemployed***
- ***96% unemployment rates in some areas.***

NICE Guideline 2.1.2 Impairment and Disability

The combination of neuroleptics’ potential adverse physical and psychological effects will inevitably contribute to the large unemployment rate.

Unemployment

Neuroleptic side effects inconducive to employment:

Adverse Physical Effects

- Tremor
- Shuffling Gait
- Rigid Stiff Muscles
- Slow Movements
- Abnormal Body Movements
- Involuntary Facial Grimacing
- Muscular Spasms
- Muscular Weakness
- Blurred Vision
- Urinary Retention
- Oculogyric Crisis
- Rehospitalisations

Adverse Psychological Effects

- Change in Personality
- Lack of Social Awareness
- Circular Thinking Patterns
- Lack of Ability to Reason or Solve Problems
- Severe Mood Swings
- Sedation
- Apathy
- Lack of Energy
- Reduced Drive/Initiative
- Depression
- Disinhibition
- Irritability
- Hostility
- Impatience
- Violence
- Aggression
- Akathesia
- Severe Anxiety
- Paranoia
- Memory Loss

Social Functioning

"Over 80% of adults with the diagnosis of schizophrenia had some persistent problems with social functioning."
NICE Guideline 2.1.2 impairment and disability

Social functioning is compromised by neuroleptic side effects which are described as ***'quite bad'*** or ***'intolerable'*** in a Re-think survey.
NICE Guideline 4.5.2 Service User Experiences

NICE describes the social impact as ***'devastating'*****.**
NICE Guideline 5.1

The deficits in social functioning are attributed by **NICE** to 'schizophrenic illness'. There needs to be an acceptance these deficits are the adverse effects of neuroleptic drugs, caused by neuroleptic interference with the Central Nervous System.

Psychosocial Functioning

Neuroleptic side effects contributing to ***'persistent problems with social functioning'*** include:

Physical Adverse Effects

- Sedation
- Apathy and Lack of Energy
- Sexual Dysfunction
- Muscular Weakness
- Oculogyric Crisis
- Involuntary Facial Grimacing
- Sucking and Smacking of Lips
- Akathisia

Psychological Adverse Effects

- Disinhibition
- Rehospitalisations
- Suicidal Ideation
- Blunted Emotions
- Reduced Drive & Initiative
- Change of Personality

õ= Lack of Social Awareness

- Paranoia
- Anxiety
- Irritability
- Hostility
- Violence
- Aggression

The Early Intervention in Psychosis intention to 'move beyond illness to health improvement', with neuroleptic 'treatment' is likely to incur for many patients a detrimental decrease in psychosocial functioning.

Lifestyle

NICE Guidelines document:

"The fact that this excess mortality and morbidity has a range of causes – including dietary and behavioural ones – suggests that lifestyle factors have a significant part to play."
NICE Guideline 2.1.5 Physical health care

It is only a half-truth to simply say that ***"Lifestyle factors have a significant part to play",*** when ***neuroleptic adverse effects are the underlying cause of sub-optimal lifestyles.***

Neuroleptic Lifestyle Induced Factors

Significant neuroleptic induced effects which result in sub optimal lifestyles:

- Neuroleptic Induced Deficit Syndrome
- Suicidal Ideation
- Respiratory Disease
- Heart Disease
- Obesity
- Dementia
- Hallucinations
- Hypomania
- Delusions
- Sexual dysfunction
- Diabetes
- Strokes
- Osteoporosis
- Depression
- Dysphoria
- Hyperthermia
- Anxiety
- Paranoia
- Rehospitalisations
- Super Sensitivity Psychosis
- Akathisia
- Parkinsonism
- Anosognosia
- Tardive Dyskinesia (TD)
- Tardive Dystonia
- Oculogyric crisis
- Withdrawal Effects
- Dependency
- Social Disinhibition

Conclusion

Neuroleptic effects are made worse by muscular weakness, apathy and lack of energy referred to in **Neuroleptic Induced Deficit Syndrome.**

Neuroleptic induced poor physical health together with iatrogenic psychological and cognitive deficits will inevitably impact upon the capacity to undertake work, how people live and socialise.

Physical disorders, disabilities, unemployment, social deficit, unhealthy lifestyle and all other adverse effects are difficult to change, because ongoing neuroleptic treatment perpetuates unnatural interference with neurotransmitters.

Conclusion cont…

Only when patients are carefully weaned off psychotropic drugs, will the unnatural interference cease and lifestyles improve.

All the ‘disabilities’ documented by **NICE** together with the relatively unknown long-term disabilities caused by neuroleptics will incur expensive continuing care costs on top of the escalating cost of pharmaceutical drugs.

It is ironic the government self inflicts ‘schizophrenia’ costs as the disabilities are incurred by the government who collude with ‘experts’ perspective of neuroleptic treatment.

Appraisal of UK Sources for Official Information

Two official information sources i.e. **NICE** and **Choice and Medication** are used in this section to highlight conflicting information and omissions about neuroleptic effects.

NICE:

- Provides up-to-date evidenced based recommendations for professionals use.
- Forms the basis for education and training of healthcare professionals.

Choice and Medication: available at http://www.ashtonshospitalpharmacy.com/

- Ensures everybody has good quality information about medicine.
- Supports education and training of specialist mental health pharmacy staff.

Structural Brain Changes

Choice and Medication acknowledges neuroleptic drugs affect the brain and this applies to all medications; **NICE** states ‘some medications’ cause ill health.

Neither site addresses the research that confirms neuroleptics cause ***permanent structural brain changes.***

Long term studies about the insidious and long lasting impact on the brain and the physical body together with the psychological impact is never shared with patients and carers. Long-term studies are not in general undertaken as it is not in the interests of the pharmaceutical industry.

Tardive Dyskinesia (TD)

Although eye and tongue movements are referred to in **Choice & Medication**, the clinical term **Tardive Dyskinesia** is omitted.

This omission is negligent on two counts:

- Professionals, patients and carers are unable to pursue research about **TD** as the clinical terminology is absent.
- **TD,** a serious and often irreversible neurological condition, which is masked by atypical drugs, is minimised.

Neither **Choice & Medication** nor **NICE** provide the background information that explains **Tardive Dyskinesia** results from brain cell damage caused by neuroleptics.

Suicide

NICE and **Choice & Medication** attribute suicide to ‘schizophrenia’, deflecting the association of neuroleptic medication with suicide.

Although both sites document akathisia, neither site acknowledges akathisia is a known predisposing factor to suicide.

Whilst **NICE** acknowledges the increased rate of suicide in BME populations **Choice & Medication** does not refer to this significant factor.

Suicide

Differences in symptom presentation and conventional risk factor profiles across ethnic groups were suggested by **NICE** for the BME higher suicide rate.

However **NICE** omits BME populations have a higher percentage of slow metabolisers for neuroleptic medications, and this is associated with akathisia.

Suicidal ideation is associated with changes in serotonin – a factor that would be more pronounced in those with serotonin transporter gene variations and slow metabolisers.

The above explanation is more plausible for the higher suicide rate in BME populations.

Neither site addresses the genotype or metaboliser status as a predisposing factor for suicide.

Muscular Weakness

High neuroleptic dose and polypharmacy is associated with muscular weakness, a relatively unknown neuroleptic adverse effect.

NICE and **Choice and Medication** omit muscular weakness in their documentation. Consequently professionals neither know nor enquire about this adverse effect.

Because of this omission, professionals might perceive that patients are being ‘lazy’, thereby blaming the adverse neuroleptic effect onto patients’ ‘lifestyle’.

Seizures

Seizures are referred to in **Choice and Medication** but only in relation with Clozapine; **NICE** acknowledges all neuroleptic medications can induce seizures. Both sites omit the underlying cause of seizures.

Seizures are caused by neuroleptics reducing the seizure threshold, so provoking epileptic seizures. http://www.ncbi.nlm.nih.gov/pubmed/11888352

“This correlates with the known delayed neurotoxicity effects of chemotherapy agents that extends beyond treatment and causes the development of seizures.”

Source: Grace Jackson MD in Elizabeth Szlek LMHC "Chemo Brain" for Life and Times 9/7/08

Psychiatric drug and chemotherapy drug toxicities both induce seizures.

Smoking and Cancer

"Despite high reported rates of smoking in people with schizophrenia, rates of lung cancer do not appear to be raised."
NICE Guideline 2.1.5 Physical health care

This correlates to the fact that neuroleptic drugs are now being developed for cancer. "The finding that neuroleptics (and other psychiatric drugs) induce apoptosis (cell death) has inspired the oncology community to research these chemicals as adjuvant treatments for cancer."
Source: Dr. Grace E. Jackson Affidavit, including brain damage http://psychrights.org/index.htm

In other words, many psychiatric drugs destroy proliferating cells. To the extent chemotherapy agents are lethal to normal as well as cancerous tissues, there exists an urgent need for medical professionals and regulatory authorities to properly characterize the full effects of psychiatric drug toxins.

Dependency

Dependency is alluded to in **Choice and Medication** in relation with typical neuroleptics but the association with atypical neuroleptics is avoided; **NICE** omits dependency.

Neuroleptics are psychoactive substances and act upon the Central Nervous System, affecting brain function i.e. perception, mood, consciousness, cognition and behaviour. http://en.wikipedia.org/wiki/Psychoactive_drug

Recreational drugs, which are known to be addictive, are also psychoactive substances; the **DSM IV** refers to recreational drugs causing dependency.

When recreational drugs cause dependency, the denial by ‘experts’ that neuroleptic drugs do not cause dependency, can no longer be upheld.

Dependency

Recreational Drug Dependency in the **DSM IV**, is characterised by **tolerance, withdrawal** and **one other symptom** i.e. progressive neglect of interests due to psychoactive substance used.

These factors are replicated in neuroleptic treatment:

Recreational Drug Dependency - Neuroleptic Drug Dependency

Tolerance - Medication increased to stable level

Withdrawal - Creates physiological withdrawal states

One other symptom - Decreased motivation for normal life activities

Progressive neglect of interests due to psychoactive substance used. - Progressive neglect of interests due to psychoactive substance used.

People find it difficult to stop taking psychiatric drugs because they are physically and psychologically dependent on them.

‘Schizophrenia’ negative and positive symptoms virtually replicate many physical and psychological adverse ‘side effects’ caused by neuroleptics.

This is an extremely strong indicator to suggest that chronic ‘schizophrenia’ is a neuroleptically maintained or induced iatrogenic disease.

Super Sensitivity Psychosis (SSP)

NICE and **Choice and Medication** both omit **Super Sensitivity Psychosis** (Tardive Psychosis) which occurs in 58% of patients, despite being well documented by researchers.

When patients experience a worsening of psychosis, official sources choose to explain it as a ‘relapse’ or ‘treatment resistance’. These mis-attributed terms result in higher doses of neuroleptics being used, which increases disabilities and morbidity.

Inclusion of **Super Sensitivity Psychosis**, together with an explanation of the underlying physiological process and inefficient genetic slow metabolising status, in official documentation, would highlight the potential for dose reduction as a direction for consideration.

Withdrawal

Both **Choice and Medication** and **NICE** refer to neuroleptic withdrawal in the context of the biological hypothesis; with the re-emergence of a ‘high relapse’ rate or the return of symptoms from the ‘illness’.

Neither site provides a comprehensive list of withdrawal effects, with **Choice and Medication** referring minimally to effects as ‘mild’.

The rigidity of the entrenched medical model becomes very transparent as **NICE** excludes any information on how to ‘come off’ neuroleptics, with **Choice and Medication** providing minimal guidance in suggesting to come off ‘slowly’.

Withdrawal

It is likely that people who are able to come off without too many difficulties are those who are efficient genetic metabolisers for neuroleptics; people who experience difficulties on withdrawal are likely to be genetically slow metabolisers.

Because there are no official guidelines for withdrawal it is common place for front line psychiatrists to reduce neuroleptics far too quickly i.e. within a month. The length of time for withdrawal is individually determined and can take many months or years.

For good advice see “COMING OFF.COM”
http://www.comingoff.com/

Withdrawal

Most neuroleptic withdrawal effects are the same as the adverse effects e.g. psychosis and akathisia.
MIND “Making sense of coming off psychiatric drugs”
http://www.mind.org.uk/help/medical_and_alternative_care/making_sense_of_coming_off_psychiatric_drugs

Because the above information is excluded from official documentation, the withdrawal effects are mistakenly attributed to a ‘relapse of the illness’.

Choice and Medication correctly attributes the effects to ‘cholinergic rebound’, and indicates this situation refers to typical neuroleptics. However ‘cholinergic rebound’, applies to both typical and atypical neuroleptics.

Although **NICE** indicates further work needs to be undertaken with ‘discontinuation phenomena’, the finance to support this work is unlikely to come from the pharmaceutical industry, due to conflicts of interests.

Mortality

Compared with the general population patients with a ‘schizophrenia’ diagnosis:

- **Have approximately a 20% reduced life expectancy.**
- **Have higher and increasing mortality rates due to physical health problems.**
- **More than two thirds die of coronary heart disease.**
- **Have a 50% higher mortality rate due to diabetes.**
- **Have a 14.7% higher incidence of obesity.**
- **Have an increase in Ischaemic Heart Disease.**
- **Have a reduced rate of survival after a Stroke.**
- **Have a two fold increased risk of death from Heatstroke.**
- **Medical and surgical hospitalisations result in twice the number of adverse events and up to 9 times the mortality rate.**

http://www.docstoc.com/docs/33296960/Physical-health-assessment-and-monitoring

Therapies and Neuroleptics

Choice & Medication and **NICE** both recommend Arts Therapy, Cognitive Behavioural Therapy (**CBT**) and Family Intervention.

NICE recommends: ***"… the application of psychological and psychosocial treatments, generally in combination with antipsychotic medication"***; for the 'treatment' of schizophrenia.

CBT is used to manipulate patients into taking medication and it is speculative how psychological and psychosocial treatments work effectively in the presence of psychoactive mind altering neuroleptic drugs, which cause prolific psychological side effects.

Perhaps if psychoactive medications were not used so abundantly other therapies would prove to be effective for more people.

Dopamine Excess and Chemical Imbalance

Both **NICE** and **Choice and Medication** equate ‘schizophrenia’ with the dopamine excess theory. **NICE** repetitiously refers to the blockade of dopamine receptors by neuroleptics and **Choice and Medication** focuses on the correction of “imbalances in transmitters in the brain, where too much dopamine will make you hallucinate or become psychotic.”

However, “chemical imbalances in the brain” and the “dopamine hypothesis of schizophrenia” have never been scientifically proven, and it is this lack of transparency which is misleading to professionals and public.

Because **NICE** guidelines and **Choice and Medication** deem all psychosis to be caused by a chemical imbalance, they omit all physiological causes, and psychological previous traumatic and abusive experiences that have the potential of causing psychosis.

Treatments for Psychosis

The inclusion of the many unknown physiological causes for psychosis in official documentations would provide front line psychiatrists the basis for appropriate physical testing for scientific diagnosis and treatment of all physiological causes.

With the inclusion into official documentations of the psychological approach known as **Pre Therapy/Contact Work**, hallucinatory experiencing which is reality based, but not yet conscious, can be integrated into conscious experiencing with amelioration of psychosis.

These responsible actions in either case would ensure the root cause is addressed and treated effectively, as opposed to indiscriminate neuroleptic ‘treatment’ as standard for all psychosis.

Successful Non-neuroleptic Treatments

There is a rich but suppressed history of successful non-neuroleptic treatments for ‘schizophrenia’ and many studies and ongoing programs the outcomes of which show that neuroleptic medication is not necessary for recovery.

A very readable book on how one USA psychiatrist refused to prescribe neuroleptics to a young woman who recovered 100%, became a psychiatric nurse and lectured world wide:-

Dorman D. (2003)
'Dante's Cure A Journey Out of Madness'
Other Press New York

Psychotherapies

Choice and Medication is correct to say Cognitive Behavioural Therapy is not effective for people with delusions and hallucinations.

Standard psychotherapies involve a dialogue i.e. normal conversation, between the therapist and the patient. When a therapist (or any person) involves in a dialogue with a person experiencing psychosis, this normal conversation deepens the delusions and hallucinations.

Psychotherapies

Prouty's Pre Therapy/Contact Work is a technique that enables the therapist (or any person) to make contact with psychotic patients, without deepening the delusional and hallucinatory experiencing. At the same time there is an increased orientation towards shared reality, so that normal conversation with standard therapies can proceed.

Both **NICE** and **Choice and Medication** omit **Prouty's Pre Therapy**, leaving all mental health practitioners and patients at a disadvantage. All official documentations need to include **Pre Therapy** and to recommend this Person Centred Approach to be used routinely with psychotic patients.

http://www.psychological-wellbeing.co.uk/

Offical link: Pre Therapy International Network www.pre-therapy.com

Blame

Typically, when patients have a psychosis, they are diagnosed with ‘schizophrenia’, labelled with Severe and Enduring Mental Illness and ‘treated’ with neuroleptics drugs.

When patients have poor lifestyle factors and deteriorating physical conditions, they are deemed responsible, or criticised for their situation. Apathy, lack of exercise and obesity are blamed onto the patient; despite the fact the conditions are adverse effects of neuroleptic drugs.

Official documentation does need to take ownership and responsibility for these issues, as opposed to projection of blame onto patients, particularly when official sources are advocating neuroleptic drugs.

Official Sources of Information and Conflicts of Interests

Currently **Choice & Medication** is developed by **Mistura Enterprise Ltd,** a spin off from the **United Kingdom Psychiatric Pharmacy Group**, and claims to be a fiercely independent organisation receiving no income or support from the pharmaceutical industry; additionally it "aims to provide independent income to support education and training of specialist mental health pharmacy staff."

The declaration of the absence of industry financial conflict of interests detracts from the 'inherited' conflicts of interests of the industry, which is notorious for manipulation of trials and lack of transparency in withholding adverse drug information that would impede drug sales.

Choice and Medication/Mistura income may be independent for education and training, but due to the industries conflict of interests, fully informed drug information is limited for educational purposes.

Official Conflicts of Interest

NICE is an independent organisation funded by the government through the DH.

The drug industries play a major role in **NICE** Guidelines as stakeholders and sources of contacts for neuroleptic information i.e…

The **NICE** Guidelines Stakeholders include:

- **AstraZeneca UK Ltd**
- **Bristol-Myers Squibb Pharmaceuticals Ltd**
- **Novartis Pharmaceuticals UK Ltd**
- **Eli Lilly and Company Ltd**
- **Lundbeck Ltd**
- **Janssen-Cilag Ltd**
- **Schering-Plough Ltd**

Official Conflicts of Interest

Similarly to **Choice and Medication**, **NICE** is dependent upon drug information from the industry, and 'inherits' the industries conflicts of interests.

The UK government benefits considerably from pharmaceutical industries financially; all of which will contribute towards the UK economy i.e. running costs of the NHS and DH.

Due to the incestuous relationship between the drug industries, the government and **NICE, NICE** claim to financial 'independence' is highly dubious, since the funding for **NICE** is potentially derived indirectly from the drug industry via the UK government.

Education and Training

The ability to demonstrate doctors' knowledge of psychiatric drug side effects is firstly acquired at **British Medical Schools** and secondly at the **Royal College of Psychiatrists (RCP)**, where doctors train to become psychiatrists. Both the **RCP** and the **British Medical Schools** curriculum is approved by the **GMC**, who endorse the psychotropic side effect information sourced from **NICE** and also from the **British National Formulary (BNF).**

However **NICE** guidelines have serious omissions in relation to neuroleptic side effects; the **BNF** is derived from the SmPCs which are written by pharmaceutical companies. Consequently all training and education about psychiatric drug side effects for student doctors and trainee psychiatrists is determined **100%** by drug companies.

Because of this unhealthy reliance upon drug companies, psychiatrists are graduating without being fully informed about neuroleptic side effect toxicities.

Conclusion

NICE guidelines and **Choice and Medication** documents purport to be up to date, form the basis for education and training of healthcare professionals and to give good quality, honest information.

The discrepancies between these two major official sources of information are confusing for professionals, patients and carers; the omissions do not give mental health trainees and professionals a full grounding in psychotropic education or impart knowledge about successful non-neuroleptic treatments for ‘schizophrenia’.

Because the information is largely misleading and inadequate, it is no wonder when service users experience unknown physical and psychological effects that mental health professionals are in denial towards service users and indirectly towards carers when presented with these facts.

Conclusion cont…

The ‘lack of insight’ labelling by psychiatry given to service users and carers in relation to ‘treatment’ is equivalent to the pot calling the kettle black.

The government, DH, **NICE** and **Choice and Medication** are hoodwinking the vast majority of people involved in mental health. It is the opinion of the authors, the discrepancies and omissions are reprehensible and negligent towards mental health trainees, professionals, carers and service users.

“Knowledge is power. Information is power. The secreting or hoarding of knowledge or information may be an act of tyranny camouflaged as humility.” Robin Morgan.

Useful websites for further information:

Law Project for Psychiatric Rights:
http://psychrights.org/index.htm

AHRP Alliance for Human Research Protection
www.ahrp.org

MindFreedom International: 26 Years of Human Rights Activism in Mental Health
http://www.mindfreedom.org/

The Center for the Study of Empathic Therapy, Education and Living.
http://www.empathictherapy.org/

MIND "Making sense of coming off psychiatric drugs"
http://www.mind.org.uk/help/medical_and_alternative_care/making_sense_of_coming_off_psychiatric_drugs

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