WHY PSYCHIATRY SEES ITSELF AS A DYING INDUSTRY

A RESOURCE ON ITS FAILURES AND CRITICS

A PUBLIC INTEREST REPORT BY

CITIZENS COMMISSION ON HUMAN RIGHTS INTERNATIONAL

6616 Sunset Blvd. Los Angeles, CA, USA 90028 • (323) 467-4242 • www.cchrint.org • humanrights@cchr.org

TABLE OF CONTENTS

INTRODUCTION: WHY IS PSYCHIATRY SO CONTROVERSIAL?

Why is psychiatry so controversial? Why do critics say psychiatry creates unhappiness, rather than curing it? That psychiatric treatment causes harm? And why is it that, for example, a dean of the Royal College of Psychiatrists said, "Lots of other doctors don't think we're 'real doctors'"?[1]

A trainee psychiatrist asked why psychiatry is so unpopular, responding himself: "One of the most common fears is of ceasing to be a 'real doctor.'"[2]

Medical students stay away from becoming psychiatrists in droves. A *European Psychiatry* journal article pointed out: "Unlike other medical specialties, psychiatry has often been seen as unscientific, touchy-feely and without proper scientific basis."[3]

A former American Psychiatric Association (APA) president once told Congress that a widespread "movement" exists to eradicate psychiatry. The implication was that all those opposed to psychiatry's coercive and unscientific practices can be grouped

as "anti-psychiatry," as though this were pernicious instead of necessary.

In doing so, the APA psychiatrist failed to mention to members of Congress the hefty body of evidence showing the lack of science behind psychiatry's diagnostic system and how its treatments cause damage. And that even within the mental health industry, there are questions about the powers given psychiatry to incarcerate and force its practices on individuals—and that such powers should be stripped so that an era of human rights can prevail.

"Unlike other medical specialties, psychiatry has often been seen as unscientific…."

– European Psychiatry, 2015

In 2014, the then-APA president had hired a public relations firm to review and improve the organization's image, and, presumably, to deflect attention away from the movement's criticism of the APA's *Diagnostic & Statistical Manual of Mental Disorders* or DSM-5, published in 2013.

Opposition to DSM-5 had come from diverse quarters, including patients, psychiatrists, psychologists, other mental health practitioners, and the Citizens Commission on Human Rights (CCHR)—each independent of the other but with a common concern that something is terribly wrong in the mental health system and has been for a very long time.

CCHR was established in 1969 to investigate and expose psychiatric violations of human rights and to eradicate abuses committed under the pretense of mental health therapy. It was formed in the spirit of the United Nations Universal Declaration of Human Rights, especially Article 5, "No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment." And the Nuremberg Code, which laid down ten standards to which physicians must conform when carrying out experiments on human subjects. The voluntary consent is absolutely essential.

Forty-one years later, in 2010, a World Psychiatric Association (WPA) survey of medical students reinforced CCHR's concerns and the need for its watchdog role. The WPA found that the students viewed psychiatric treatment as ineffective, electroshock as a form of punishment and psychiatry as lacking a solid, authoritative scientific foundation.[4]

In 2020, WPA also conceded to the international outrage over psychiatric coercion, issuing a Position Statement called "Implementing Alternatives to Coercion: A Key Component of Improving Mental Health Care." It admitted that coercion in psychiatry violated patients' "rights to liberty; autonomy; freedom from torture, inhuman or degrading treatment…." Practices that constitute coercion, it pointed out, include, "treatment without consent (or 'compulsory treatment')," any "seclusion (locking or confining a person to a space or room alone); restraint (actions aimed at controlling a person's physical movement)…and the use of psychotropic drugs for the primary purpose of controlling movement ('chemical restraint')."

Finally, there was the recognition that the use of coercive practices "carries the risk of harmful consequences, including trauma" and that individuals subject to "physical coercion are susceptible to harms that include physical pain, injury and death."

Then, in June 2021, *Psychiatric Times* published an interview with former UN Special Rapporteur Dainius Pūras, M.D., who further took up the issue: "Coercive practices are so widely used that they seem to be unavoidable, but I suggest turning our thinking and action the other way around. Let us assume that each case of using nonconsensual measures is a sign of systemic failure, and that our common goal is to liberate global mental healthcare from coercive practices.... If we do not move in this direction, arguments for coercion will continue to be used, and misused."

With psychiatry's reliance upon biomedical interventions, including psychotropic drugs, he said, we shouldn't be surprised that "global psychiatry is facing a crisis, which to a large extent is a moral crisis, or a crisis of values."

"This is what happens when we try to use brain chemistry to manage societies undergoing difficult and complicated transitions," Dr. Pūras said. Further, "We should not forget many sad episodes in the history of psychiatry, and they often happened because values were undermined in the name of dubious or arbitrary evidence."

He was candid about being "critical about the effects of totalitarian and authoritarian regimes on societal mental health and well-being" and that "…the problem of accountability in global mental health and psychiatry remains very serious."

On July 10, 2021, the World Health Organization (WHO) issued a "Guidance on Community Mental Health Services: Promoting Person-Centered and Rights-Based Approaches" that lashed out about coercive psychiatric practices, which it said, "are pervasive and are increasingly used in services in countries around the world, despite the lack of evidence that they offer any benefits, and the significant evidence that they lead to physical and psychological harm and even death." It reinforced the UN Convention on the Rights of Persons with Disabilities (CRPD) which says patients must not be put at risk of "torture or cruel, inhuman or degrading treatment or punishment" and recommends prohibiting "coercive practices such as forced admission and treatment."

"Let us assume that each case of using nonconsensual measures is a sign of systemic failure, and that our common goal is to liberate global mental healthcare from coercive practices…."

– Dainius Pūras, M.D., former UN Special Rapporteur, June 2021

CCHR's report provides the facts that psychiatrists, concerned about the many criticisms of them, have failed to address and why there remains a movement dedicated to eliminating psychiatric abuse. Governments should apprise themselves of this information before bending to the demands of more mental health funding. In this way, true mental health can be achieved.

Jan Eastgate
President, CCHR International

CHAPTER 1:
WHY IS PSYCHIATRY SO MALIGNED?

By depicting those they label “mentally ill” as a danger to themselves or others, psychiatrists have convinced governments and courts that depriving individuals of their liberty is mandatory for the safety of all concerned. Wherever psychiatry has succeeded in this endeavor, extreme abuses of human rights have resulted. And with that comes considerable justified criticism.

How is it that governments keep investing billions of dollars into psychiatry—known within the mental health system as a “non-science”—to improve conditions it admits it cannot cure? Psychiatry asserts an authority on all things “mental health,” yet the rates of mental illness are said to be soaring, conveniently requiring a blank check for more funding.

The lack of science begins with the most prevalent criticism of psychiatry—the *Diagnostic & Statistical Manual of Mental Disorders* (DSM), upon which funding is largely based, including for research.

Psychiatrists "wonder" why the DSM gets so maligned and why psychiatry has, in its *own* words, such a "poor reputation," for which they blame everyone but themselves. Rather, they dismiss the serious allegations against them as "anti" mental health. This is a mis-director.

Three authors, including a professor of psychology, pointed out that when the label of "anti-psychiatry" is thrown at them, "remember that this is the way defensive and rigidly biological psychiatrists often respond to people and ideas that frighten them: apply a negative label and pretend the label is an explanation."[5]

Retired psychologist Philip Hickey Ph.D. indicated: "They won't acknowledge their errors. They won't back down. And they won't stop, or even curtail, their destructive practices. They will not even seriously debate the issues. Instead, they've gone on the offensive. This offensive is two-pronged. Firstly, they attack those of us who speak out against them, and secondly, they are actively developing links to the media in the hopes that this will encourage reporters to portray them in a more favorable light."[6]

Psychiatrists misleadingly report that those critical of them do not believe in "mental illness." This deliberately deflects from the truth. CCHR has always been clear that in exposing psychiatric abuse, this does not translate into disbelieving people don't get depressed, sad, troubled, anxious, nervous or even psychotic.[7] It's never been disputed that people have mental and behavioral issues.

But the fact is, such problems are *not* biological diseases. There are no tests to confirm mental problems are a physical "illness." Yet, it is common for psychiatrists to be egregiously dishonest and negligent, telling patients their problems are the same as a medical disease, or the result of an uncontrollable chemical imbalance in the brain, when there are no physical or scientific tests to confirm that behaviors and emotions are physically based or are caused by imbalanced chemicals. This is not uniquely CCHR's view. Even psychiatry has its "heretics."

DSM was described by one expert as "not scientific but a product of unscrupulous politics and bureaucracy."

DSM was described by one expert as "not scientific but a product of unscrupulous politics and bureaucracy," further stating: "In place of scientific findings, the DSM uses expert consensus to determine what mental disorders exist and how you can recognize them. Disorders come into the book the same way a law becomes part of the book of statutes. People suggest it, discuss it, and vote on it."[8] That's not science.

In 2014, Hickey, a prolific writer about psychiatry and mental health, wrote that the foundations of psychiatry are arbitrary. "Psychiatry's most fundamental tenet is that virtually all significant problems of

thinking, feeling, and/or behaving are *illnesses* that need to be studied and treated from a medical perspective. What's not usually acknowledged, however, is that this is an arbitrary assumption," he said.[9]

> "Psychiatry's most fundamental tenet is that virtually all significant problems of thinking, feeling, and/or behaving are illnesses… this is an arbitrary assumption."
>
> *– Philip Hickey, Psychologist, 2014*

He further explained what psychiatrists would prefer not to discuss in explaining mental health issues: "In common speech and within the medical profession, the word 'illness' indicates the *presence of organic pathology*: i.e., damage or malfunction in an organ. Historically, mental illnesses came into being, *not* because some scientist or group of scientists had recognized and established that problems of thinking, feeling, and/or behaving are caused by an organic malfunction, but rather because the APA had simply *decided* to extend the concept of illness to embrace these kinds of problems…. If they choose to call problems of this sort illnesses, then that's their business. But they should also acknowledge that they are using the word illness in a distorted and misleading sense of the term." Psychiatry "produces their 'diagnoses,' (e.g., ADHD, disruptive mood dysregulation disorder, conduct disorder, etc., etc.), simply by *voting*."[10]

In 2013, Dr. Thomas Insel, former director of the U.S. National Institute of Mental Health (NIMH) said DSM's "weakness is its lack of validity."[11] Dr. Jeffrey Lieberman, who was APA's president in 2013, when the newly-published DSM-5 was received with international criticism and threats of a boycott of its use, told *Psychiatric News* that he'd hired a public relations firm to address psychiatrists being "stigmatized" in the wake of this outcry over the manual.[12]

Philip Hickey commented, "Psychiatry remains blind to the fact that it is its own spurious pathologizing of its clients that creates the stigma. It has no interest in genuine reform, but instead is embarked on a tawdry PR campaign to whitewash its transgressions and sell its concepts to the media, stakeholders, and the general public. Dr. Lieberman even acknowledges the APA's need to sell this bill of goods to its own members!"[13]

Two weeks after Insel made his comments, he recanted and issued a joint statement with Lieberman that the DSM "represents the best information currently available for clinical diagnosis of mental disorders."[14]

A whitewash. Or in other words, psychiatry has nothing better to offer than conjecture and a "most-votes-win" diagnostic system. And the general public—the consumer—doesn't know this, while they genuinely are looking for help.

Lieberman justified the manual: "…it represents a system that is *as good as we can have, given our current state of knowledge*" and psychiatry has "no better alternative."[15] [emphasis added] And until they find one, governments are expected to keep pouring money into the "scientific"

abyss. But a system purporting to help people with mental problems that in reality is based on fiction is more destructive than having no system at all. Lieberman's statement begs the question of whether psychiatry is even seeking to find a correct "state of knowledge."

The late Dr. Loren Mosher, a psychiatrist and former Chief of Research on Schizophrenia for NIMH, noted that the DSM "is the fabrication upon which psychiatry seeks acceptance by medicine in general. Insiders know it is more a political than scientific document."[16]

Dr. Colin Ross, a psychiatrist and author, said: "The way things get into the DSM is not based on blood test or brain scan or physical findings. It's based on descriptions of behavior. And that's what the whole psychiatry system is."

Even the then-chairman of the DSM-IV Task Force, Professor Allen Frances, was honest enough to say: "'Mental illness' is terribly misleading because the 'mental disorders' we diagnose are no more than descriptions of what clinicians observe people do or say, not at all well-established diseases."[17]

Surely, consumers and governments investing in their welfare deserve better.

"The way things get into the DSM is not based on blood test or brain scan or physical findings. It's based on descriptions of behavior."

– Dr. Colin Ross, Psychiatrist

CHAPTER 2:
HOW COULD THINGS BE SO BAD?

Despite no science to medically validate psychiatric diagnoses, the number of "mental illnesses" soared 1,764% between 1917 when there were 22 named and 1994, when the DSM-IV boasted 886 pages and 410 disorders (DSM-5 is similar). The "disorders" probably increased incrementally with the number of psychotropic drugs being developed: 52 in 1943 and 182 in 1968.

In 1980, the DSM-III was nearly 500 pages and boasted 265 diagnostic categories.[18]

Despite no science to medically validate psychiatric diagnoses, the number of "mental illnesses" soared 1,764% between 1917 and 1994.

U.S. funding to mental health increased from $31.8 billion in 1986 to $238.4

billion in 2020—a 650% increase, while the population increased by only 37%.[19] Today, nearly 77 million Americans take mind-altering psychiatric drugs, of which 6,155,852 are aged 0-17, including 418,425 aged 0-5, according to IQVIA, a health care analytics company.[20]

In 2014, it was reported that "in the last decade the use of antidepressants in the UK had doubled and in 2012, 50 million prescriptions had been written for them. It's a similar story for hyperactivity: the use of Ritalin tripled with 800,000 prescriptions written by 2012." According to the article, "Even worse, argue the critics, the scientific and ethical flaws in the research behind some of these drugs have purposefully not been published. Meanwhile, the real underlying causes of behavioral problems and human misery are not diagnosed and are often left untreated. That's the view of those who object to the widespread use of the 'chemical cosh' to treat people with mental difficulties."[21]

That so many Americans, British and the millions in other countries "need" a psychiatric drug is surely indicative of a failed mental health system. *The Guardian* in the UK questioned this: "Bearing in mind the millions of extra pounds that have poured into mental health services in the past decade, and that there are substantially more psychiatrists in the health service now than in 1997, how could things possibly be so bad?"[22]

DSM-5 included a number of new diagnoses, and the diagnoses of some disorders were combined or eliminated entirely.[23] It was projected to lead to the possibility that thousands—if not millions—of new patients would be exposed to drugs which could cause more harm than good.

Nearly 77 million Americans take mind-altering psychiatric drugs, of which 6.1 million are aged 0-17, including 418,425 aged 0-5.

– IQVia Total Patient Tracker, 2020

As Prof. Frances noted in the *Annals of Internal Medicine*, "These changes [to DSM-5] will probably lead to substantial false-positive rates and unnecessary treatment. Drug companies take marketing advantage of the loose DSM definitions by promoting the misleading idea that everyday life problems are actually undiagnosed psychiatric illness caused by a chemical imbalance and requiring a solution in pill form."[24]

Phillip Hickey points out: "The reason that several psychoactive drugs have become blockbusters in recent years is that psychiatry has the advantage, unique in the medical field, that it can invent illnesses, and relax the criteria for these illnesses, more or less at will. Psychiatry, unlike other medical specialties, has no natural limits to its growth potential. They can continue to expand the diagnostic net until everybody in the world has a diagnosis."[25]

CHAPTER 3:
DRUG PUSHERS MASQUERADING AS "THERAPISTS"

In 2014, a debate was held in the Royal Geographic Society, UK, on the topic of society being overdosed and psychiatrists and the pharmaceutical industry "are to blame for the current 'epidemic' of mental disorders." The argument further debated was that we tend to associate drug pushers with "the bleak underworld of criminality. But some would argue that there's another class of drug pusher, just as unscrupulous, who works in the highly respectable fields of psychiatry and the pharmaceutical industry. And they deserve the same moral scrutiny that we apply to the drug peddler on the street corner."[26]

Furthermore, increasingly within the profession, medical "labels are being attached to everyday conditions previously thought to be beyond the remit of medical help. So, sadness is rebranded as depression, shyness as social phobia, childhood naughtiness as hyperactivity or ADHD. And Big Pharma is only too happy

to come up with profitable new drugs to treat these 'disorders,' drugs which the psychiatrists and GPs then willingly prescribe, richly rewarded by the pharma companies for doing so."

There was a flood of criticism of DSM-5 before it was even published, as it was clear, even then, that it could lead to more prolific drug prescribing. In a December 2012 *Psychology Today* blog post, Frances said the APA's approval of DSM-5 would be the "saddest moment" in his lengthy career of studying, practicing, and teaching psychiatry. He noted that the revision was "deeply flawed" and contained a number of changes that seemed "clearly unsafe and scientifically unsound."[27]

Scientific American published an article in 2013 by Dr. Judy Stone, which was critical of the DSM-5. Stone, who had practiced internal medicine for decades, commented on Jeffrey Lieberman's criticism of those unfavorable toward DSM-5, which he, as President of the APA, had ushered in. He feigned "surprise" at the contentious global debate over the new manual among so many mental health professionals and touted his rhetoric that it was all likely part of the so-called "antipsychiatry" movement.[28]

Dr. Stone called Lieberman's views "self-promotional and condescending," adding that he "stoops to disparaging characterizations of critics as 'real people who don't want to improve mental healthcare,'" "misguided" and spreading "scientific anarchy." Stone quipped: "…it makes me wonder if there is a DSM-5 diagnosis for someone who is self-serving, can't accept criticism, and believes critics are prejudiced bigots?"

"The fields of psychiatry and the pharmaceutical industry "deserve the same moral scrutiny that we apply to the drug peddler on the street corner."

– Royal Geographic Society Debate, 2014

She dissected Lieberman's self-serving arguments:

- Lieberman said, "Being 'against' psychiatry strikes me as no different than being 'against' cardiology or orthopedics or gynecology." "Yes, Dr. Lieberman," Stone said: "Psychiatry is different. These other specialties, in most cases, are far more evidence-based, with more readily measured outcomes."

- "Perhaps the most egregious statement in Lieberman's opinion piece occurred when he referred to prior ethical lapses and barbaric treatment of patients, saying dismissively, 'However, that was then and now is now.'"

- Lieberman "made thinly veiled personal attacks on his critics, without offering anything substantive to counter rationally."

Conflicts of interest among psychiatrists has been a significant issue and Lieberman's conflicts are no exception. They include: GlaxoSmithKline; Janssen Pharmaceutica Products, L.P. (US); Merck & Co., Inc; Novartis Pharmaceuticals Corporation; Pfizer Inc.; Sepracor Inc.; and Targacept. He served on the advisory board for: Bioline; GlaxoSmithKline; Intra-Cellular Therapies, Inc.; Eli Lilly and Company; Pierre Fabre; and Psychogenics.[29]

Tufts and Harvard researchers found that 57% of the APA work groups drafting the *DSM* had links to the pharmaceutical industry, which, apparently, in Lieberman's mind means the researchers were prejudiced against psychiatry.

Researchers found that 57% of the American Psychiatric Association work groups drafting its diagnostic manual had links to the pharmaceutical industry.

Psychiatry remains, as Lieberman told Congress in 2015, the "only medical specialty with a movement dedicated to its eradication."[30] But rather than look at its his profession's predatory and harmful history of pseudo-medicine, pseudoscience and locking up people against their will, Lieberman believed his critics are "prejudiced" and creating "stigma" for the profession.

In one breath, he admitted that psychiatry's "treatments are not perfect," that they do not work for everyone and are not cures, and many medications and procedures do have side effects.

But in the next breath, he wanted patients to access *more* of this treatment, which in his mind, was being thwarted by "stigma" that was "actively perpetuated by a virulent anti-psychiatry movement."[31]

On 6 July 2020, Lieberman repeated this to other psychiatrists in a virtual conference for the European Psychiatric Association. While he admitted "psychiatry, the stepchild of medicine" has a "notorious past," he also claimed "the stigma associated with our past still affects the perception of our field by our colleagues in medicine, and by the politicians in government and by the public at large." Astoundingly, he portrayed psychiatrists as "victims."

In 2016 he stated, "The profession to which I have dedicated my life is the most denigrated and distrusted of all medical specialties." He called it prejudice.[32]

He defined prejudice as "feelings that are unjustified, that people have towards a given group of people, a given practice, in our case of medicine…."

Further, "there's no other discipline in medicine that suffers like this. I mean, can you think you've ever heard of an anti-cardiology movement? or an anti-cancer movement? or an anti-pediatrics movement? No, we have that dubious distinction, unfortunately."

But *that's* the point. The other sectors don't *need* an entire movement—involving multiple, diverse groups—to protect millions of patients. Psychiatry does. What Lieberman chooses to ignore is that the movement against psychiatry *is justified*.

PsychCentral, an independent mental health information website, overseen by mental health professionals points out: "Doctors do not lock up those who neglect to take their heart medications, who keep smoking even with cancer, or are addicted to alcohol. We might bemoan these situations, but we are not ready to deprive such individuals of their liberty, privacy, and bodily integrity despite their 'poor' judgment. People who suffer from mental illness also are due the respect and freedoms enjoyed by other human beings.[33]

CCHR has represented many thousands of patients the world over who object to being labeled falsely, incarcerated and forcibly treated.

"Doctors do not lock up those who neglect to take their heart medications, who keep smoking even with cancer…[we don't] deprive such individuals of their liberty, privacy, and bodily integrity despite their 'poor' judgment," as psychiatry does.

– PsychCentral, 2013

CHAPTER 4: PSYCHIATRY: AN ABUSE OF POWER AND ANTI-HUMAN RIGHTS

In 2014, the Royal College of Psychiatrists published an article that said, "It is clear that psychiatrists are in the unusual position of having the frightening, legal power to lock up patients. To be classified as mad is to be at the mercy of the psychiatrist-led system, with therapists able to deny patients contact with the outside world and to administer treatments that may well be experienced as punishments for failing to conform to society's norms of sanity."[34]

The Guardian reported what others also question: "Is the current epidemic of depression and hyperactivity the result of disease-mongering by the psychiatric profession and big pharma? Does psychiatry have any credibility left at all?" Author Will Self spoke of a psychiatrist, whose mantra was, "They say failed doctors become psychiatrists, and that failed psychiatrists specialize in drugs." He went further, writing: "What do psychiatrists have to offer… beyond their

capacity to legally administer psychoactive drugs, and in some cases forcibly confine those they deem to be mentally ill?"[35]

Twenty-three years earlier in November 1990, Jeffrey Masson, Ph.D., was interviewed on *Geraldo*, a national TV show in the U.S., and said: "…there's no other medical specialty which has patients complaining bitterly about the treatment they're getting. You don't find diabetic patients on this kind of show saying 'You're torturing us. You're harming us. You're hurting us. Stop it!' And the psychiatrists don't want to hear that."[36]

Clearly, they still don't.

As far as the horror and fear that psychiatric patients experience, treatment hasn't advanced beyond when people were thrown into a snake pit to shock them back to their senses.[37]

Nearly 450 psychiatric drugs now exist that can cause (to name but a few) side effects[38]:

- strokes
- heart irregularities
- diabetes
- liver problems
- life-threatening neurological symptoms
- addiction
- exacerbated "depression" and other disorders
- cognitive impairment
- violent and suicidal behavior, hostility, mania[39]
- extreme worry, agitation and panic attacks, severe restlessness[40]
- self-harm, hallucinations or delusional thinking, psychosis
- sexual dysfunction
- convulsions, seizures or tremors
- birth defects
- sudden death[41]
- cerebrovascular adverse events;
- gynecomastia (female breast growth in young boys)[42]

"It is clear that psychiatrists are in the unusual position of having the frightening, legal power to lock up patients … and to administer treatments that may well be experienced as punishments...."

– The Royal College of Psychiatrists Article, 2014

Carole Lieberman, psychiatrist, forensic expert and author noted: "When psychiatrists only prescribe meds, patients end up committing suicide or homicide or getting into other problems." Psychiatrists, she added, cannot be "fulfilled as pill-pushers…. Nowadays, many psychiatrists only see patients for 'med visits' of 15 to 30 minutes once a month or less. This is what I call 'in and out burger psychiatry'—an assembly line. *Patients get caught in the cross-hairs of this malpractice*."[43] [emphasis added]

Another psychiatric practice, electroshock treatment, sends up to 460 volts of electricity through the brain causing a grand mal seizure that involves a loss of consciousness and violent muscle contractions, masked by an anesthetic. It can cause cognitive and memory dysfunction and loss, brain damage and death.[44]

> We call for "an absolute ban on all forced and non-consensual medical interventions" such as "electroshock and mind-altering drugs."
>
> *– Juan E. Méndez, UN Special Rapporteur on Torture, 2013*

No less that the United Nations Special Rapporteur on Torture, Juan E. Méndez, called in 2013 for "an absolute ban on all forced and non-consensual medical interventions" such as "electroshock and mind-altering drugs…."[45] The July 2018 UN Human Rights Council report on "Mental health and human rights" reiterated this call and described ECT, "as practices constituting torture or other cruel, inhuman or degrading treatment or punishment…."[46]

The U.S. Food and Drug Administration (FDA) has never ensured that ECT device manufacturers provide clinical trials proving the safety and efficacy of the device and refused to prohibit the APA from using the phrase "safe, effective treatment," as outside its jurisdiction. Representing psychiatric interests rather than protecting consumers, in 2018, the FDA reduced the risk classification of the ECT device so that psychiatrists could administer it to more patient victims—even children aged five and younger, as is already occurring in the U.S.

FDA used semantics to dismiss the UN Committee on Torture's concerns about enforced ECT because the report didn't specifically "address the use of electrical stimulation to treat conditions such as a severe MDE [major depressive episode] associated with MDD [major depressive disorder] or BPD [bipolar disorder], schizophrenia, bipolar manic states, schizoaffective disorder, schizophreniform disorder, or catatonia."[47]

It is testimony to psychiatry's public relations "mumbo-jumbo skills" that it can convince government agencies that subjecting individuals to electroshock and other brain-damaging interventions is "therapy," not torture.

Giving unparalleled power to one sector of medicine not backed by science yet given the legal right to forcibly incarcerate and destroy human and UN-endorsed rights—should be viewed against the history of psychiatry's failures. This is the reason that psychiatry draws the most criticism of any medical sector.

CHAPTER 5:
A VERY LONG HISTORY OF EXPERT CRITICISM OF PSYCHIATRY

In 2017, Dr. Dainius Pūras, head of the Centre for Child Psychiatry Social Pediatrics at Vilnius University, Lithuania, expressed what patients' rights advocates, doctors, CCHR, the so-called "anti-psychiatry movement" and a collection of mental health professionals have been saying for decades: that the field of mental health has been rife with violence and abuse. And that for a better future for patients or consumers, things must change.

In his report to the United Nations Human Rights Council in Geneva, Dr. Pūras called for a revolution in mental health care around the world to "end decades of neglect, abuse and violence." He wrote:

- "There is now unequivocal evidence of the failures of a system that relies too heavily on the biomedical model of mental health services, including the front-line and excessive use of psychotropic medicines, and yet these models persist."
- "The history of psychiatry and mental health care is marked by egregious rights

violations, such as lobotomy, performed in the name of medicine. Since the Second World War and the adoption of the Universal Declaration of Human Rights, together with other international conventions, increasing attention has been paid to human rights in global mental health and psychiatry. However, whether the global community has actually learned from the painful past remains an open question."

"…the field of mental health continues to be over-medicalized… with support from psychiatry and the pharmaceutical industry."

– Dr. Dainius Pūras, UN Human Rights Council, 2017

- "For decades, mental health services have been governed by a reductionist biomedical paradigm that has contributed to the exclusion, neglect, coercion and abuse of people with intellectual, cognitive and psychosocial disabilities, persons with autism and those who deviate from prevailing cultural, social and political norms."
- "A growing research base has produced evidence indicating that the status quo, preoccupied with biomedical interventions, including psychotropic medications and non-consensual measures, is no longer defensible in the context of improving mental health. Most important have been the organized efforts of civil society, particularly movements led by users and former users of mental health services and organizations of persons with disabilities, in calling attention to the failures of traditional mental health services to meet their needs and secure their rights."
- "…the field of mental health continues to be over-medicalized and the reductionist biomedical model, with support from psychiatry and the pharmaceutical industry, dominates clinical practice, policy, research agendas, medical education and investment in mental health around the world… psychotropic medications are increasingly being used in high-, middle-and low-income countries across the world. We have been sold a myth that the best solutions for addressing mental health challenges are medications and other biomedical interventions."

He warned that power and decision-making in mental health are concentrated in the hands of "biomedical gatekeepers," particularly those representing biological psychiatry.[48]

This *must* change.

CCHR's co-founder, the late Dr. Thomas Szasz, a professor of psychiatry, said psychiatry doesn't **commit** human rights abuses, it **is** a "human rights abuse." This is intrinsic in the laws that empower it to force its practices and treatments on others. It has shown consistent failure to deliver what it has promised—improved mental health and a system that doesn't rely upon fraudulent science, enforced incarceration and torturous "treatments," all the while wasting billions of taxpayer dollars for no or damaging results.

Psychiatry, as an ideology and practice, should sign its own "death certificate" as Dr. Hickey suggests.

CHAPTER 6:
A LITANY OF CRITICS

The following articles, studies and survey results from medical students answer any question there may be on why a movement exists to eliminate psychiatric abuse. The reports are broken into sections:

PSYCHIATRY'S FAILURES AND VERY POOR REPUTATION

1986: In his book, *The Good News About Depression*, Mark S. Gold, psychiatrist and Adjunct Professor in the Department of Psychiatry at Washington University in St. Louis, remarked: "Psychiatry is sick and dying" and the "talent has sunk to a new low."[49]

1993: Psychiatrist M. Scott Peck, writing in *Psychology Today*, said that psychiatry had experienced "five broad areas of failure" including "an increasingly poor reputation."[50]

June 1993: Dr. Paul Genova wrote in *Psychiatric Times* that American psychiatry "is moribund...the profession as a whole seems to have lost its integrity; it is a rotting ship."[51]

May 1998: At the APA annual meeting, a doctor's memo stated, "Two years ago, the APA could be likened to the Titanic before hitting the iceberg; huge, financially viable, but difficult to maneuver. We have collided. Last year we lost more than 1,600 members.... Any organization which loses close to 10% of its members in two years has to question how it conducts its business."[52]

2009: The WPA president established a Task Force to examine the reasons for the "stigmatization of psychiatry and psychiatrists." It found:

- The proportion of medical students indicating they would choose psychiatry as a career was *often low*.
- Psychotropic drugs were criticized for not targeting the actual cause of the illness.

Psychiatry was portrayed as "a discipline without true scholarship, scientific methods, or effective treatment techniques."

– World Psychiatric Association Task Force, 2009

- The general depiction of psychiatry in the news and entertainment media is predominantly negative. In a media commentary, psychiatry was portrayed as "a discipline without true scholarship, scientific methods, or effective treatment techniques."
- The depiction of psychiatric treatment is also often negative, with images of ineffective and punitive electroshock, forced confinement, or psychoanalytical treatment prevailing.
- Psychiatrists are depicted as unhelpful, not providing effective therapy and unable to explain or predict their patients' behavior.
- Medical students often viewed psychiatric treatment as ineffective.
- Most of the respondents viewed electroshock as a form of punishment.
- Health professionals' attitudes towards specific psychiatric treatments appear to coincide with those of the general population and medical students. Thus, depot medication [injected medication which releases into the blood stream slowly] was often perceived as coercive and compromising patient autonomy.
- Medical students may also see psychiatrists as peculiar, fuzzy, confused thinkers who are complex and difficult to understand.
- 35% of non-psychiatric doctors see psychiatrists as less emotionally stable than other physicians, and 51% as neurotic.
- Medical students perceive psychiatry as lacking a solid, authoritative scientific foundation. This attitude is partly based on uncertainty concerning the nosology [branch of medicine that deals with classification of diseases] and diagnosis of mental illnesses, *which is mentioned among the reasons for medical students not to enter psychiatry*.[53]

2010: The WPA "guidance on how to combat stigmatization of psychiatry and psychiatrists" reported: "The depiction of a malicious, controlling psychiatrist, a functionary of the oppressive state…."[54]

2010: In its "World Psychiatry" newsletter, WPA published the findings of the study "Are psychiatrists an endangered species?" citing ongoing challenges to psychiatry and whether it would survive the 21st century in the presence of "considerable pessimism and a sense of foreboding among psychiatrists." So, "200 years after its birth, is there something wrong with psychiatry?" According to information received from the WPA Secretariat, there were more than 200,000 certified psychiatrists around the world in WPA's 134 Member Societies. In general, however, a decline of recruitment into the profession was taking place. [55]

"While criticism of psychiatry by professionals has been around for a long time and still continues today, discontent *with our profession has been increasingly voiced also by our 'clients,' the patients. Whereas criticism within a profession can be regarded as contributing to its dynamic development, discontent of clients with a profession may be detrimental.*" [emphasis added]

"The portrayals of psychiatric treatments in films are rarely positive and a number of stereotypes circulate about us, not least in jokes, such as the 'nutty professor,' the 'analyst' and the 'aloof interrogator.'" [56]

2013: A study presented at the Royal College of Psychiatrists' 2013 congress determined that 26% of medical students and 47% of the public (73% combined) said they would be *"uncomfortable sitting next to a psychiatrist at a party."*[57]

"While criticism of psychiatry by professionals has been around for a long time and still continues today, discontent with our profession has been increasingly voiced also by our 'clients,' the patients."

– "World Psychiatry," WPA newsletter, 2010

August 2014: The *Psychiatric Bulletin* published an article titled, "The demonization of psychiatrists in fiction (and why real psychiatrists might want to do something about it)." This was in response to psychiatry's continued poor image in the media and in entertainment.

Points included:

- It has never enjoyed the respect and social prestige of other medical specialties.
- Many novels seem to give good reasons to explain our fear of psychiatry. Beyond rape and murder, fictions also portray psychiatrists as medical torturers. Lobotomy and electroconvulsive therapy (ECT) are shown as devices of control and punishment of the mad in Ken Kesey's 1962 novel, *One Flew Over the Cuckoo's Nest*.

- Psychiatrists have carried out unproven, painful, even permanently damaging treatments on the vulnerable.

- Fundamentally, psychiatry has always held a strange position in the medical hierarchy: there is no urine test for schizophrenia; scientific evidence cannot be presented for bipolar disorder in the way that an oncologist can identify a cancer from a biopsy.

- "There are some good reasons for our mistrust and fear of psychiatrists. There is a substantial group within the psychiatric community which is critical of current treatments."[58]

"Unlike other medical specialties, psychiatry has often been seen as unscientific, touchy-feely and without proper scientific basis."

– European Psychiatry Article, 2015

February 2015: *European Psychiatry* published a paper on how to improve the image of psychiatry and the psychiatrist—difficult to do, given its history. It noted:

- The current "image of psychiatry and psychiatrists may be affected by aspects not strictly related to stigma: the past of psychiatry includes dark centuries in which asylums and pre-pharmacological interventions (physical restraints, coercion, etc.) have been adopted and may still influence the image of the discipline and psychiatrists."

- "Unlike other medical specialties, psychiatry has often been seen as unscientific, touchy-feely and without proper scientific basis."

- Medical students: "Negative attitudes toward psychiatry included the perceived unscientific nature of the subject."

- General public: "Negative images of psychiatry as held by the general public are related to perceptions of treatments which are given stereotypes coloring in forceful treatments against their will and the use of straitjackets."

- "Psychotropic medication and ECT are seen as more negative interventions in comparison with psychotherapies and counselling."

- "Newspaper reports and negative media portrayals play a major role in creating further negative stereotypes of psychiatry."[59]

PSYCHIATRY CREATES RECRUITMENT CRISIS

1979: Starting in 1979 and throughout the next two decades, an erosion occurred in the number of medical students choosing psychiatry and in the attitudes that new medical students held toward the specialty.[60] In the US, the number of medical students choosing psychiatry as a career had been in decline for more than two decades, according to a study published in 1995.[61]

1980: "Less than half of all hospital psychiatric positions [could] be filled by graduates of U.S. medical schools," Mark S. Gold, psychiatrist and Adjunct Professor in the Department of Psychiatry at Washington University in St. Louis, reported, calling this "the wholesale abandonment of psychiatry." Medical school graduates saw that psychiatry was "out of sync with the rest of medicine," that it "has no credibility" and is "unscientific."[62]

September 1999: An article in the *American Journal of Psychiatry* titled "Attitudes toward Psychiatry as a Prospective Career Among Students Entering Medical School," by David Feifel, M.D. et al., was about a survey of medical students and the decline in their choosing psychiatry as a specialty. The authors wrote: "The number of U.S. medical graduates choosing careers in psychiatry is in decline. In order to determine whether this disinclination toward psychiatry occurs before versus during medical school, this study surveyed medical students at the start of their freshman year," and found:

"[T]hese students begin their medical training viewing a career in psychiatry as *distinctly and consistently less attractive than other specialties surveyed.* [emphasis added]

"More than one-quarter of the new medical students had already definitively ruled out a career in psychiatry.

"New medical students rated psychiatry significantly lower than each of the other specialties in regard to the degree to which it was a satisfying job, financially rewarding, enjoyable work, prestigious, helpful to patients, dealing with an interesting subject matter, intellectually challenging, drawing on all aspects of medical training, based on a reliable scientific foundation, expected to have a bright and interesting future, and a rapidly advancing field of understanding and treatment."[63]

Medical school graduates saw that psychiatry was "out of sync with the rest of medicine," that it "has no credibility" and is "unscientific."

– Mark S. Gold, Psychiatrist, 1980

2005: The *European Journal of Psychiatry* published the results of a study of the attitudes and opinions expressed by medical students towards psychiatry, which was "progressively getting more and more international repercussion. This is due, in part, to the lack of residents wanting to choose psychiatry as their professional future in some countries. In this respect, a negative attitude towards psychiatry or the psychiatrist's role has frequently been observed by a number of authors in different countries. The most common complaints related to:

- "the lack of scientific rigor in psychiatry
- "the non-efficacy of treatment and
- "the psychiatrists' low social status among physicians compared to other specialties: some of these countries were the U.S. the UK, Australia, Saudi Arabia and China."[64]

May 2009: In the UK, there was another marked drop in the recruitment of graduates into psychiatry, which was blamed on the

"negative attitude towards the subject among doctors," according to *Times Higher Education*. The Royal College of Psychiatrists' membership examinations had fallen from an average of between 15 and 20% over the past decade to just 6% in 2008.[65]

> "The single most important threat facing psychiatry… is the inability to attract our own medical graduates into psychiatry."
>
> *– Professor Rob Howard, Dean of the Royal College of Psychiatrists, 2009*

"The single most important threat facing psychiatry…is the inability to attract our own medical graduates into psychiatry," Professor Rob Howard, Dean of the College stated. UK psychiatry was becoming reliant on foreign doctors and academics, he added. "When it becomes unpopular, you become dependent on doctors from overseas," he said. "It's never been particularly popular…."[66]

2009: The WPA Task Force to investigate "stigmatization of psychiatry and psychiatrists" found "The classification of mental disorders in the DSM and ICD categories has been subject to criticism because the majority of these diagnostic categories are not validated by biological criteria, thus reinforcing the image of psychiatry as not being 'real medicine.'"[67]

June 4, 2009: *The Guardian* also quoted Prof. Howard, saying: "Catastrophic is the word I would use for the shortage [of psychiatrists] we are now facing. We have always struggled to recruit significant numbers but this year is particularly acute. It has got to the point where you can count the number of UK doctors coming into it in tens, when we have hundreds of training posts to fill."[68]

2010: The WPA cited a UK study, stating: "UK medical graduates who initially chose psychiatry but did not pursue it as a career, *reported low status of psychiatry within the medical disciplines, little or no improvement in many patients and the lack of any evidence base for diagnosis and treatment as important reasons for quitting*."[69] [emphasis added]

2010: The WPA survey also found that "…doctors who had started a training career as a psychiatrist in England, but had broken it off, agreed most frequently with the statement that psychiatry had a poor public image and that they were not sufficiently respected by doctors in other disciplines."

"Challenges from outside include mounting patient and carer [caregiver] criticism…and psychiatry's low status within medicine and in society in general."

"One reason for the decline of recruitment into psychiatry, which comes up again and again, is medical students' and early dropouts' negative perception of the field of psychiatry, relating to lack of intellectual challenge, doubts about the effectiveness of psychiatric treatments, poor opinions of

peers and faculty about psychiatry, and low prestige of psychiatry within medicine…."[70]

2010: Despite efforts to improve the situation, statements like the following continued to appear routinely in publications related to selection in psychiatry: "The recruitment crisis... [which is leading to] ...unacceptable variation in quality amongst trainees and consultants... is the biggest challenge psychiatry faces."[71]

2012: The number of UK medical students choosing psychiatry had continued to drop more than 50% since 2009. Over the past decade the number of psychiatrists had fallen by 26%, while the number of general physicians overall had increased more than 31%.[72]

The Royal College of Psychiatrists introduced a Recruitment Strategy for 2011-2016. Under one section, it said psychiatrists were still perceived as being remote from the rest of the medical profession, psychiatry is unscientific, and treatments were not evidence-based. Psychiatrists were also held in low esteem and *frequently* were subject to critical comments. Under "improving the image of psychiatry and psychiatrists," the report noted that one of the things they needed to do was: "Challenge the negative material on the Internet; e.g., Scientologists [CCHR was established by the Church of Scientology], *disgruntled patient groups*…."[73] [emphasis added]

December 2013: A study in *JAMA Psychiatry*, led by researchers at Weill Cornell Medical College in the U.S. reported, "The number of psychiatrists is also quickly dwindling — a drop of 14% from 2000 to 2008 — because psychiatrists are retiring and *medical students are not choosing to go into psychiatry*."[74] [emphasis added]

2014: A worldwide study involving 20 countries was conducted to determine why medical students would choose psychiatry, but found: Only 4.5% of medical students would "definitely consider" a career in psychiatry. 25% would "definitely not" consider psychiatry.[75]

90% of medical respondents considered that psychiatrists were not good role models for medical students.

– Acta Psychiatrica Scandinavia, 2015

January 2015: A study published in *Acta Psychiatrica Scandinavia*, which was a survey of medical teaching faculty to determine their attitudes toward psychiatry and psychiatrists, found that 90% of respondents considered that psychiatrists were not good role models for medical students. The study was conducted as part of the scientific activities of the WPA's Stigma and Mental Health Scientific Section. Fifteen academic teaching centers in the UK, Europe, and Asia were surveyed with a 65% response rate (of 1,057 teaching medical faculty members); 73% thought psychiatric patients were emotionally draining.

Other significant outcomes were:

- The vast majority of respondents held negative views toward psychiatry as a discipline, psychiatrists, and psychiatric patients.

- Criticisms made by medical students include psychiatry is too narrow in scope; it does not draw on all aspects of medical training; it is ineffective and unscientific.
- In the UK, where less than one in 20 medical students reported they intended to enter psychiatry, the factors that most discouraged them were the poor prognosis of psychiatric patients (20%), the poor scientific basis of psychiatry (18%), and the perceived lack of an evidence base (14%).

"Psychiatry is an unpopular career choice for many medical students…."

– BMC Medical Education, 2015

- Media images of psychiatry are negative, with images of psychiatric treatments as oppressive and controlling, and popular depictions of mental health professionals as unethical, exploitative, or mentally deranged.
- Opinions expressed to medical students by their teaching faculty may reinforce misconceptions about psychiatry and dissuade students from considering psychiatry as a potential career choice…. Overall, respondents considered that their medical school culture did not view psychiatry as an exciting, rapidly expanding, intellectually challenging, or evidence-based branch of medicine.
- One in ten considered that psychiatry was too vague and imprecise to be taught effectively and agreed that less time should be spent teaching psychiatry to medical students.[76]

March 7, 2015: *BMC Medical Education* published a study: "Impact of a psychiatry clerkship on stigma, attitudes towards psychiatry, and psychiatry as a career choice." It stated: "Psychiatry is an unpopular career choice for many medical students…." Further, "For psychiatrists, stigma often persists throughout their career with the profession perceived as having a negative image, both in the community and by other medical specialists."[77]

IN THEIR OWN MIND, PSYCHIATRISTS ARE NOT "REAL DOCTORS"

2008 and 2009: "Lots of other doctors don't think we're 'real doctors.'- Professor Rob Howard, Dean of the Royal College of Psychiatrists (UK). "Psychiatrists are often rather apologetic about themselves and the service they have to offer." [78]

2013: A UK trainee psychiatrist wrote in a blog post: "But *why* is psychiatry so unpopular? He stated: "One of the most common fears is of ceasing to be a 'real doctor.' Prospective applicants dread the thought of being lost so far down the psychiatric rabbit hole, distant from the rest of medicine, that they'll forget how many kidneys people have, or which end of a stethoscope goes in your ears…. Junior doctors also avoid psychiatry because they see it as unscientific."[79]

2018: The author of an article on "How psychiatrists became lesser physicians," noted "Psychiatry carries the burden of being known as the specialty chosen by those who didn't want to be real physicians."[80]

PSYCHIATRISTS' TREATMENTS FAIL TO CURE THEIR OWN INSTABILITY, DEPRESSION, ANXIETIES, OR PREVENT SUICIDE

Medical students perceive psychiatrists as more emotionally unstable or neurotic than other health professionals.[81] A 2015 world survey also substantiated this: Approximately one in five thought that students were attracted to psychiatry because of their own problems or that students chose psychiatry because they could not get in to other specialties.[82]

Robert Epstein, Ph.D., writing in *Psychology Today* in 1997, headlined his candid article: "Why Shrinks Have Problems: Suicide, stress, divorce—psychologists and other mental health professionals may actually be more screwed up than the rest of us." In fact, as Epstein wrote: "the idea that therapy is a haven for the psychologically wounded is as old as the profession itself." He pointed to an American Psychiatric Association study which concluded that "physicians with affective [mood] disorders tend to select psychiatry as a specialty."

Further, "Mental health professionals are, in general, a fairly crazy lot—at least as troubled as the general population.... Therapists struggling with marital problems, alcoholism, substance abuse, depression, and so on don't function very well as therapists." Epstein advised: "Indeed, any time your therapist shows clear signs of personal distress or impairment, bring your concerns to his or her attention. (Ideally, do this on the therapist's dime, after your session is over.)"[83]

A much-cited 1963 study reported that 24 out of 25 psychiatrists had entered the field because of a wish to explore some personal conflict.[84]

Suicide by psychiatrists—953 in 18,730 consecutive deaths of U.S. physicians during a five-year period 1967-72—demonstrated that psychiatrists committed suicide at rates about twice those expected.[85]

> "…psychologists and other mental health professionals may actually be more screwed up than the rest of us."
>
> *– Robert Epstein, Ph.D., Psychology Today, 1997*

1980: A widely noted study still quoted today found 73% of psychiatrists had experienced moderate to incapacitating anxiety early in their careers, and 58% had suffered from moderate to incapacitating depression."[86]

1997: According to psychologist David Lester, Ph.D., Director of the Center for the Study of Suicide, mental health professionals killed themselves at an abnormally high rate.[87]

2000: A study published in *Southern Medical Journal* reported early research had found "psychiatrists had the highest suicide rate and pediatricians had the lowest rate." A 1979 study had also reported that among female physicians,

psychiatrists had the highest rates [of depression], with 73% reporting a history of depression compared with 46% of other female physicians.[88]

> "Psychiatrists had the highest suicide rate…."
>
> *– Southern Medical Journal, 2000*

2001: An *American Journal of Psychiatry* study reported: "Psychiatrists were older, in poorer health, less likely to be married" than other female physicians and "more likely than the other female physicians to report having had personal or family histories of various psychiatric disorders." Some 56% of female psychiatrists had a family history of mental illness, and just over 40% had experienced one themselves—almost twice the rate of other doctors.[89] Psychiatrists committed suicide at rates about twice the rate of other physicians, according to a 1980 study by the American Psychiatric Association, which found that "the occurrence of suicide by psychiatrists is quite constant year-to-year, indicating a relatively stable oversupply of depressed psychiatrists."[90]

2002: A study of more than 1,000 randomly sampled counseling psychologists found that 62% of respondents self-identified as depressed, and of those with depression symptoms, 42% reported experiencing some form of suicidal ideation or behavior.[91]

2012: An article in the *Washington City Paper* reported that "depression, stress, and burnout are high among physicians but higher among psychiatrists; the same is true of alcohol and drug abuse. Psychiatrists have a divorce rate 2.7 times that of other physicians and as much as five times that of the general public."

"A study of more than 8,000 Finnish hospital employees found the psychiatric staff was 81% more likely to suffer from a current or past mental illness and 61% more likely to miss work due to depression."

"Compared to other female physicians, female psychiatrists have a 67% greater likelihood of suffering from psychological problems, primarily depression."

"The California Medical Board found male psychiatrists were almost twice as likely to be disciplined for unethical sexual relationships with patients as their peers."[92]

2015: A survey of Canadian psychiatrists found that of 487 psychiatrists who responded to a questionnaire, nearly one third (31.6%) said they had experienced mental illness.[93]

"Many people choose to enter the mental health professions, at least in part, because they want to examine their own, or their family's, psychological issues, vulnerabilities, or pain," according to Stephen Hinshaw, Ph.D., professor of psychology, University of California, Berkeley, and Professor of Psychiatry and Vice-Chair for Child and Adolescent Psychology, University of California, San Francisco.[94]

2019: *Psychiatry Advisor* reported there was a high suicide rate in psychologists, with some studies suggesting that close to 30% have felt suicidal and nearly 4% have made a suicide attempt, citing a 2011 study.[95]

THWARTED BY THEIR OWN UNSCIENTIFIC DIAGNOSTIC SHAM

2010: Results of a WPA survey reported: "In psychiatry we have the confusing situation of two different internationally used diagnostic systems. In any member state of the World Health Organization (WHO), on discharge of a patient from hospital, a diagnosis from chapter V of the International Classification of Diseases (ICD-10) must be selected. However, for psychiatric research to be published in a high impact factor journal, it is advisable to use the Diagnostic and Statistical Manual (DSM-IV) of the American Psychiatric Association (APA)."

- "…the validity of psychiatry's diagnostic definitions and classification systems is increasingly questioned also from inside psychiatry. In addition, confidence in the results of therapeutic intervention studies is waning."

- "…Whereas psychiatric diagnostic classification systems and disease definitions have long been criticized, the character of the attacks has changed. Half a century ago, they came mainly from outside psychiatry. Today, while these assaults continue, discussions about the validity of psychiatric diagnoses are also getting momentum within our profession…."[96]

2013: An entire international group of mental health professionals and consumers was formed to boycott DSM-5 the year it was published.[97] Approximately 2000 Spanish and French professionals, psychoanalysts for the most part, also signed petitions opposing the sale of the DSM-5.[98] The most active members of this group had between them written 10 single- or dual-author books, 10 edited books and 137 papers published mostly in peer-reviewed journals. A survey of this work revealed that it covered problem themes, including:

1. Diagnosis in psychiatry
2. Lack of evidence-based medicine in psychiatry, and related to this, the relationship between the pharmaceutical industry and psychiatry
3. Coercion in psychiatry.[99]

"…the validity of psychiatry's diagnostic definitions and classification systems is increasingly questioned also from inside psychiatry."

– "World Psychiatry" 2010

September 2013: An article published in the journal *Psychiatry Investigation* was headlined, "Is Psychiatry Scientific? A Letter to a 21st Century Psychiatry Resident." Jose de Leon, from the University of Kentucky Mental Health Research Center at Eastern State Hospital, Lexington, KY and Psychiatry and Neurosciences Research Group (CTS-549), Institute of Neurosciences, University of Granada (Spain), wrote:

- "During the development of the DSM-5, even the lay press questioned psychiatry's scientific validity."

- He told residents: "…your training is seriously flawed. You have 1) no

serious understanding of and no 'love' for statistics, which is the basis of the scientific approach in medicine, 2) no understanding or interest in the history of the last 2,500 years of Western civilization that generated current psychiatric thinking and its flaws."

"Pharmaceutical companies no longer believe in the promises of the neurosciences and are leaving the 'sinking ship' of psychiatry."

– Jose de Leon, Psychiatrist, 2013

- "….in the last few years, during which the DSM-5 has been developed by the American Psychiatric Association (APA), there have been major controversies outside and inside U.S. psychiatry… in these times in which 'science' is considered the *ultimate and only source of truth, people outside of our profession referring to psychiatry as 'not scientific' may appear to be fueling the worst possible public relations disaster.*" [emphasis added]
- "In early May 2013, the month that the DSM-5 was officially published, Insel, the NIMH director, wrote a blog post in which he threw the DSM-5 into the fire because it 'lacks validity,' which was reinterpreted by the U.S. press to mean that the DSM-5 is 'out of touch with science.' *The leaders of the APA responded that the new science is not ready to be incorporated into the DSM-5 and attempted to repair the marketing damage with a shared statement from the NIMH and the APA. Having this internal fight aired in U.S. newspapers and other media has been the latest public failure in the development of a seriously flawed DSM-5*."
- "Pharmaceutical companies have for 50 years tried to use science to expand the 'old' psychiatric drugs and have made a lot of money in the process. However, they are losing their ability to continue making so much money and are running away from psychiatry because it is too complex and cannot promise a new revenue stream for their stockholders."
- "Pharmaceutical companies no longer believe in the promises of the neurosciences and are leaving the 'sinking ship' of psychiatry."[100]

April 28, 2014: The late Jeremy D. Safrahn, Ph.D., Professor of Psychology at the New School for Social Research in New York, clinical psychologist, psychoanalyst, psychotherapy researcher, and author, put forward his view in *Psychology Today*:

- "The internal controversies about DSM-5 (the latest edition of the official diagnostic manual) for psychiatry, led by psychiatry insiders including Robert Spitzer and Allen Frances (both chairs of former DSM task forces) began to make news in the mainstream media, and even though many of these controversies had taken place on a smaller scale with the development of DSM-III and DSM-IV, the *public was beginning to suspect that the emperor has no clothes.* To add injury to insult, the growing body

of evidence that many of the claims for the miraculous powers of the new generation of psychiatric medications had been massively inflated began to have an impact on the pharmaceutical companies' willingness to invest their money on research and development relevant to this area."[101]

December 2014: In a report published in the *International Journal of Clinical and Health Psychology,* British child psychiatrist Sami Timimi suggested that formal psychiatric diagnostic systems should be abolished. He said psychiatric diagnoses are neither valid nor useful and raises important points, some of which follow:

- The use of psychiatric diagnosis increases stigma and does not aid treatment decisions. Psychiatric theory and practice, he wrote "is at an impasse."
- "Prevention has proved elusive, with mental health diagnoses becoming more, not less, common."
- "The diagnoses listed in the major psychiatric diagnostic manuals have not yet been linked with any sort of physical test or other biological marker" and "so, unlike the rest of medicine, psychiatric diagnoses do not have pathophysiological correlates and no independent data is available to the diagnostician to support their subjective assessment of diagnosis."
- The failure of decades of basic science research to reveal any specific biological or psychological marker that identifies a psychiatric diagnosis is well recognized. Unlike the rest of medicine, which has developed diagnostic systems that build on an etiological and pathophysiological framework, psychiatric diagnostic manuals such as DSM-5 (APA, 2013) and ICD-10 (World Health Organization, 1994) have failed to connect diagnostic categories with etiological processes.

"The internal controversies about DSM-5 for psychiatry, led by psychiatry insiders... began to make news in the mainstream media...the public was beginning to suspect that the emperor has no clothes."

– The late Jeremy D. Safrahn, Ph.D., Professor of Psychology, 2014

- "Despite the belief that psychiatric disorders have a clear genetic loading, molecular genetic research is failing to uncover any specific genetic profile for any disorder."
- "The failure of basic science research to reveal any specific biological marker for psychiatric diagnoses means that current psychiatric diagnostic systems do not share the same scientific security, of belonging to a technological model developed by research grounded in the natural sciences, as the rest of medicine."
- "Unlike in the rest of medicine, where the reason for the patient's symptoms is clarified by a diagnosis, psychiatric diagnoses serve only as descriptors that do not have the power of explanation.

Thus, when a clinician claims that a patient is 'really' depressed, or has ADHD, or has bipolar disorder, or whatever, not only are they trying to turn something based on subjective opinion into something that appears empirical, but they are engaging with the process of reification (that is, turning something subjective into something 'concrete')."

- "Although drugs marketed as 'antipsychotic' are often claimed to reverse a biochemical imbalance in psychotic patients, no such imbalance has been demonstrated."[102]

"To those who say that major scientific/medical advances since 1975 have made going to a biological psychiatrist a rational choice, I say: What advances?"

– Lawrence Kelmenson, Psychiatrist, 2020

October 2020: Lawrence Kelmenson, who has practiced psychiatry for 32 years, reinforced psychiatry's lack of science and how it undermines people's innate resilience to overcome problems without a pill:

- "To those who say that major scientific/medical advances since 1975 have made going to a biological psychiatrist a rational choice, I say: What advances? Forty-five years have passed: Is any psychiatric 'diagnosis now verified by lab test, x-ray, or physical exam finding? No; therefore, they're all purely imaginary, nothing but conceptualized labels. You must've been hallucinating when you heard of these 'discoveries.'"

- "This can't be a surprise, since labeling a problem 'mental' is a way of saying that it's *not* physical…psychiatrists don't treat diseases of the brain just as cardiologists treat diseases of the heart. Reality check: There's already a field that treats brain diseases—neurology."

- The psychiatric field itself used such abilities to overcome many dangers that had threatened its survival. These included anti-psychiatry attacks like *Cuckoo's Nest* and *The Myth of Mental Illness*, and an onslaught of cheaper, plentiful social workers who dislodged psychiatrists from their therapist niche.

In summary, Dr. Kelmenson put it most poignantly:

- **"Psychiatry resiliently adapted by devising/instilling its nonsensical disease model into our culture. It deluded millions into thinking they're unable to adaptively address their own issues or raise their supposedly incapable kids. They thus gave up trying to. (Ironic, huh?) This generated hordes of lifelong clients who seek non-existent cures for non-existent diseases, enabling psychiatry to endlessly drain health insurance money. So, it successfully morphed from an eradicator into a mass-producer of lunacy, which parasitically sucks the blood out of society. What genius!"**[103]

INTERNATIONAL CONDEMNATION OF COERCIVE PSYCHIATRY

June 3, 2021: *Psychiatric Times* published an interview with former UN Special Rapporteur Dainius Pūras, M.D, who continued to condemn the mental health system, stating:

- "Coercive practices are so widely used that they seem to be unavoidable, but I suggest turning our thinking and action the other way around. Let us assume that each case of using nonconsensual measures is a sign of systemic failure, and that our common goal is to liberate global mental healthcare from coercive practices.... If we do not move in this direction, arguments for coercion will continue to be used, and misused."

- The "obstacles to the realization of mental health rights," include the reliance upon "the biomedical model and biomedical interventions" and "biased use of knowledge and evidence."

- "We should not forget many sad episodes in the history of psychiatry, and they often happened because values were undermined in the name of dubious or arbitrary evidence."

- Coercive psychiatry has also meant that too few psychiatrists are held responsible for enforcing treatment because it is sanctioned by law: "… the problem of accountability in global mental health and psychiatry remains very serious."

Psychiatric Times reminded Dr. Pūras of his calling for a revolution in mental health care in 2017 to "end decades of neglect, abuse and violence." It was noted that this call "provoked a rather spirited debate in academic journals such as the *Australian & New Zealand Journal of Psychiatry*, where you were accused of having an anti-psychiatry bias." But Dr. Pūras responded:

- "The most worrying feature of psychiatry is that the leadership, under influence of hard-liners, tends to label those experts who blow the whistle and critically address the status quo as anti-psychiatrists… if influential psychiatrists continue to repeat that values are not a priority in mental healthcare, we should not be surprised that global mental health and global psychiatry is facing a crisis, which to a large extent is a moral crisis, or a crisis of values."[104]

"If influential psychiatrists continue to repeat that values are not a priority in mental healthcare, we should not be surprised that global mental health and global psychiatry is facing a crisis, which to a large extent is a moral crisis, or a crisis of values."

– Dainius Pūras, M.D., former UN Special Rapporteur, June 2021

June 10, 2021: The World Health Organization (WHO) issued a "Guidance on Community Mental Health Services: Promoting Person-Centered and Rights-Based Approaches" that lashed out about coercive psychiatric practices, which it said "are pervasive and are increasingly used in services in countries around the world, despite the lack of evidence that they offer any benefits, and the significant evidence that they lead to physical and psychological harm and even death."

"Coercion is built into mental health systems, including in professional education and training, and is reinforced through national mental health and other legislation."

– World Health Organization Guidance, 2021

- WHO reinforced the UN Convention on the Rights of Persons with Disabilities (CRPD) which says patients must not be put at risk of "torture or cruel, inhuman or degrading treatment or punishment" and recommends prohibiting "coercive practices such as forced admission and treatment, seclusion and restraint, as well as the administering of antipsychotic medication, electroconvulsive therapy (ECT) and psychosurgery without informed consent."

- WHO pointed to a series of more UN guidelines and Human Rights Council resolutions that have called on countries to tackle the "unlawful or arbitrary institutionalization, overmedication and treatment practices [seen in the field of mental health] that fail to respect… autonomy, will and preferences."

- People who are subjected to coercive practices report feelings of dehumanization, disempowerment and being disrespected.

- Stigmatization exists among the general population, policy makers and others when they see those with mental disabilities as being "at risk of harming themselves or others, or that they need medical treatment to keep them safe"—a psychiatric mantra—which results in a general acceptance of coercive practices such as involuntary admission and treatment or seclusion and restraint. "Coercive practices are used in some cases because they are mandated in the national [or state] laws of countries." Further, "coercion is built into mental health systems, including in professional education and training, and is reinforced through national mental health and other legislation."

- Countries must also ensure that "informed consent" is in place and that *"the right to refuse admission and treatment is also respected."*

- "People wishing to come off psychotropic drugs should also be actively supported to do so, and several recent resources have been developed to support people to achieve this," WHO said.[105]

CHAPTER 7: RECOMMENDATIONS

1. Legal and policy protections should be implemented that force psychiatry to honor every individual's right to be treated with humanity and respect and to recognize the inherent dignity of the person. These include protections from economic, sexual and other forms of exploitation and coercive, involuntary treatment, and protections against fraudulent claims that psychiatry's diagnostic system is "scientific" or "biologically" proven.
2. Legal protections should be put in place to ensure that psychiatrists and psychologists are prohibited from violating the right of every person to exercise all civil, political, economic, social and cultural rights as recognized in the Universal Declaration of Human Rights, UN Covenant against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, The Nuremberg Code and in other relevant instruments, such as the Body

of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment.

3. No person should ever be subjected to electroshock treatment, psychosurgery, or other brain-intervention methods, all of which should be prohibited under state law.

4. No person under the care of the mental health system shall be subjected to physical and chemical restraint.

5. Parents cannot be forced or manipulated into permitting the drugging of their children by psychiatrists, other practitioners or school personnel. Governments should prohibit such abuses.

6. Every individual who has been subject to psychiatric abuse has the right to file a complaint to police and professional licensing bodies and to have this abuse investigated and prosecuted. The individual also has the right to obtain competent legal advice to file a civil suit for damages against any offending psychiatrist and his or her hospital, associations, colleges and institutions.

7. Those found to have abused patients, including illegally restraining and treating them shall be held accountable and criminally charged for harm caused by psychiatric drugs and other psychiatric “treatment” if it is established that they knew, or should have known, of such harm.

CHAPTER 8:
CITIZENS COMMISSION ON HUMAN RIGHTS

The Citizens Commission on Human Rights (CCHR) was established in 1969 by the Church of Scientology and eminent professor of psychiatry, Dr. Thomas Szasz, State University of New York Upstate Medical University in Syracuse, New York, to investigate and expose psychiatric violations of human rights. Today, it has hundreds of chapters in over 30 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.

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

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.

CCHR wrote its own Declaration of Mental Health Rights to define and defend mental health rights, upon which its work and mission are based, including:

- No person shall be given psychiatric or psychological treatment against his or her will.

- No person may be denied his or her personal liberty by reason of so-called mental illness, without a fair jury trial by laymen and with proper legal representation.

- Any patient has the right to be treated with dignity as a human being; to have a thorough, physical and clinical examination by a competent registered general practitioner of one's choice.

- A patient must have the right to sue psychiatrists, their associations and colleges, the institution, or staff for unlawful detention, false reports, or damaging treatment.

CCHR has inspired and helped orchestrate 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.

Through the broad dissemination of information through its websites, publications and documentaries, millions are informed about psychiatric abuse and that something effective can and should be done about it.

RECOGNITIONS

Erica Daes, Special Rapporteur to the United Nations Human Rights Commission:

"The main task of CCHR has been to achieve reform in the field of mental health and the preservation of the rights of individuals under the Universal Declaration of Human Rights. CCHR has been responsible for many great reforms. At least 30 bills [now more than 180] throughout the world, which would otherwise have inhibited even more the rights of patients, or would have given psychiatry the power to commit minority groups and individuals against their will, have been defeated by CCHR actions."

Professor Lothar Krappmann, former member of the UN Committee on the Rights of the Child:

"If you point out that I have achieved something for the misdiagnosed and incorrectly treated children, then I must add that this was possible, because of the good information and documents I have received from CCHR."

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

"CCHR is renowned for its longstanding 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."

Former U.S. Congressman Dan Burton:

"CCHR is a shining example of what people can accomplish in a free society. Through united action, effective education and advocacy, CCHR has helped to bring about critically needed healthcare reforms that make our society and country a better place."

Former U.S. Congressman Ron Paul:

"I congratulate CCHR for its efforts to protect individuals from cruel, inhumane, and degrading treatments."

U.S. House of Representatives Resolution, Former Congresswoman Diane Watson:

"Highly commends CCHR for securing numerous reforms around the world, safeguarding others from abuses in the mental health system and ensuring legal protections are afforded them."

Certificate of Special Congressional Recognition from U.S. Congressman Dan Sherman, Congresswoman Loretta Sanchez, and Senator Diane Watson:

"Recognizing the Citizens Commission on Human Rights for its longstanding commitment to advancing the fundamental freedoms set forth in the Universal Declaration of Human Rights and the Nuremberg Code. CCHR serves as a stellar example of the united power of individuals who achieve reform through dedicated efforts to better society and effective education and advocacy. We recognize CCHR for the many great reforms it has championed, which today protect individuals against cruel, inhumane and degrading treatment and for its leadership role in raising public awareness so that dignity and human rights can be returned to all men."

Oleg Kilkevich, a U.S. college nursing educator:

CCHR "has a long history of fighting bravely and relentlessly for human rights. It has been responsible for many great reforms that now protect patients against, 'cruel, inhuman or degrading treatment,' as outlined under Article 5 of the Universal Declaration of Human Rights."

REFERENCES

1. Hannah Fearn, "Concern over shrinking numbers of UK recruits to psychiatry," *Times Higher Education*, 26 May 2009, https://www.timeshighereducation.com/news/concern-over-shrinking-numbers-of-uk-recruits-to-psychiatry/406711.article
2. Alex Langford, "Shrinking: The Recruitment Crisis in Psychiatry," *The Psychiatry Sho*, 5 Aug. 2013, http://psychiatrysho.wordpress.com/2013/08/05/shrinking-the-recruitment-crisis-in-psychiatry/
3. "EPA guidance on how to improve the image of psychiatry and of the psychiatrist," *European Psychiatry*, 2015, https://www.behaviorismandmentalhealth.com/wp-content/uploads/2015/09/EPA-guidance-on-image-of-psychiatrists-2015.pdf
4. Norman Sartorius, Wolfgang Gaebel, et al., "WPA guidance on how to combat stigmatization of psychiatry and psychiatrists," *World Psychiatry*, Oct. 2010, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2948719/
5. John Read, Olga Runciman, Cand Psych BSc & Jacqui Dillon, "In Search of an Evidence-based Role for Psychiatry," *Mad in America*, 28 Mar. 2016, https://www.madinamerica.com/2016/03/in-search-of-an-evidence-based-role-for-psychiatry-2/
6. Phillip Hickey, "Psychiatry's Response: Attack and PR," *Scientific American*, 18 June 2014, https://www.madinamerica.com/2014/06/psychiatrys-response-attack-pr/
7. "Behaviors Are Not Diseases," CCHR International, https://www.cchrint.org/psychiatric-disorders/behaviors-are-not-diseases/
8. Hope Reese, "The Real Problems with Psychiatry: A psychotherapist contends that the DSM, psychiatry's 'bible' that defines all mental illness, is not scientific but a product of unscrupulous politics and bureaucracy," *The Atlantic*, 2 May 2013, https://www.theatlantic.com/health/archive/2013/05/the-real-problems-with-psychiatry/275371/
9. Phillip Hickey, Ph.D., "Psychiatry Is Not Based on Valid Science," *Mad in America*, 9 Jan. 2014, https://www.madinamerica.com/2014/01/psychiatry-based-valid-science/
10. *Ibid.*
11. Michael McCarthy, "Director of top research organization for mental health criticizes DSM for lack of validity," *BMJ* 2013;346: f2954, https://www.bmj.com/content/346/bmj.f2954; https://www.cchrint.org/psychiatric-disorders/psychiatristsphysicians-on-lack-of-any-medicalscientific-tests/
12. Philip Hickey, Ph.D., "The APA's New Image," *Behaviorism and Mental Health*, 25 Sept. 2015, https://www.behaviorismandmentalhealth.com/2015/09/25/the-apas-new-image/
13. *Ibid.*
14. Michael Vlessides, "The Past, Present, and Future of the DSM," *Medscape*, 15 Dec. 2020, https://www.medscape.com/viewarticle/942694
15. *Ibid.*
16. Letter of Resignation from the American Psychiatric Association, Loren R. Mosher, M.D. to Rodrigo Munoz, M.D., President of the American Psychiatric Association (APA), 4 Dec. 1998, http://www.moshersoteria.com/articles/resignation-from-apa/
17. "The Difference Between A Medical Diagnosis And A Psychiatric Diagnosis," CCHR International https://www.cchrint.org/psychiatric-disorders/psychiatristsphysicians-on-lack-of-any-medicalscientific-tests/
18. Michael Vlessides, "The Past, Present, and Future of the DSM," *Medscape*, 15 Dec. 2020, https://www.medscape.com/viewarticle/942694
19. "Total U.S. expenditure for mental health services from 1986 to 2020," *Statista*, https://www.statista.com/statistics/252393/total-us-expenditure-for-mental-health-services/
20. "Total Number Of People Taking Psychiatric Drugs In The United States," CCHR International, https://www.cchrint.org/psychiatric-drugs/people-taking-psychiatric-drugs/
21. "We've overdosed. Psychiatrists and the pharmaceutical industry are to blame for the current 'epidemic' of mental disorders," *Intelligence Squared* (supported by Vanity Fair), 12 Nov. 2014, http://www.intelligencesquared.com/events/psychiatrists-and-the-pharmaceutical-industry-are-to-blame-for-the-current-epidemic-of-mental-disorders/
22. Mary O'Hara, "An unhealthy state of psychiatry?" *The Guardian* (UK), 4 June 2009, http://www.theguardian.com/society/joepublic/2009/jun/04/psychiatry-shortage-british-practitioners
23. Tammie Lee Demler, BS, PharmD, MBA, BCPP, "DSM-5: Potential Impact of Key Changes on Pharmacy Practice" *U.S. Pharmacist*, 2013;38(11):51-56, https://www.uspharmacist.com/article/dsm5-potential-impact-of-key-changes-on-pharmacy-practice
24. Judy Stone, "Anti-Psychiatry Prejudice? A response to Dr. Lieberman," *Scientific American*, 24 May 2013, https://blogs.scientificamerican.com/molecules-to-medicine/anti-psychiatry-prejudice-a-response-to-dr-lieberman/
25. *Ibid.*
26. *Op. cit.*, *Intelligence Squared*, 12 Nov. 2014
27. *Op. cit.*, Michael Vlessides, *Medscape*

28. Jeffrey A. Lieberman, "DSM-5: Caught between Mental Illness Stigma and Anti-Psychiatry Prejudice," *Scientific American*, 30 May 2013, https://blogs.scientificamerican.com/mind-guest-blog/dsm-5-caught-between-mental-illness-stigma-and-anti-psychiatry-prejudice/; *Op. cit*., *Scientific American*, 24 May 2013
29. *Ibid.*
30. Dr. Jeffrey Lieberman, testimony before U.S. House Energy & Commerce Committee Health Subcommittee regarding the Helping Families in Mental Health Crisis Act, 16 June 2015, http://docs.house.gov/meetings/IF/IF14/20150616/103615/HHRG-114-IF14-Wstate-LiebermanJ-20150616.pdf
31. *Ibid.*
32. S. Pangambam, "Imagine There Was No Stigma to Mental Illness: Dr. Jeffrey Lieberman," transcript of interview, *The Singju Post,* 29 Oct. 2019, https://singjupost.com/imagine-there-was-no-stigma-to-mental-illness-dr-jeffrey-lieberman-transcript/
33. Thea Amidov, "Uncivil Commitment: Mental Illness May Deprive You of Civil Rights," *PsychCentral*, 4 Mar. 2013, https://psychcentral.com/blog/uncivil-commitment-mental-illness-may-deprive-you-of-civil-rights#1
34. Jacqueline Hopson, "The demonisation of psychiatrists in fiction (and why real psychiatrists might want to do something about it)," *The Psychiatric Bulletin,* Vol. 38, Issue 4, Aug. 2014, pp. 175-179, http://pb.rcpsych.org/content/38/4/175.full
35. Will Self, "Psychiatrists: Drug Pushers," *The Guardian* (UK), 3 Aug. 2013, https://www.theguardian.com/society/2013/aug/03/will-self-psychiatrist-drug-medication
36. Lawrence Stevens, J.D., "Why Psychiatry Should Be Abolished as a Medical Specialty," circa late 1990s, http://www.antipsychiatry.org/abolish.htm
37. https://www.truthaboutect.org; "UN Human Rights Day Should Tackle Cruel & Inhuman Psychiatric Treatment" CCHR International, 10 Dec. 2020, https://www.cchrint.org/2020/12/10/un-human-rights-day-should-tackle-cruel-inhuman-psychiatric-treatment/
38. IQVia Market Definition Report, Total Patient Tracker Database, Accessed Feb. 2021.
39. "Benzodiazepine Side Effects," CCHR International, https://www.cchrint.org/psychiatric-drugs/antianxietysideeffects/benzodiazepine-side-effects/
40. Dr. Jospeh Mercola, "The Violent Side Effects Of Antidepressants That Many Ignore," *Mercola.com*, https://www.cchrint.org/2013/09/27/dr-mercola-the-violent-side-effects-of-antidepressants-that-many-ignore/
41. "CCHR Launches Psychiatric Drug Side Effects Database," CCHR International, https://www.cchrint.org/2013/08/21/mental-health-watchdog-launches-psychiatric-drug-side-effects-database-2/
42. Jacky Gale, "Records Reveal Risperdal Side Effects Were Concealed," *Injury Lawyer News*, 6 Dec. 2013, http://injurylawyer-news.com/2013/12/records-reveal-risperdal-side-effects-concealed/
43. Rheyanne Weaver, "Medical Students Are Losing Interest in Psychiatry," *Good Therapy,* 13 Apr. 2012, https://www.goodtherapy.org/blog/medical-students-psychiatry-psychotherapy-0413126/
44. "," CCHR International,https://www.cchrint.org/electroshock/
45. A/HRC/22/53, "Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Juan E. Méndez," United Nations, General Assembly, Human Rights Council, Twenty-second Session, https://www.ohchr.org/Documents/HRBodies/HRCouncil/RegularSession/Session22/A.HRC.22.53_English.pdf
46. "Mental health and human rights: Promotion and protection of all human rights, civil, political, economic, social and cultural rights, including the right to development," Annual Report of the United Nations High Commissioner for Human Rights and Reports of the Office of the High Commissioner and the Secretary-General, Human Rights Council, 10-28 Sept. 2018, p. 14, point 46, https://www.ohchr.org/Documents/Issues/MentalHealth/A_HRC_39_36_EN.pdf
47. https://www.federalregister.gov/documents/2018/12/26/2018-27809/neurological-devices-reclassification-of-electroconvulsive-therapy-devices-effective-date-of
48. "World needs 'revolution' in mental health care – UN rights expert," 2017, http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=21689&LangID=E#sthash.MMIxDbIx.dpuf; A/HRC/35/21, "Promotion and protection of all human rights, civil, political, economic, social and cultural rights, including the right to development," Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Human Rights Council Thirty-fifth session, Agenda item 3, 6-23 June 2017, https://documents-dds-ny.un.org/doc/UNDOC/GEN/G17/076/04/PDF/G1707604.pdf?OpenElement
49. *Op. cit*., Lawrence Stevens, J.D., citing: *The Good News about Panic, Anxiety, & Phobias*, Villard Books, pp. 24 & 48
50. *Ibid.*
51. Paul Genova, "A Good Good-bye: Is American Psychiatry Terminally Ill?" *Psychiatric Times*, June 1993, p. 19
52. Jeffrey Akaka, M.D., Memo to The Committee of Minority and Underrepresented Groups, 21 Apr. 1998, provided to a symposium held on May 30, 1998, during the annual conference of the American Psychiatric Association, in Ontario, Canada
53. Norman Sartorius, Wolfgang Gaebel et al., "WPA guidance on how to combat stigmatization of psychiatry and psychiatrists," *World Psychiatry,* Oct. 2010, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2948719/
54. *Ibid*.
55. "Are psychiatrists an endangered species?" *World Psychiatry*, Feb. 2010, 9(1): 21-28, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2816922/
56. *Ibid.*

57. Tanya Deb and G Alice Lomax, "Why don't more doctors choose a career in psychiatry?" *BMJ*, 9 Jan. 2014;348:f7714, http://careers.bmj.com/careers/advice/view-article.html?id=20015985
58. *Op. cit., The Psychiatric Bulletin*, Aug. 2014
59. *Op. cit., European Psychiatry*, 2015
60. Feifel D, Moutier CY, Swerdlow NR, "Attitudes toward psychiatry as a prospective career among students entering medical school," *Am J Psychiatry*, Sept. 1999; 156(9):1397-402, http://www.ncbi.nlm.nih.gov/pubmed/10484951
61. *Op. cit., World Psychiatry*, Feb. 2010
62. https://www.drmarkgold.com/; *Op. cit*., Lawrence Stevens, J.D.
63. *Op. cit., Am J Psychiatry*, Sept. 1999
64. http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S0213-61632005000200002
65. Hannah Fearn, "Concern over shrinking numbers of UK recruits to psychiatry," *Times Higher Education*, 26 May 2009, https://www.timeshighereducation.com/news/concern-over-shrinking-numbers-of-uk-recruits-to-psychiatry/406711.article
66. *Ibid.*
67. *Op. cit., World Psychiatry*, Oct. 2010
68. Mary O'Hara, "An unhealthy state of psychiatry?" *The Guardian* (UK), 4 June 2009, http://www.theguardian.com/society/joepublic/2009/jun/04/psychiatry-shortage-british-practitioners
69. *Op. cit., World Psychiatry*, Feb. 2010 /
70. *Ibid.*
71. Hans Stampfer, "The Recruitment Problem in Psychiatry: A Critical Commentary," *Education Research and Perspectives,* Vol.38, No.2, 2011, p. 1, https://www.researchgate.net/publication/265945907_The_Recruitment_Problem_in_Psychiatry_A_Critical_Commentary
72. Thomas Insel, "Post by Former NIMH Director Thomas Insel: The Future of Psychiatry (= Clinical Neuroscience)," The National Institute of Mental Health, 20 Apr. 2012, http://www.nimh.nih.gov/about/director/2012/the-future-of-psychiatry-clinical-neuroscience.shtml
73. "Recruitment Strategy 2011-2016," Royal College of Psychiatrists, Updated 10 February 2012, https://images.template.net/wp-content/uploads/2016/03/09090058/Recruitment-Strategy-2011-2016-Pdf-Format-Free-Template1.pdf, pp. 5, 11
74. Dr. Tara Bishop, "Half of Psychiatrists Reject Private and Federal Insurance, Preferring Cash," Weill Cornell Medical College, 11 Dec. 2013, https://news.weill.cornell.edu/news/2013/12/half-of-psychiatrists-reject-private-and-federal-insurance-preferring-cash
75. Kitty Farooq, et al., "Why medical students choose psychiatry - a 20 country cross-sectional survey," *BMC Medical Education* 2014, 14:12 doi:10.1186/1472-6920-14-12, http://www.biomedcentral.com/1472-6920/14/12
76. H Stuart, N Sartorius, and T Liinamaa "Images of psychiatry and psychiatrists," *Acta Psychiatr Scand.* 2015 Jan; 131(1): 21–28, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4293155/
77. Zaza Lyons and Aleksandar Janca, "Impact of a psychiatry clerkship on stigma, attitudes towards psychiatry, and psychiatry as a career choice," *BMC Medical Education* 2015, 15:34, http://www.biomedcentral.com/1472-6920/15/34
78. *Op. cit., Times Higher Education*, 26 May 2009; Kathy Oxtoby, "Psychiatry in crisis," *BMJ* 2008; 337, https://www.bmj.com/content/337/bmj.a1291
79. Alex Langford, "Shrinking: The Recruitment Crisis in Psychiatry," 5 Aug. 2013, http://psychiatrysho.wordpress.com/2013/08/05/shrinking-the-recruitment-crisis-in-psychiatry/
80. Torie S. Sepah, MD, "How psychiatrists became lesser physicians," *KevinMD.com,* 28 Feb. 2018, https://www.kevinmd.com/blog/2018/02/psychiatrists-became-lesser-physicians.html
81. *Op. cit., World Psychiatry,* Oct. 2010
82. *Op. cit., Acta Psychiatr Scand*. 2015 Jan; 131(1): 21–28
83. Robert Epstein, Ph.D., "Why Shrinks Have Problems: Suicide, stress, divorce -- psychologists and other mental health professionals may actually be more screwed up than the rest of us," P*sychology Today*, 1 July 1997, https://www.psychologytoday.com/us/articles/199707/why-shrinks-have-problems
84. Cecil Adams, "Are Psychotherapists Crazy?" *Washington City Paper,* 28 Sept. 2012, https://washingtoncitypaper.com/article/212018/straight-dope-are-psychotherapists-crazy/
85. Rich CL, Pitts FN Jr., "Suicide by psychiatrists: a study of medical specialists among 18,730 consecutive physician deaths during a five-year period, 1967-72," *J Clin Psychiatry.* 1980 Aug;41(8):261-3, http://www.ncbi.nlm.nih.gov/pubmed/7400103
86. *Op. cit., Washington City Paper*, 28 Sept. 2012
87. "Why Shrinks Have Problems," *Psychology Today*, 1 July 1997, https://www.psychologytoday.com/us/articles/199707/why-shrinks-have-problems
88. Merry N. Miller, MD, K. Ramsey Mcgowen, PhD, et.al, "The Painful Truth: Physicians Are Not Invincible," *South Med J.* 2000; 93(10), http://www.medscape.com/viewarticle/410643_2
89. Frank E, Boswell L, Dickstein L, Chapman D, "Characteristics of female psychiatrists," *Am J Psychiatry,* 2001 Feb; 158(2):205-12, https://ajp.psychiatryonline.org/doi/full/10.1176/appi.ajp.158.2.205
90. Sara Solovitch, "Conspiracy of silence. When the psychiatrist has bp," *bp Magazine*, 8 Feb 2007, http://www.bphope.com/conspiracy-of-silence-when-the-psychiatrist-has-bp/

91. Batya Swift Yasgur, "Challenging Stigma: Should Psychiatrists Disclose Their Own Mental Illness?" *Psychiatry Advisor*, 11 Jan. 2019, https://www.psychiatryadvisor.com/home/topics/mood-disorders/depressive-disorder/challenging-stigma-should-psychiatrists-disclose-their-own-mental-illness/, citing: Gilroy P, Carroll L, Murra J. "A preliminary survey of counseling Psychologists' personal experiences with depression and treatment," *Prof Psych Res Pract*. 2002; 33:402-407
92. *Op. cit., Washington City Paper*, 28 Sept. 2012
93. *Op. cit., Psychiatry Advisor,* 11 Jan. 2019, citing: Hassan TM, Sikander S, Mazhar N, Munshi T, Galbraith N, Groll D. Canadian psychiatrists' attitudes to becoming mentally ill. *BJMP*. 2013;6(3): a619.
94. *Ibid.*
95. *Op. cit., Psychiatry Advisor,* 11 Jan. 2019, citing: Kleespies PM, Van Orden KA, Bongar B, et al., "Psychologist suicide: Incidence, impact, and suggestions for prevention, intervention, and postvention," *Prof Psychol Res Pr.* 2011;42(3):244-251
96. *Op. cit., World Psychiatry,* Feb. 2010, 9(1): 21-28
97. Allen Frances, "The British Psychological Society Condemns DSM-5," *Psychiatric Times*, 25 July 2011, https://www.psychiatrictimes.com/view/british-psychological-society-condemns-dsm-5
98. Jack Carney Sr., DSW, "DSM-5 Boycott Enters 2nd Phase: A Primer for the NO-DSM Diagnosis Campaign," *Social Justice Solutions*, 5 Dec. 2013, http://www.socialjusticesolutions.org/2013/12/05/dsm-5-boycott-enters-2nd-phase-primer-dsm-diagnosis-campaign/
99. Philip Thomas, MD, "What is Critical Psychiatry?" *Mad in America,* 21 Jan. 2013, https://www.madinamerica.com/2013/01/what-is-critical-psychiatry/
100. Jose de Leon, "Is Psychiatry Scientific? A Letter to a 21st Century Psychiatry Resident," *Psychiatry Investig.*, Sept. 2013; 10(3): 205–217, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3843011/
101. Jeremy D. Safran Ph.D., "Psychology and Psychiatry in the 21st Century," *Psychology Today*, 28 Apr. 2014, https://www.psychologytoday.com/blog/straight-talk/201404/psychology-and-psychiatry-in-the-21st-century
102. Sami Timini, MD, "No more psychiatric labels: Why formal psychiatric diagnostic systems should be abolished," *International Journal of Clinical and Health Psychology,* Volume 14, Issue 3, Sept.–Dec. 2014, Pages 208-215, https://www.sciencedirect.com/science/article/pii/S169726001400009X
103. Lawrence Kelmenson, MD, "You've Got to Be Crazy to Go to a Psychiatrist," *Mad in America,* 1 Oct. 2020, https://www.madinamerica.com/2020/10/crazy-go-psychiatrist/
104 Awais Aftab, MD, "Global Psychiatry's Crisis of Values: Dainius Pūras, MD," *Psychiatric Times*, 3 June 2021, https://www.psychiatrictimes.com/view/global-psychiatry-crisis-values
105 "Guidance on Community Mental Health Services: Promoting Person-Centered and Rights-Based Approaches," World Health Organization, 10 June 2021, p. 8, https://www.who.int/publications/i/item/9789240025707 (to download report)

CCHR International

6616 Sunset Blvd.
Los Angeles, CA, USA 90028
Telephone: (323) 467-4242 • (800) 869-2247 • Fax: (323) 467-3720
www.cchrint.org • email: humanrights@cchr.org
www.facebook.com/cchrinternational
www.youtube.com/cchrint; www.twitter.com/cchrint