A BETTER MENTAL HEALTH SYSTEM

"The right to have a thorough, physical and clinical examination by a competent registered general practitioner of one's choice, to ensure that one's mental condition is not caused by any undetected and untreated physical illness, injury or defect, and the right to seek a second medical opinion of one's choice." - Article 3 of CCHR's Mental Health Declaration of Human Rights.

People do have problems in life, sometimes very serious. Mental difficulties do exist, people's hopes and dreams can be shattered and their methods of coping with this can fail. However, with such prevalence of mind-altering psychiatric drugs that damage the body, psychiatrists are not healing, but creating addicts and life-long patients.

Do No Harm

Therefore, the first action to take with the mentally disturbed is to "do no harm." Secondly, do not tell them they have a psychiatric "disease" that only a drug can correct. They are having enough trouble as it is. More than anything they need rest and security.

CCHR has long been an advocate for competent, non-psychiatric, medical evaluation of people with mental problems.

Undiagnosed and untreated physical conditions can manifest as "psychiatric" symptoms.

During 1982, CCHR campaigned for Senate Bill 929 in California, which established a pilot project to provide medical evaluation of people in public psychiatric hospitals. CCHR was represented on the advisory committee that was established to oversee the pilot. The findings, officially published in 1989, found that many patients studied had a physical disease that mental health professionals had failed to diagnose.

Charles B. Inlander, President of The People's Medical Society, wrote in *Medicine on Trial*, "People with real or alleged psychiatric or behavior disorders are being misdiagnosed—and harmed to an astonishing degree.…Many of them do not have psychiatric problems but exhibit physical symptoms that may mimic mental conditions, and so they are misdiagnosed, put on drugs, put in institutions, and sent into a limbo from which they may never return."[1]

While CCHR does not, itself, provide medical advice, the following alternatives are derived from years of working with health professionals who are qualified to address such medical issues.

1) Check for the Underlying Physical Problem

The California Department of Mental Health *Medical Evaluation Field Manual* states: "Mental health professionals working within a mental health system have a professional and a legal obligation to recognize the presence of physical disease in their patients...physical diseases may cause a patient's mental disorder [or] may worsen a mental disorder.…"[2]

The Swedish Social Board cited several cases of disciplinary actions against psychiatrists, including one in which a patient was complaining of headaches, dizziness and staggering when he walked. The patient had complained of these symptoms to psychiatric personnel for five years before a medical check-up revealed that he had a brain tumor.[3]

Dr. Thomas Dorman says, "…please remember that the majority of people suffer from organic disease. Clinicians should first of all remember that emotional stress associated with a chronic illness or a painful condition can alter the patient's temperament. In my practice I have run across countless people with chronic back pain who were labeled neurotic. A typical statement from these poor patients is 'I thought I really was going crazy.'" Often, he said, the problem may have been "simply an undiagnosed ligament problem in the back."[4]

2) "ADHD": Help Without Mind-Altering Drugs

German psychiatrist Paul Runge says he's helped more than 100 children without using psychiatric drugs. He has also helped reduce the dosages of drugs prescribed by other physicians. [5]

Dr. L.M.J. Pelsser of the Research Center for Hyperactivity and ADHD in Middelburg, The Netherlands, found that 62% of children diagnosed with "ADHD" showed significant improvements in behavior as a result of a change in diet over a period of three weeks.[6]

Many medical studies show the following could be causing the child's symptoms:

- High levels of lead from the environment place children at risk of both school failure and delinquent behavior[7]

- High mercury (chemical) levels in the body[8]
- Pesticide exposure causes nervousness, poor concentration, irritability, memory problems and depression[9]
- Too much sugar[10]
- Allergies, environmental toxins[11] [12]
- Gases, cleaning fluids, scents and other chemicals can make a child irritable, inattentive or hyperactive[13]
- Malnutrition[14]
- Eye or ear trouble[15]
- Worms[16]

Educational problems can be the result of a lack of or no phonics (understanding the sounds of letters and their combinations) in school.[17]

Creative and/or intelligent children become bored, fidget, wiggle, scratch, stretch, will not focus and start looking for ways to get into trouble.[18]

There may be an unchallenging curriculum. Goal-oriented children have a rough time focusing unless a specific challenging goal is given to them.

A simple lack of discipline may also be the cause of behavioral issues.[19]

3) What medical doctors say about "depression"

Psychiatrists commonly claim today that depression is an "illness, just like heart disease or asthma" but physicians who conduct thorough physical exams say this simply isn't true.

The late Dr. Carl C. Pheiffer, M.D., a researcher with a doctorate in chemistry, discovered that depression, as well as many mental and behavioral disturbances often result from either vitamin or mineral deficiencies, or possibly mineral imbalances, something prescription drugs are known to contribute to.[20]

Dr. David W. Tanton, Ph.D., author and founder and research director for the Soaring Heights Longevity Research Center, states that eating foods that create allergies or sensitivities can easily affect moods. Hypoglycemia (abnormally low level of blood sugar), hypothyroid (insufficient thyroid gland), or adrenal fatigue, as well as the use of many prescription and over-the-counter medications could easily contribute to feelings of depression.[21]

- One patient wrote: "When I was 18, I spent three weeks in a mental hospital for what I was told was 'depression.' I was on psychiatric drugs for ten months after that. The drugs made me feel lethargic, impatient and irritable. They also clouded my thinking [but] I was so convinced by the 'experts' that I had some fundamental brain chemistry problem and that their drugs were my only hope. Years later I was diagnosed with Chronic Fatigue Syndrome as well as debilitating food allergies! This was the cause of my so-called depression."

- Antidepressants and other psychotropic drugs create feelings of "depression."

- Abnormal thyroid (gland that produces hormones that influences every organ, tissue or cell in the body) function may dramatically effect mood and cause severe depression, fatigue and memory loss. Adrenal gland exhaustion may also be a contributing factor.[22]

- Long-term use of antibiotics alters the immune system, causing exhaustion and anxiety.[23]

- Lyme Disease (a serious bacterial infection from a tick bite that attacks the nervous system) can cause symptoms of depression and psychosis.[24]

4) Debunking "Bipolar" and "OCD"

Psychiatry makes "unproven claims that depression, bipolar illness, anxiety, alcoholism and a host of other disorders are in fact primarily biological and probably genetic in origin….This kind of faith in science and progress is staggering, not to mention naïve and perhaps delusional," says psychiatrist David Kaiser.

- Following years of publicity exposing the fraud of ADHD, psychiatrists suddenly claimed the diagnosis was wrong and the child really suffered from bipolar disorder. This is more fabrication. Dr. Ty Colbert, Ph.D., warns parents about psychiatrists who label children: "Children labeled ADHD, who are put on Ritalin, begin demonstrating [so-called] obsessive-compulsive and depressive symptoms (side effects of Ritalin). Then they are put on [antidepressants] and the parents are told that the real problem was the obsessive-compulsive behavior from the depression. Then due to the side effects of the [antidepressants], the child may be labeled bipolar…."[25]

- The FDA now warns that stimulants such as Ritalin, Adderall and Celexa actually cause "bipolar" symptoms.

- Orthomolecular (mega doses of vitamins and minerals) research has shown that B complex deficiencies commonly occur in 80 percent of individuals diagnosed with "bipolar disorder." According to Joan Matthews Larson, Ph.D., founder of the esteemed Minnesota Health Recovery Center, anemia is also a major factor in the cause of "bipolar" symptoms.[26]

- Dr. Carl Pfeiffer discovered through scientific studies that blood histamine levels were elevated in lab tests of individuals diagnosed with the symptoms of so-called obsessive-compulsive disorders. As these patients improved, their histamine levels dropped and their symptoms disappeared.[27]

- Several recent studies point out that these symptoms were typically triggered by throat infections at a very early age. One study in particular showed that among 50 children, 45 (31%) had suffered documented throat infection, 60 (42%) showed symptoms of pharyngitis (throat infection) or upper respiratory infection.[28] The studies suggest that in some susceptible individuals, obsessive-compulsive disorder may be caused by an autoimmune response to streptococcal infections.[29]

"Charlie" was a 10-year-old who suffered violent mood swings, yelled obscenities, kicked his sister and could not control his temper. His mother was told, "You have two choices: give him Ritalin, or let him suffer." Charlie was put on Ritalin, but a second medical opinion—based on physical examination and thorough testing—discovered he had high blood sugar and low insulin. "Either condition, if uncontrolled, can lead to mood swings, erratic behavior, and violent outbursts—the very symptoms 'hyperactive' Charlie had exhibited," Dr. Sydney Walker III stated. After proper medical treatment, his "behaviors cleared, his aggression and tantrums stopped…."

EXERCISE

In September 2005, the British National Health Service Institute for Health and Clinical Excellence released a clinical guideline for treatment of "Depression in Children and Young People." It advised that because "all antidepressant drugs have significant risks when given to children and young people," children should be "offered advice on the benefits of regular exercise," "sleep hygiene," "nutrition and the benefits of a balanced diet."[30]

The December 2005 issue of *The Journal of Medicine and Science in Sport & Exercise* reported that exercising rather than antidepressants relieves symptoms of "depression." The subjects who exercised also experienced positive effects such as "vigor" and "well-

being." Citing a 2000 study published in *Psychosomatic Medicine*, Dr. John B. Bartholomew, an associate professor at the University of Texas, at Austin, said, "[R]egular exercise has been shown to protect against relapse" in "depressed" patients.[31]

Overall, medical facilities must be established to replace coercive psychiatric institutions. These must have medical doctors on staff, medical diagnostic equipment, which non-psychiatric medical doctors can use to thoroughly examine and test for all underlying physical problems that may be manifesting as disturbed behavior. Government and private funds should be channeled into such programs and cut from abusive psychiatric institutions and programs that have proven not to work.

For a list of their recommended reforms for the mental health system, click here: Recommendations for Government.

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[20] *Op. cit*., Walker III, p. 102
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