

Understanding what Drives Psychiatric Institutions and How to Prevent Involuntary Commitment

PART I

BACKGROUND RESEARCH

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THE DRUG COMPANIES

1. Dr. Peter Breggin, a psychiatrist and consultant for the National Institute of Mental Health says that in the 1970's "the American Psychiatric Society due to a financial crisis in psychiatry, partnered with the drug companies for the advancement of each." ⁽¹⁾

As Dr. Breggin puts it, "In the early 1970s [the] American Psychiatric Association was in financial trouble. It was losing members and its total income was \$2 to \$4 million per year"—as compared to its 2003 income of over \$38 million dollars." Thus, the APA decided to change its regulations to allow its members to accept money from the multibillion-dollar drug industry. Dr. Breggin wrote, "The floodgates of drug company influence were open and would grow wider each year."

This was only the beginning: In 1980 the APA board of directors decided to "throw ethical caution to the winds" and solicit drug company support for major professional and cultural activities. Dr. Breggin wrote: "Whatever function the APA had ever fulfilled as a professional organization was now superseded by its function as a political advocate for the advancement of psychiatric and pharmaceutical interests." ⁽¹⁾

2. The Food and Drug Administration (FDA) does not perform its own studies. Breggin says "All of the studies involved in the FDA approval process are designed completely by the drug companies and conducted by physicians hired and paid by them." ⁽¹⁾
3. The National Institute of Mental Health (NIMH) is also part of the psychopharmaceutical complex. ⁽¹⁾
4. "At least two-thirds of patient advocacy groups are funded by drug companies." ⁽²⁾
5. Many professional societies market for the drug companies. ⁽³⁾
6. According to the *New England Journal of Medicine*, even medical students receive favors from drug companies.

7. Mental illnesses are created to increase drug companies' profits. Vince Parry, a marketing guru, worked with the industry to create new illnesses and states that the world is not going crazy. ⁽⁴⁾
8. Lynn Payer in her book speaks of how until the marketing of Xanax, panic disorder was barely recognized, and that Paxil turned "social anxiety disorder" into a household word. All of society's normal emotions are becoming mental disorders. ⁽⁵⁾

THE DSM MANUAL AND RESEARCH

1. The Diagnostic and Statistical Manual of Mental Disorders, or DSM, is published by the American Psychiatric Association (APA). It is the most used sourcebook in the mental health system.
2. The DSM manual is basically a product of the drug companies. Lisa Cosgrove at Tuft University states that "more than half of the DSM panel members for the 1994 edition had financial ties to drug corporations and 100% of the panel members for the section on schizophrenia and mood disorders were connected to drug corporations." ⁽⁶⁾
3. Up to three-quarters of the scientific research on prescription drugs are funded by the drug industry. Even the peer review process is influenced. ⁽⁷⁾
4. "Ghostwriters' in the pay of drug companies are now writing half of the research articles that appear in some medical journals in order to promote prescription drugs. The articles are then affixed with an influential doctor's name." ⁽⁸⁾ They are released in some of the world's best medical journals ⁽⁹⁾ says Dr. Troyen Brennan of the Harvard School of Public Health.
5. "Most medical and psychiatric textbooks that are used as the educational material are written by consultants with strong ties to the drug companies." ⁽¹⁰⁾

SCHIZOPHRENIA AND DELUSIONAL DIAGNOSES

1. *Medical News Today* said that psychiatric diagnoses such as schizophrenia are based on false assumptions of medical illness that originated in the 1880's and doesn't exist as an actual disease. ⁽¹¹⁾
2. Dr. Bruce E. Levine stated "there is no cross cultural, epidemicological, genetic, biochemical, or brain-structure proof for the existence of schizophrenia as a physical

disease.” This extends to ADHD, depression, bipolar disorders, oppositional defiant disorder, anxiety, and any other mental illness. ⁽¹²⁾

3. Dr. Michael Green said “no existing blood test, urine test, or biopsy can make a definitive diagnosis of schizophrenia.” Even the DSM admits “no laboratory findings have been identified that are diagnostic of schizophrenia.” ⁽¹³⁾
4. Allen Frances, the chairman of the committee which created the 4th edition of the DSM admitted “there are no objective tests in psychiatry that say definitely that someone does or does not have a mental disorder and that DSM-5 classifies all kinds of hormonal behaviors as mental illnesses.” ⁽¹⁴⁾
5. “Although psychiatrists such as E. Fuller Torrey have made claims that CT and MRI scans prove conclusively that the brain structures of schizophrenics are abnormal, the scans were conducted after the patients had been given neuroleptics, which caused the abnormalities.” ⁽¹⁵⁾
6. David Rosenhan, a psychology professor, conducted a study in 1973 at Stanford University. He and seven normal people went to 12 different hospitals complaining only of auditory hallucinations and once they were admitted, they stopped mentioning hallucinations and behaved normally in every way. Not one doctor suspected they were not really crazy – but many other patients did. In every case but one they were diagnosed with schizophrenia and given neuroleptics. ⁽¹⁶⁾
7. Of all behaviors that are considered symptoms of schizophrenia, delusions and hallucinations are most characteristic.
8. *The Encyclopedia of Schizophrenia and Other Psychotic Disorders* states that a delusion is “a false personal belief based on incorrect inference about external reality” which is “firmly maintained despite the consensually accepted beliefs of most others.”
9. The most common type of delusion is persecutory. People think they are being harassed, stalked, and spied on. ⁽¹⁷⁾

DRUGS

1. Neuroleptics which are given to schizophrenics have been found to cause the abnormalities in MRI and CT scans. ⁽¹⁸⁾ That is the brain damage is caused by neuroleptics, i.e. “anti-psychotic” drugs.

2. Dr. Levine says that neuroleptics cause a chemical lobotomy that produces a “zombifying” effect.
3. “Neuroleptics shut down higher brain functions. A part of the brain called the prefrontal lobes, which is located in the cerebral cortex, is responsible for the highest brain functions, including empathy, independence, judgment, willpower, spiritual yearnings, creativity and self-awareness.” ⁽¹⁹⁾
4. “By the 1980’s, the results of the long-term effects of neuroleptics began to surface. They made people chronically ill, prone to violence and criminal behavior, and caused social withdrawal. They also caused permanent brain damage and early death.” ⁽²⁰⁾
5. “Psychiatric drugs, one and all, always cause brain dysfunction” says Dr. Breggin. “That’s how they work.” ⁽²¹⁾
6. Those who resist drugs are considered “non-compliant” or “treatment resistant patients” and tend to anger mental health professionals.

MENTAL HEALTH PROFESSIONALS AND INSTITUTIONS

1. The mention of the deep state are automatically considered paranoid delusions.
2. Do not criticize mental health professionals or society. Braginsky and Braginsky found that those patients who criticized the mental health system were far more likely to be labeled severely mentally ill. Note that such complaints label you as psychologically disturbed. ⁽²²⁾
3. An experiment showed flattery about mental health professionals would give them a cure diagnosis. ⁽²³⁾
4. In an experiment to attempt to test the reliability of a diagnosis, Rosenhan found that the only sure way to get out of a mental institution is to admit to the psychiatrists they are right, that you are psychotic, and that you are going to take your medication and you believe you are getting better. ⁽²⁴⁾

POLITICAL ABUSE OF PSYCHIATRY

1. Wikipedia states that political abuse of psychiatry “is the misuse of psychiatry, including diagnosis, detention, and treatment, for the purpose of obstructing the human rights of individuals and/or groups in society. In other words, abuse of psychiatry (including that for political purposes) is the deliberate action of having citizens psychiatrically diagnosed who

need neither psychiatric restraint nor psychiatric treatment. Psychiatrists have been involved in human rights abuses in states across the world when the definitions of mental disease were expanded to include political disobedience.”⁽²⁵⁾

2. There are those who feel schizophrenia and other illnesses were created to control certain kinds of behaviors that were considered “undesirable” by the state. The best example of this took place in Russia where they destroyed people under the guise of providing medical treatment.

INVOLUNTARY COMMITMENT

1. “In a situation where someone who is thought to be mentally ill is exhibiting what are considered to be psychotic symptoms, such as delusions or hallucinations, they can be involuntarily committed. This can be done by family members, guardians, police, licensed physicians, or in most states any common person.”⁽²⁶⁾
2. An involuntary commitment process can be initiated by contacting the police, the local mobile crisis team (also called the crisis team, and psychiatric crisis unit) accompanying them to the emergency room or filing a petition.⁽²⁷⁾
3. “Commitments can be long or short-term. The initial commitment is a 3-7 day stay at the nearest psychiatric facility, where a doctor performs an evaluation and diagnosis. During this time, a legal proceeding may occur which could result in a longterm commitment of about 2 or 3 weeks. A person may then be released from the hospital under a court order known as an ‘outpatient commitment’ which requires them to comply with treatment.”⁽²⁸⁾
4. “To deny that involuntary hospitalization is a form of covert social control.” Dr. Leifer stated, “seems absurd and dishonest, approaching fraud. Most psychiatrists are aware, and will admit in private, that involuntary hospitalization is a form of social control. But, they deny it in public, insisting it is necessary for the medical treatment of mentally ill people.”⁽²⁹⁾

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PART II

WHAT TO DO IN A MENTAL INSTITUTION

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Do Upon Entry:

- Ask a nurse or social worker to see the posted sign on the wall stating your right for legal representation and other rights.
 - If you are seeing a therapist, call him so he can support your sanity.
 - Call the mental health legal services lawyer as soon as possible and ask if he will come see you or call your own lawyer if you have one.
 - Call Derrick Robinson at 513-568-1635. He can call Seth Farber who has had much success in getting people released.
1. The main goal is to discredit you. Once you have a psychotic, i.e. bi-polar, schizophrenic, delusional diagnosis, no one will listen to you.
 2. The psychiatrist's main goal will be to find a pretext to put you on drugs.
 3. Act as normal as possible so they have no reason to hold you.
 4. Do not get hysterical.
 5. Show no fear.
 6. Don't become argumentative.
 7. A psychologist has stated that if you sound like a "conspiracy theorist," no matter how good a scholar you are, no matter how well you document your sources, they will conclude you are delusional because – consciously or unconsciously – they want an excuse to put you on psychiatric drugs.
 8. A psychologist has stated that mental health professionals, with rare exceptions, are not your allies. They do not believe in TI's and they think that anyone who does is a "conspiracy theorist" and delusional.
 9. **Do not try to prove the existence of gang stalking, etc., or try to convince a psychiatrist you are a TI.**
 10. They will take your cell phone so always have important numbers in your wallet. Eventually they will allow you to use their phone.

11. You will be considered schizophrenic if you show extreme religiosity like always talking about Jesus or carrying a Bible around; 90% of psychiatrists are atheist.
12. You are up against the psychiatric community who refuses to even research the possibility of what you are complaining about. Yes, there is plenty of proof, but the DSM is their bible. If you resist their diagnosis, you may be labeled “non-compliant.”
13. None of the diagnoses are based on science, only an opinion.
14. When answering their questions, don’t go into detail. It’s the details they may want to use to set you up.
15. The less critical you are of society, the better they will see you.
16. If you praise the therapist constantly, you can move a bad diagnosis down to a lesser one. Also praise the institution.,
17. It is not recommended to mention how harmful the drugs are; it will make them angry.
18. To avoid taking drugs, try saying, “I’m a little upset and may throw up. Can I have a little time to settle down first?” They are so busy they may forget you.
19. One way to get out is to say, for example, “I was under stress and not sleeping well when you picked me up. I said some weird things, but now I’m better.” Or, “I know I need help and I will take my medication.”
20. It’s a game. Play it.
21. 98% of the time the judge goes on the side of the psychiatrist.
22. Consider signing a release authorization form for people you trust.
23. A TI who has been through this several times suggests that those who live alone leave in their house a note saying where they are going that day.
24. Get your documents as soon as possible. Forgery has been an issue.
25. The criteria for keeping you longer is if they deem you “a danger to yourself or others or incapable of taking care of yourself.”

Good luck!

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