with the conference when, in reality, I totally failed to give any input for the programme.

If you make the next congress, of course I would be glad to be invited again. Have a nice congress in Estonia, best wishes

Peter Lehmann

Treatment-Induced Suicide. Suicidality as a Potential Effect of Psychiatric Drugs. Part 2

by Peter Lehmann

(Worked-over) Contribution to the conference Coping with stress and depression related problems in Europe, organized by the World Health Organization, the European Commission and the Federal Ministry of Social Affairs, Public Health and the Environment (Belgium), Brussels, October 25 – 27, 2001.

Atypical psychiatric drugs have suicidal effects, too, as the report of Austrian Ursula Froehlich in Brave New Psychiatry shows:

> Since I began taking Leponex (clozapine), I do not want sex anymore, did not feel like moving and had no joy in life. A life without joy is, however, worse than death. All that remained with me is watching TV, where I have watched others living for seven years. I am still alive biologically, but my senses are long since dead, everything that I former enjoyed I am not able to do anymore. In a way, my life does not exist anymore, I feel so empty and unimportant. In the mornings, the feeling is the worst. Every day I intend to start a healthy life the following day, to throw away the drugs, to drink many vitamins and fruit juices and to start with a daily fitness routine. The psychiatric drugs cause a feeling as if it was possible for me to start with a completely different, a new life the following day. But when I wake up in the morning I feel like smashed, and I never come out of bed before 9 o'clock, my depressions are so extreme that I think of suicide every day. (quoted from Lehmann 1996, p. 70ff)

Psychiatrists did not do differ in their own experiences of these drugs. In 1954 and 1955 Hans Heimann and Nikolaus Witt (1955) of the Psychiatric Department of the University of Berne published their experiences after once taking Largactil, the prototype of chlorpromazine. They experimented with spiders and 1080 control subjects; they had three self-experiences and nine experiments with as many psychiatrists and pharmacologists. The marked inferior feeling and the feeling of powerlessness, structural element of the syndrome of Parkinson's disease caused by psychiatric drugs, after taking Largactil became very clear in the following excerpts:

> I felt physically and mentally ill. Suddenly my whole situation appeared hopeless and difficult. Above all, the fact that one can be so miserable and exposed, so empty and superfluous, neither filled by wishes nor by something else, was torturing. ... (After finishing the examinations): The tasks of life grew immense in front of me: dinner, go to the other building, come back – and all of that by foot. With that this state reached its maximum of uncomfortable emotions: The experience of a passive existence with clear knowledge of the other possibilities... (p. 113)

Suicide-register as a form of prevention

In February 2000 the German Organization of the (ex-) Users and Survivors of Psychiatry put forward the demand to the health minister to introduce a suicide-register with special consideration of associated psychiatric drugs, electroshocks, restraint and other forms of psychiatric compulsion (Lehmann 2001, p. 46). The missing of a registration of suicides associated with psychiatric treatment methods, covering all areas of a country, is a serious evil; such data are a fundamental prerequisite for cause-research and an important basis for prevention and early detection. An obligation to notify the authorities of suicides associated with psychiatry and psychiatric drugs could enable preventive measures and instigate reliable studies that discover the connection between suicidality and the effects of psychiatric drugs. Not only neuroleptics, as shown, but antidepressants (Healy 2001; Lehmann 1996, p. 194ff) and electroshock (Frank 1990), too, should be watched very attentively.

Reports of (ex-) users and survivors of psychiatry who have been pushed into suicide attempts after traumatizing treatment with psychiatric drugs, electro- and insulinshock (see for example Kempker 2000), must no longer been ignored. Physicians and relatives have to be informed about the risk of drug-caused depression and suicidality. The users of psychiatry need to be informed so that they can make a carefully considered and informed decision about taking or not-taking an offered psychiatric drug and if necessary can take less risky measures against their

depression.

Appendix: Continuous discrimination of (ex-) users and survivors of psychiatry

At the conference "Balancing Mental Health Promotion and Mental Health Care: A Joint World Health Organization / European Commission Meeting" in Brussels in April 1999 the inclusion of (ex-) users and survivors of psychiatry into mental health policies was accepted in the Consensus-paper:

> Common goals and strategies to advance mental health promotion and care include: (…) Developing innovative and comprehensive, explicit mental health policies in consultation with all stakeholders, including users and carers, and respecting NGO and citizen contributions. (WHO 1999, p. 9)

A representative of the European Network of (ex-) Users and Survivors of Psychiatry was invited to the conference Coping with stress and depression related problems in Europe (Brussels, October 2001), again organized by the World Health Organization and the European Commission.

Instead of ensuring his active inclusion to enable professionals and politicians to learn from the treasure trove of experiences and knowledge of (ex-) users and survivors of psychiatry, they did not feel the need to offer him an equal right's plenary presentation. Even after remembering the consensus paper, the Belgian Federal Ministry of Social Affairs, Public Health and the Environment asked him only him "to take an active role in the discussion during the workshops" (Leen Meulenbergs).

This is an old-fashioned allocation of roles for the representatives of (ex-) users and survivors of psychiatry, who should play an active role as experts in congresses, which deeply concern them. This conduct is to be rejected as discriminating and against the spirit of equal rights.

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Varia

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It was done by the CENTRAL INSTITUTE OF MENTAL HEALTH, MANNHEIM (which cannot be characterized as a good address). Anyway, you can see the final report via

http://europa.eu.int/comm/health/ph/programmes/health/proj00_08_en.html