

The Observatory for Mental Health Rights: Cooperative support in withdrawal

Anna Emmanouelidou

Anna Emmanouelidou, D.Phil., Dip.Psych., M.Sc. is a systemic therapist, supervisor and educator in systemic therapy. She is a founding member of the Observatory for Human rights in the Mental Health Field, Thessaloniki, Greece.

ABSTRACT: This paper discusses the work of the Observatory for Human Rights in the Mental Health Field, a two-decade old Greek initiative helping people withdraw from psychiatric drugs.

KEY WORDS: Crisis Intervention, Collective, Iatrogenesis, Demedicalisation

The Observatory for Human Rights in the Mental Health Field is a collective founded in Greece in 2002 as an initiative against psychiatric violence. After this, the first cases of allegations against psychiatric institutes that addressed complaints of violation of individual's human rights were brought to our attention. It soon became clear that these allegations did not lead to change, as they seemed to stand against a powerful and well established medical system; in many cases they were further abused by the media. Our response to this was to offer strategic alternatives which would allow people in crisis to bypass mainstream clinical/hospital psychiatry.

In 2006, the Observatory received its current name and started a five-year campaign to raise awareness of human rights in psychiatry within Thessaloniki, and to introduce "alternatives", i.e., appropriate support for people in emotional crises, initially suggested by the international mental health movement. By 2012, the Observatory had established a network of collaborations with several international groups, movements and initiatives that held a critical stance towards mainstream psychiatry. Large events in the city of Thessaloniki and the wider region had already started having an impact on the dominant view of mental health issues.

The members of the Observatory are people with psychiatric experiences, psychologists, psychotherapists, family members and members of the community. Decisions are taken only when they are unanimously agreed during non-hierarchical assemblies. The Observatory's only income comes from donations of trainees on the training course on "Non psychiatric Crisis Intervention". All the money is used for the purposes of supporting people in crisis in an alternative, non-violent and non-psychiatric ways. Most of the trainers are Observatory members (psychologists and ex-users and survivors of psychiatry). None of the trainers receives any payment for delivering the training.

In 2010, the Observatory became a formal Association. From 2012, the first Greek groups of self-help for people with psychiatric experiences and their families - independent of any psychiatric leadership or support - were created in Thessaloniki. In 2009, Peter Lehmann started training our members on how to support people to reduce and/or stop taking psychiatric drugs.

In 2016, the first support guide was compiled. This guide drew from the Observatory members' long experience with individual cases of reduction of and withdrawal from psychiatric drugs. A subgroup named "Network of Practical Assistance to People Wanting to Reduce or Stop Psychiatric Drugs" was formed, with 8 members at the time, trained by members of the Observatory experienced in psychopharmacological issues and the Observatory's withdrawal model.

The Observatory developed a special model of supporting people in reducing and stopping psychiatric drugs. This requires significant life changes beyond medication reduction as it has been found that an isolated effort of withdrawal from psychiatric drugs doesn't necessarily bring a good enough life. On the contrary, it usually leads to new psychiatric admissions and further violence against patients. This model is based on the following principles:

1. The Observatory's role is not to encourage individuals to stop taking psychiatric drugs; it is rather to respond to such a request when it comes from the patient as an already-taken decision. The Network aims at helping people to withdraw in a safe way for themselves preventing any possible new violent involuntary hospitalization. This includes an invitation for changes in several aspects of the individual's life.
2. The process of support begins with providing the individual and family with information on psychiatric drugs and suggesting appropriate ways to deal with their emotional problems.
3. When a request comes, a 'reference group' of three Network members is appointed: one person is responsible for communicating with and supporting the family with the person with psychiatric experience (only if they allow it), and two people accompany them in taking the following steps:
 - Creating a vision for a future without psychiatric drugs, and also in establishing and leading a human network for support both during and after the withdrawal

- process;
- Finding the most appropriate life practices (such as healthy diet, exercise, interests, education, psychotherapy, socialising, and work) based on the person's uniqueness and history;
- Engaging with reflections, conversations and thinking about the process initiated by the reduction/withdrawal; and
- Writing an advance directive in case of any future psychiatric crisis.

These three members of the reference group are accessible 24 hours the day, so that they can accompany the person through a crisis. They try to avoid the use of psychiatric drugs as much as possible and they always act in the person's best interests and according to the person's preferences. This consistency of support has been proven invaluable in ensuring a good outcome, as it allows the establishment of trustful solidarity between all the people involved.

The person with the psychiatric experience is encouraged to join self-help groups of the Observatory, where experiences regarded as psychotic, depressive or manic and current everyday challenges are shared and discussed. These groups stand in contrast to psychiatric psychoeducation where the above experiences would be "explained" or "taught" by professionals as chemical imbalances in the brain which require synthetic drugs to create an artificial new balance. Other groups based on shared interests, such as cinema, theatre, self-education and philosophy, may be selected by the individual, with a focus on resources and quality of life.

The three members of the reference group are supported and supervised regularly in meetings with the whole "Network of Practical Assistance to People Wanting to Reduce or Stop Psychiatric Drugs" group of the Observatory. These meetings are focused on the reference group's own needs and they are called at a reference group's request.

The relevant doctors' collaboration is desirable but not necessary for the process to begin. The pace of reducing the psychiatric drugs usually follows a pattern of '10% every four weeks' but it can vary depending on the specific dosage, the type of drug and the person's physical reaction to the reduction. It is very important that all possibilities have been discussed with the psychiatric patients in advance, including the possibility of a new crisis or a return to a higher dosage in the case of a severe physical reaction to reduction.

A person's overall health is taken into consideration throughout all the aforementioned steps of the reduction process. Physical wellbeing is considered as precious as mental wellbeing and the Observatory is based on a holistic approach which promotes both. The whole process is guided and controlled by the individual with the psychiatric experience. The reference group members make suggestions following the person's preferences. At any time they wish, the person can end the collaboration with the Observatory and the reference group.

People who do not wish to follow this model of reduction/withdrawal are only given the information and no further collaboration takes place. Based on our 10-year experience, we have agreed that the Observatory does not take any responsibility to support the withdrawal from psychiatric drugs if it is not accompanied by the person's willingness to changes in other aspects of life. The whole model is practiced on a free-of-charge basis and the Network has no external sources of funding. The Observatory members who want to join this Network have to undergo an internal training course on the specific model and other matters around withdrawal.

Throughout the years, we are grateful to have received continuous support from Peter Lehmann, Peter Bullimore, Marius Romme & Sandra Escher and 'Hearing Voices Network England' who deliver information and training on the Maastricht Interview on voices and paranoid ideas. We profit from the books co-edited by Peter Lehmann with detailed accounts of how to come off psychiatric drugs without ending up once again in the doctor's office as well as information on alternatives beyond psychiatry, current possibilities for self-help for individuals experiencing madness or depression, and strategies toward implementing humane treatment. Aside from this, the most important part of our work is the humanistic engagement by our members and finally by the people themselves who withdraw from their psychiatric drugs. About 3-4 people per year in the last four years were freed successfully from their psychiatric drugs, with short crises of 2-3 weeks without those drugs or without crises at all. All of them have stayed for a long time or until now in contact to the Observatory and the self-help group, by which they were supported during the whole process. This is a good beginning. We continuously correct and supplement the model, as we see that it works in a global way and supports the former psychiatric patients in all areas of their lives.

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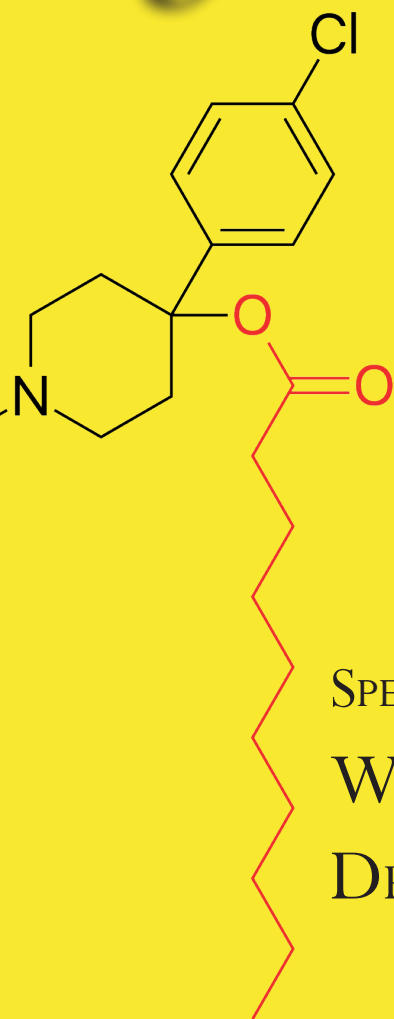
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