


# Harm Reduction Guide to Coming Off Psychiatric Drugs

Published by  
The Icarus Project and Freedom Center



This guide brings together the best information we've discovered and lessons we've learned at The Icarus Project and Freedom Center. It is not intended to persuade anyone to stop taking psychiatric medications, but instead aims to educate people about their options if they decide to explore going off.

In a culture polarized between the pro-medication propaganda of pharmaceutical companies on the one hand, and the anti-medication agenda of some activists on the other, we offer a harm reduction approach to help people make their own decisions. We also present ideas and information for people who decide to stay on or reduce their medications.

Many people do find psychiatric drugs helpful and choose to continue taking them: even with the risks, this may be a better option given someone's situation and circumstances. At the same time, psychiatric drugs carry great dangers and can sometimes do terrible harm, even becoming bigger problems than the conditions they were prescribed to treat. Too often, people who need help getting off psychiatric drugs are left without guidance, and medication decisions can feel like finding your way through a labyrinth. We need honest information that widens the discussion, and we hope this guide helps people trust themselves more and take better care of one another.

[www.theicarusproject.net](http://www.theicarusproject.net)

[www.freedom-center.org](http://www.freedom-center.org)

*Second Edition, revised and expanded.*

ISBN 978-0-9800709-2-7

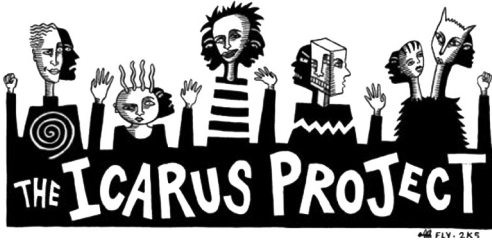


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Coming Off Psychiatric Drugs  
Second Edition



Written by Will Hall  
Published by The Icarus Project and Freedom Center



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# freedom center

Freedom Center  
www.freedom-center.org

**The Icarus Project** is a website community, network of local groups, and media project created by and for people struggling with mad gifts commonly labeled as “mental illnesses.” We are creating a new culture and language that resonates with our actual experiences of madness rather than trying to fit our lives into a conventional framework.

**Freedom Center** is an award-winning support, advocacy and activism community created in Western Massachusetts, and now in transformation. Run by and for people who experience extreme states of consciousness, Freedom Center works for access to holistic alternatives, compassionate care, and an end to forced psychiatric treatment.

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**Second edition, June 2012, version 10-19. Your input and ideas are welcome for future versions of this guide.**

**Written by Will Hall. Thanks to Jacks Ashley McNamara for early contributions to this Guide.**

**Published by The Icarus Project and Freedom Center.**

**Additional thanks to:** Ben Abelow, George Badillo, John Banister, Amy Bookbinder, Dave Burns, Kent Bye, Mick Bysse, Monica Casani, Oryx Cohen, Colin, Marykate Connor, Laura Delano, Jacqui Dillon, Dionysia Dionysius, Marc Dinacola, Dianne Dragon, dreamer, Sascha Altman DuBrul, Empties, Steve Fenwick, Marian B.G., Vikki Gilbert, Richard Gilluly, Rhiannon Griffith, Chaya Grossberg, Jen Gouvea, Molly Hardison, Gail Hornstein, Lee Hurter, Jenna, Jonah, Julie, Marianna Kefallinou, Ed Knight, Inez Kochius, Peter Lehman, Paul Levy, Krista MacKinnon, Jacks Ashley McNamara, Tsuyoshi Matsuo, Pheepho, Suzanne Richardson, Olga Runciman, Alex Samets, Sarah Seegal, Seven, Janice Sorensen, Lauren Spiro, Bonfire Madigan Shive, Stacco, Jessica Max Stein, Terramuggus, Amy Upham, Agustina Vidal, Dorea Vierling-Claassen, Robert Whitaker, Kate Williams, Health Professional Advisors, and many other collaborators and allies.

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**This Guide is available as a free file download at Freedom Center, Icarus Project, and Will Hall websites, in online and printer-ready versions. You are free to use and distribute.** Also available in Spanish, German, Greek, Italian, Japanese, Dutch, Danish, Thai, Bosnian, Chinese, Hebrew, Russian, French, and other translations.



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### *Medical Disclaimer:*

*This guide is written in the spirit of mutual aid and peer support. It is not intended as medical or professional advice. While everyone is different, psychiatric drugs are powerful, and withdrawal – especially suddenly or on your own – can sometimes involve risks greater than remaining on.*



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## Author's Note

This is a guide I wish I had when I was taking psychiatric drugs. Prozac helped me for a while, then made me manic and suicidal. I was sick for days after coming off Zoloft, with counselors telling me I was faking it. Nurses who drew blood samples for my lithium levels never explained it was to check for drug toxicity, and I was told the Navane and other anti-psychotics I took to calm my wild mental states were necessary because of faulty brain chemistry.

I used many different psychiatric drugs over several years, but the medical professionals who prescribed them never made me feel informed or empowered. They didn't explain how the drugs work, honestly discuss the risks involved, offer alternatives, or help me withdraw when I wanted to stop taking them. Information I needed was missing, incomplete, or inaccurate. When I finally began to learn ways to get better without medication, it wasn't because of the mental health system, it was despite it.

Part of me didn't really want to be on psychiatric drugs, but another part of me desperately needed help. My suffering was very serious – multiple suicide attempts, hearing persecutory voices, extreme mistrust, bizarre experiences, hiding alone in my apartment, unable to take care of myself. Therapy hadn't worked, and no one offered me other options. I was under pressure to see my problems as “biologically based” and “needing” medication, instead of looking at medication as one option among many. For a time medication seemed like my only way out. It took years to learn that the answers, and my hope for getting better, were really within myself.

When I finally left the hospitals, residential facilities, and homeless shelters I lived in for nearly a year, I began to do my own investigating. I started judging my options more carefully, based not on misinformed authorities telling me what to do, but on my own research and learning. That process led me to co-found Freedom Center, a support community in Western Massachusetts that brings together people asking similar questions.



Through the Freedom Center I discovered that I was denied a basic medical right: informed consent, having accurate information about my diagnosis and medication. I learned that the mistreatment I went through is often business as usual in the mental health profession. I came across research ignored by the mainstream media, including studies by the UK charity MIND and the British Psychological Society, which confirmed my experience: most professionals are uninformed about coming off drugs, and even frequently stand in patients' way, sometimes ending up harming them.

The Freedom Center led me to work with the Icarus Project, and together these communities of mutual support have helped many people make wiser decisions – whether it is to stay on medications when they are useful or explore the possibility of coming off when they are not. Many of us are living without psychiatric drugs that doctors told us we would need our whole lives, and despite a diagnosis of schizoaffective disorder schizophrenia I have been medication-free for more than 15 years.

***This guide brings together the best information we've come across and the most important lessons we've learned at the Freedom Center and the Icarus Project.*** It's not perfect, and I invite you to contribute your experiences and research for future editions, but it's a guide that I hope can be helpful.

– Will Hall

# Introduction:

We live in a world that,

when it comes to drugs,

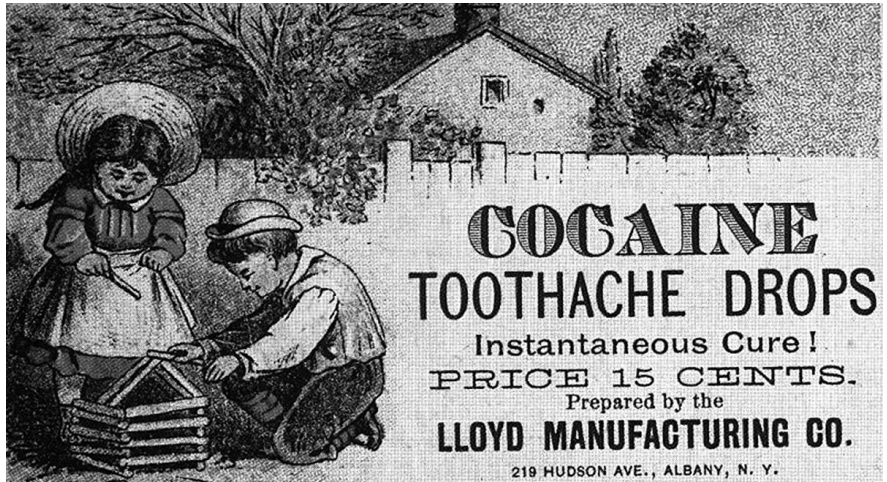
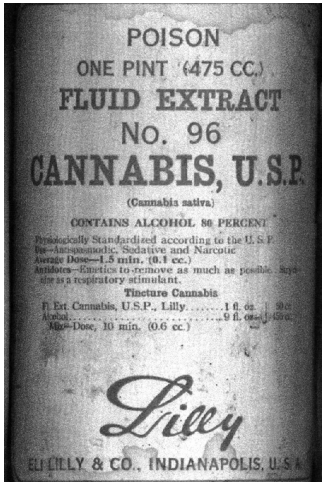
is quite crazy.

On the one hand there is the War on Drugs, which keeps some drugs illegal, overflows our prisons, and hasn't ended drug use. Then there are the acceptable drugs like alcohol and tobacco, advertised everywhere with promises of happiness and success while causing widespread addiction, disease, and death. Legal prescription drugs such as stimulants, pain killers, and anti-anxiety pills are just as addictive and risky as street highs, with a doctor's seal of approval. And then there are neuroleptics, lithium, and anti-convulsant drugs, which have very risky adverse effects but help manage and dampen consciousness when people feel out of control, so we call them "anti-psychotics" and "mood-stabilizers."

With drugs in the picture, lives are often at stake, whether from addiction, adverse drug effects, or

the risks that go along with emotional crisis and madness. Combined with the confusing messages from society about drugs, the result is a lot of fear. Drugs become angels or demons. We need to stay on them at all costs, or get off them at all costs. We look only at the risks, or we're too frightened to look at the risks at all. There is no compromise: it's black and white, all or nothing.

It's easy to fall into absolutist thinking when it comes to psychiatric drugs. Pro-drug advocates focus on the risks of psychosis and extreme emotional states, while anti-drug advocates focus on the risks of taking drugs. But it is the belief of this guide, and the philosophy of our pro-treatment choice work at the Freedom Center and the Icarus Project, that **either-or thinking around drugs is a big part of the problem.**





# Harm Reduction For Mental Health

Absolutist approaches to drug and sex education teach abstinence, “just say no,” and one way for everyone. These work for some people, but not most, and if you don’t follow the model you can end up being judged, not helped.

“Harm reduction” is different: pragmatic, not dogmatic. Harm reduction is an international movement in community health education that recognizes there is no single solution for each person, no universal standard of “success” or “failure.” Getting rid of the problem is not necessarily the only way. Instead, harm reduction accepts where people are at and educates them to make informed choices and calculated trade-offs that reduce risk and increase wellness. People need information, options, resources and support so they can move towards healthier living – at their own pace and on their own terms.

Applying harm reduction philosophy to mental health is a new but growing approach. It means not always trying to eliminate “symptoms” or discontinue all medications. It recognizes that people are already taking psychiatric drugs, already trying to come off them, and already living with symptoms – and that in this complicated reality people need true help, not judgment. Harm reduction encourages balancing the different risks involved: the harm from extreme states, as well as the harm from treatments such as adverse drug effects, disempowering labels, and traumatic hospitalization.

Making harm reduction decisions means looking honestly at all sides of the equation: how drugs might help a life that feels out of control, how risky those same drugs might be, and the role of options and alternatives. Any decisions become a process of experimentation and learning, including learning from your own mistakes and changing your goals along the way. Harm reduction accepts all this, believing that the essence of any healthy life is the capacity to be empowered.



# EVERYONE'S EXPERIENCE IS DIFFERENT.

There is no formula for coming off psychiatric drugs. What there is, and what this guide presents, is some common experience, basic research, and important information that can potentially make the process less difficult. Many people successfully come off psychiatric drugs, with or without guidance, while others find it very hard. Many continue on psychiatric drugs because the benefits are greater than the drawbacks. But many people end up staying on psychiatric drugs without ever exploring options, just because they don't know any other way.

When we've relied only on doctors, television, and mainstream sources, it might seem impossible to imagine dealing with our emotional extremes without psychiatric drugs. Maybe we've never heard of anyone going through what we go through without medications. Maybe a prescription was the beginning of people taking our need for help seriously, and medications feel like the only way to recognize that our problems are severe and out of control. And when everyone around us has come to view medication as essential to our survival, considering a new path can feel too risky to even try.

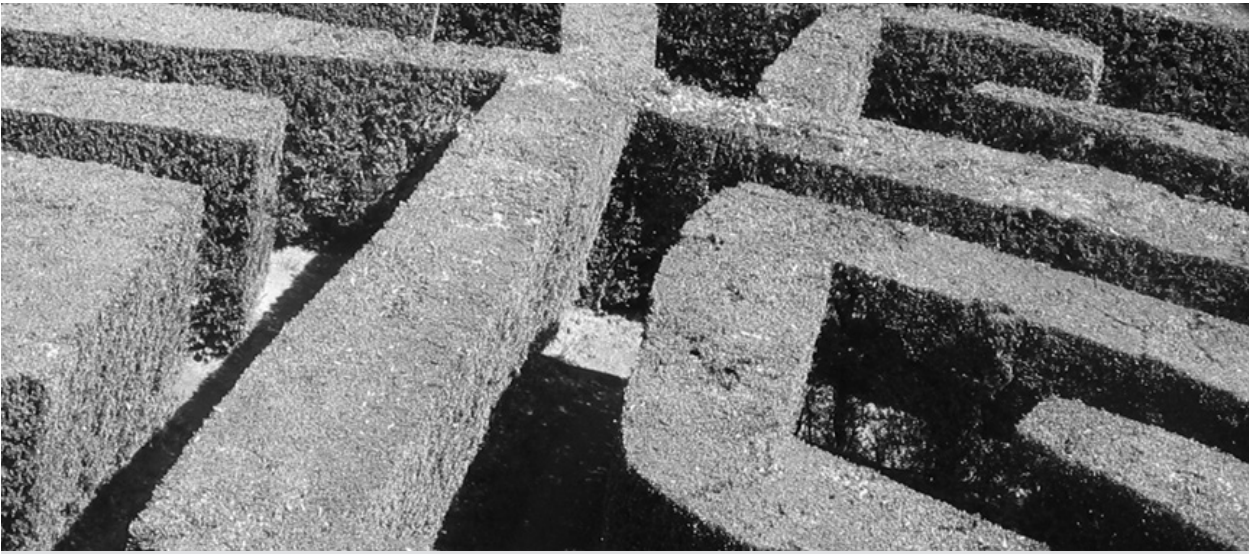
Many of us get help from psychiatric drugs, but might not understand how they really work or what the other options are. Some of us never found medications useful, or medications even made our problems worse, and we are ready to try living without them. Sometimes people are torn between the risks of

staying on and the risks of going off, or we take multiple drugs and suspect we don't need all of them. Others may want to go off but it's not the right time, or may have tried in the past, experienced a return of frightening symptoms, and decided to go back on for now.

Our paths to healing are unique. Some of us don't need to make any life changes, letting time and patience make change for us. Others may need to make big shifts in nutrition, work, family life, or relationships; we may need to focus more on self-care, expression, art, and creativity; adopt other approaches like peer support, therapy, herbalism, acupuncture, or homeopathy; or find new life interests like going to school or connecting with nature. We may discover that the first step is getting restful sleep; we may need structure to help get us motivated; or to stop taking any recreational drugs or alcohol. Our priorities might be to find a home or a new job; we may need to establish stronger support networks of trusted friends; or it may be important to speak up with greater honesty and vulnerability about what we are going through.

The process might feel mysterious and arbitrary, and an attitude of acceptance and patience is vital. Learning means trial and error.

Because each of us is unique,  
it's as if we are navigating  
through a labyrinth,  
getting lost and  
finding our way again,  
making our own map  
as we go.



## Key Resources For Further Learning

### **Inner Compass - Withdrawal Project**

<https://withdrawal.theinnercompass.org/>

### **MIND “Making Sense of Coming Off Psychiatric Drugs”**

<http://bit.ly/yPjusy>

### **“Understanding Psychosis and Schizophrenia” British Psychological Society**

<http://bit.ly/IRtRSIT> <http://bit.ly/IRrXzDO>

### **Psychiatric Drug Withdrawal: A Guide for Prescribers, Therapists, Patients and their Families** by Peter Breggin, Springer Publishing, 2012.

### **Coming Off Psychiatric Drugs**

edited by Peter Lehmann, [www.peter-lehmann-publishing.com](http://www.peter-lehmann-publishing.com)

### **Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America** by Robert Whitaker, Crown Books 2010.

### **Beyond Meds: Alternatives To Psychiatry website** [www.beyondmeds.com](http://www.beyondmeds.com)

### **Coming Off Psychiatric Drugs: A Harm Reduction Approach - video with Will Hall**

<http://bit.ly/zAMTRF> [www.willhall.net/comingoffmeds](http://www.willhall.net/comingoffmeds)

### **Coming Off Psych Drugs: A Meeting of Minds - film by Daniel Mackler**

<http://bit.ly/1UcVqNh>

### **Gaining Autonomy on Medication GAM**

<http://bit.ly/GAM20>

# Looking Critically at “Mental Disorders” and Psychiatry

Doctors put people on psychiatric medications for experiences labeled “mental disorders:” extreme emotional distress, overwhelming suffering, wild mood swings, unusual beliefs, disruptive behaviors, and mysterious states of madness. Currently millions of people world-wide, including infants and elders, take psychiatric drugs when they are diagnosed with bipolar disorder, schizophrenia, psychosis, depression, anxiety, attention deficit, obsessive-compulsive, or post-traumatic stress. The numbers are climbing every day.

**For many people, psychiatric drugs are very useful.** Putting the brakes on a life out of control, being able to function at work, school, and in relationships, getting to sleep, and keeping a lid on emotional extremes can all feel lifesaving. The sense of relief is sometimes dramatic, and the medications can stir very powerful emotions, and even feelings of salvation. At the same time, the help psychiatric drugs offer many people can leave little room to see more to the picture: others experience these drugs as negative, harmful, and even life-threatening. As a result, it is rare in society to find a clear understanding of how and why these drugs work, or an honest discussion of risks, alternatives, and how to come off them if people want to.

Many doctors and TV ads tell people that psychiatric medication is necessary for a biological illness, just like insulin for diabetes. They promote the idea that the drugs correct chemical imbalances and treat brain abnormalities. The truth is different, however: “Biology” and “chemical imbalances” have become simplistic sound-bites to persuade people to put their faith in doctors and quick fixes. These words are in fact much more complicated and unclear. Biological *factors* (such as nutrition, rest, and food allergies) affect everything we experience: biological “*cause*” or “*basis*” plants the belief that medication is the key to solving our problems. To say something has a biological cause, basis, or

underpinning can give a message that the solution must always be a medical one and that “treatment” has to include psychiatric drugs. Once people have a diagnosis and start taking medication, it is easy to think of the medications as physically necessary for survival.

Not only is there is no solid science behind viewing mental disorders as simple malfunctions of biology “corrected” by drugs, but many people with even the most severe diagnosis of schizophrenia or bipolar go on to recover completely without medication. The experiences that get labeled mental disorders are not “incurable” or always “lifelong:” they are more mysterious and unpredictable. For some people psychiatric drugs are helpful tools that change consciousness in useful ways, but they are not medically necessary treatments for illness. Once you acknowledge this, more options become thinkable. And the potential risks of psychiatric drugs come under greater scrutiny, because they are very serious – including chronic illness,



mental impairment, dependency, worse psychiatric symptoms, and even risk of early death.

Psychiatric medications have become a multi-billion dollar industry like big oil and military spending, and companies have incentive and means to cover up facts about their products. If you look more carefully into the research and examine closely the claims of the mental health system, you will discover a very different picture than what pill companies and many doctors lead us to believe. Companies actively suppress accurate assessments of drug risks, mislead patients about how controversial mental disorder theories are, promote a false understanding of how psychiatric drugs really work, keep research into alternative approaches unfunded and unpublicized, and obscure the role of trauma and oppression in mental suffering. For much of the mental health system, it's one size fits all, regardless of the human cost: scandals are growing, and the fraud and corruption surrounding some psychiatric drugs are reaching tobacco-industry proportions.

In this complicated cultural environment, people are looking for accurate information about possible risks and benefits so they can make their own decisions. Too often, people who need help reducing and getting off these drugs are left without support or guidance. Sometimes they are even treated as if the desire to go off the drugs is itself a sign of mental illness – and a need for more drugs.

In discussing “risks” and “dangers,” it is important to understand that all life involves risk: each of us makes decisions every day to take acceptable risks, such as driving a car, working in a stressful job, or drinking alcohol. It may not be possible to predict exactly how the risks will affect us, or to avoid the risks entirely, but it is important to know as much as we can about what the risks are. Looking at the risks of drug treatment also means looking at the risks of emotional distress/ “psychosis” itself, and making the best decision for you. Maybe psychiatric drugs are the best option given your circumstances and situation, or maybe you want to try to reduce or come off. This guide is not intended to persuade

## Universal Declaration of Mental Rights and Freedoms

- 1 That all human beings are created different. That every human being has the right to be mentally free and independent.
- 2 That every human being has the right to feel, see, hear, sense, imagine, believe or experience anything at all, in any way, at any time.
- 3 That every human being has the right to behave in any way that does not harm others or break fair and just laws.
- 4 That no human being shall be subjected without consent to incarceration, restraint, punishment, or psychological or medical intervention in an attempt to control, repress or alter the individual's thoughts, feelings or experiences.

you one way or the other, but to help educate you about your options if you decide to explore going off psychiatric drugs.

Because of pro-drug bias, there has been very little research on psychiatric drug withdrawal. We based this guide on the best available information, including excellent sources from the UK, and worked with a group of health professional advisors (see page 51) including psychiatric doctors, nurses, and alternative practitioners, all of whom have clinical experience helping people come off drugs. We also draw on the collective wisdom of an international network of survivors, allies, colleagues, activists, and healers who are connected with the Freedom Center and the Icarus Project, as well as websites such as *Beyond Meds*. **We encourage you to use this guide not as the definitive resource but as a reference point to start your own research and learning.** And we hope that you will share what you have learned with others and contribute to future editions.

# How Difficult Is Coming Off Psychiatric Drugs?

In working with hundreds of people over many years, we have found there is no way to predict how the coming off process will go. There is really no way to know in advance who can and who cannot do well without psychiatric drugs, who can do well with fewer drugs or lower doses, or how hard it will be. We've seen people withdraw successfully after more than 20 years, people who decide to continue to take them after being on for just a year or less, and people who struggle with long term withdrawal.

**Because coming off is potentially possible for anyone, the only way to really know is to try slowly and carefully, and see how it goes, remaining open to staying on.** Everyone should

have the opportunity to explore this. The study by MIND, the leading mental health charity in the UK, confirms our experience. MIND found that “Length of time on the drug emerged as the factor that most clearly influenced success in coming off. Four out of five people (81%) who were on their drug for less than six months succeeded in coming off. In contrast, less than half (44%) of people who were on their drug for more than five years succeeded. (Just over half of people who were on their drug for between six months and five years succeeded.)” Facing these unknowns means remaining flexible and learning as you go: coming off completely may, or may not, be right for you, but everyone can become more empowered.

## The Politics Of Withdrawal

In some ways coming off psychiatric drugs is deeply political. People of all economic and educational backgrounds do successfully reduce or go off their psychiatric medication. However, sometimes economic privilege can determine who has access to information and education, who can afford alternative treatments, and who has the freedom to make life changes. People without resources are often the most vulnerable to psychiatric abuse and injury from drugs. Health is a human right for all people:

we need a complete overhaul of our failed “mental health system” in favor of truly effective and compassionate alternatives available to everyone regardless of income. We should stop pushing risky, expensive drugs as the first and only line of treatment; priority should be on prevention, safe places of refuge, and treatments that do no harm. Many studies, such as Soteria House in California and Open Dialogue, show that non- and low-drug treatments can be very effective and cost less than the current system. And a medical product regulatory establishment that was honest about drug risks, effectiveness, and alternatives would likely have never even put most psychiatric drugs on the market to begin with.



Instead of viewing the experiences of madness only as a “dis-ability,” which can be a stigmatizing put down, it could be helpful to also view people who go through emotional extremes as having “diverse-ability.” Society must include the needs of sensitive, creative, open, emotionally wounded, and unusual people who make contributions to the community – beyond the standards of competition, materialism, and individualism. To truly help people who are labelled mentally ill, we need to rethink what is “normal,” in the same way we are rethinking what it means to be unable to hear, without sight, or with limited physical mobility. Universal design and accommodating those of us who are different ultimately benefit everyone. We need to challenge able-ism in all forms, and question the wisdom of adapting to an oppressive, unhealthy, and environmentally suicidal society, a society that is in many ways itself quite crazy. A social model of disability means accepting human differences, seeing society as needing to change, and no longer treating the impacts of poverty and oppression as medical problems. Our real needs are intertwined with the broader needs for social justice and ecological sustainability.



## Principles of This Guide:

➔ **CHOICE:** Psychiatric medications affect the most intimate aspects of mind and consciousness. We have the right to self-determination: to define our experiences as we want, seek out practitioners we trust, and discontinue treatments that aren't working for us. We don't judge others for taking or not taking psychiatric drugs: we respect individual autonomy. When people have difficulty expressing themselves or being understood by others, they deserve accommodation, supported decision-making, and patience from caring advocates, according to the principle of "first do no harm" and the least intrusion possible. No one should be forced to take psychiatric drugs against their will.

➔ **INFORMATION:** Pharmaceutical companies, medical practitioners, and the media need to provide accurate information about drug risks, the nature of psychiatric diagnosis, how drugs work, alternative treatments, and how to go off psychiatric drugs. Medical ethics require practitioners to understand the treatments they prescribe, protect patients from harm, and promote safer alternatives.

➔ **ACCESS:** When we choose alternatives to psychiatric drugs and mainstream treatments, there should be programs, affordable options, and insurance coverage available. Choice without access to options is not real choice. Community controlled services should be available to everyone who needs help going off psychiatric drugs or struggling with extreme states of consciousness. We urge all health care practitioners to offer free and low-cost services to some of their clients, and for everyone with economic and social privilege to work to extend alternative treatment access to all.



## How Do Psychiatric Drugs Work?

Most people begin taking psychiatric medications because they are “distressed and distressing.” They are either experiencing overwhelming states of emotional distress, or someone else is distressed with their behavior and sends them to a doctor – or some combination of both. There are many labels for these states, like anxiety, depression, compulsiveness, mania, psychosis, voices, and paranoia, and labels change over time. Doctors tell people that their emotional distress is due to a mental disorder which has a biochemical basis, that their distress is dangerous and must be stopped (such as fears of suicide or claims of deteriorating illness), and that medication with psychiatric drugs is a necessary treatment.

Psychiatric medications act on the brain to alter mood and consciousness like any other psychoactive substance. Because many medications can blunt or control the symptoms of emotional distress – by either tranquilizing a person, speeding them up, numbing sensitivity, or getting them to sleep – they can take the edge off extreme states. They help some people feel more capable of living their lives. It is important to realize, however, that **psychiatric drugs do not change the underlying causes of emotional distress. They are best understood as tools or coping mechanisms that sometimes alleviate symptoms** and pave the way for change – but with significant risks for anyone who takes them.



# Do Psychiatric Drugs Correct Your Chemistry Or Treat Illness?

People are told that mental disorders mean brain chemistry is “abnormal,” that illness is caused by genetic “predispositions,” and that psychiatric drugs are needed to interrupt a disease process and correct imbalances. However, this is not how medications work, and brain disease theories have not been proven by studies to be true. Believing these claims can reinforce a sense of being a helpless victim of biology, and leave people feeling there are no options other than medications.

Despite decades of costly research, no chemical imbalances, genetic predispositions, or brain abnormalities have ever been found to consistently cause a bipolar, depression, or schizophrenia diagnosis. The media report “promising” research that “needs further study,” but nothing conclusive has resulted. Even the fine print of drug company ads now typically says that conditions are “believed to be caused by” chemical imbalances, rather than making definitive statements.

Physical tests, such as brain scan or blood draw, aren’t used for a diagnosis like bipolar, schizophrenia, or depression, and can’t reveal that your brain is abnormal. (Altered states with clear physical causes, such as, for example, concussion, dementia or alcohol delirium, are instead called “organic psychosis.”) A baseline has never even been established for what constitutes a “psychologically normal” brain for all people. Three people with the same diagnosis might have very different brain chemistry, and someone with similar brain chemistry might have no diagnosis at all. While many people face physical problems like vitamin deficiency that a doctor or holistic practitioner can address, this *might* help emotional problems – or it might not. Medicine has not discovered the biology of mental illness the same way as tuberculosis, Down Syndrome, or diabetes. Emotional distress and madness remain open to interpretation.

What about genetics? Mental diagnoses can seem to “run in families,” but so do child abuse and poverty. Because of shared environment, expectations, and intergenerational trauma, family history can mean many things other than inescapable heredity. Studies claim



that twins tend to have a slightly higher chance of the same diagnosis, but this research is often flawed and results exaggerated. Parents know that children have different temperaments even at birth, but prenatal experience has an influence. Individual traits like sensitivity and creativity only become madness after very complicated social factors, such as trauma and oppression, have played a role. Even sequencing the human genome has not revealed any keys to mental illness, and the idea of genetic “predisposition” remains speculative and unproven.

In fact, the more neuroscience discovers about genes, behavior, and the brain, the more complicated the picture becomes. Epigenetics shows that instead of a “genetic blueprint,” the environment interacts to turn genes on and off. Using genetic science to oversimplify the diversity of human behavior is a throwback to the discredited concepts of social Darwinism and eugenics. It portrays some people as destined to be inferior, defective, and less than fully human.

Every feeling and thought exists somehow in the brain as an expression of biology, but society, mind, and learning intervene to make any causal relationship impossible to establish. Stress, for example, is associated with brain chemistry, but one person can thrive under stressful circumstances that are debilitating to another. The new science of “neuroplasticity” shows the brain is constantly growing and that learning can itself change the brain: for example, psychotherapy can reorganize brain structure, and researchers found the brain regions associated with memorizing maps were enlarged in London cab drivers. If learning can affect the brain in such a profound way, then we are not as limited by biology as was once believed.

Philosophers and scientists have debated for centuries over the “hard problem” of how consciousness arises from the brain and body. Is what gets called ‘mental illness’ a social and spiritual question more than a medical one? Is being called ‘disordered’ a political and cultural judgement? Psychiatry can make no credible claim to have

solved the mystery of the mind-body relationship behind madness.

Without clear answers from science, psychiatric diagnosis is ultimately not a statement of fact but a doctor’s subjective opinion of a patient. The doctor inevitably relies on their own bias, assumptions, fears, and preconceptions. Doctors often disagree with each other, people sometimes have many different diagnoses over time, and discrimination based on class, race, and gender is common.

***The decision to take psychiatric drugs should be based on the usefulness of the drug’s effects relative to the risks involved, not any false belief that the person “must” be on the drug because of biology or genes.***



# Who's to Blame? Yourself? Your Biology? Neither?

If biology and brain chemistry aren't to "blame" for anxiety, voices, suicidal feelings, mania, or other distress, does that mean the blame is on you? Is it either your brain's fault or your fault?

A psychiatric diagnosis can be a huge relief if the only other option is blaming yourself as lazy, weak, or faking it. When you feel powerless and people haven't been taking your pain seriously, a doctor saying you have a mental disorder can be validating. Choosing to reduce or come off medication might seem like the wrong message, as if your suffering is not that bad and you don't really need help. And not being able to come off can also feel shameful, like you should just try harder and it's all up to you.

This is unfair, either-or thinking that leaves people helpless and trapped in the mental health system. Pharmaceutical advertising preys on this dilemma: if pain is really serious, it needs medication, if not, you're on your own. Empowerment means thinking beyond a narrow view, and embracing broader ways of looking at things.

Everyone needs support sometime: each of us has parts of our lives where we feel powerless. We all need to learn how to balance personal responsibility with asking for help. **You don't have to blame your brain to give yourself some compassion.**

Because medical science doesn't have answers, it is up to each person to understand their lives in the

way that makes most sense to them. The resources in this guide can open new possibilities. For example, the British Psychological Society suggests some people might have greater "stress vulnerability" than others. The Hearing Voices Movement encourages us to accept and learn from unusual experiences, rather than just treat them as meaningless symptoms to get rid of. Many views of madness are possible, such as trauma/abuse, spiritual awakening, sensitivity, environmental illness, family dynamics, being the "canary in the coal mine," holistic health, cultural differences, gifts as a medium, or the impact of oppression. Some societies even accept as normal the same things other societies call abnormal – such as hearing voices or seeing signs.

And if people ask, it's *your* decision what to say or not say, such as "I'm a trauma survivor," "I live with extreme states," or "I'm different than most people, and I'm still figuring it out" – or saying nothing at all. Connecting with others who share your experiences, such as peer support groups or the internet, can be crucial to explore who you are.

Your suffering is real, whether you decide to take medications or not. Feeling powerless and needing help doesn't mean you are a broken person or a passive victim of biology. Explanations like trauma, sensitivity, or spirituality are as valid as any. You still deserve help, even if you don't believe your brain is abnormal and even if you think outside the language of "psychiatric illness" and "mental disorders."



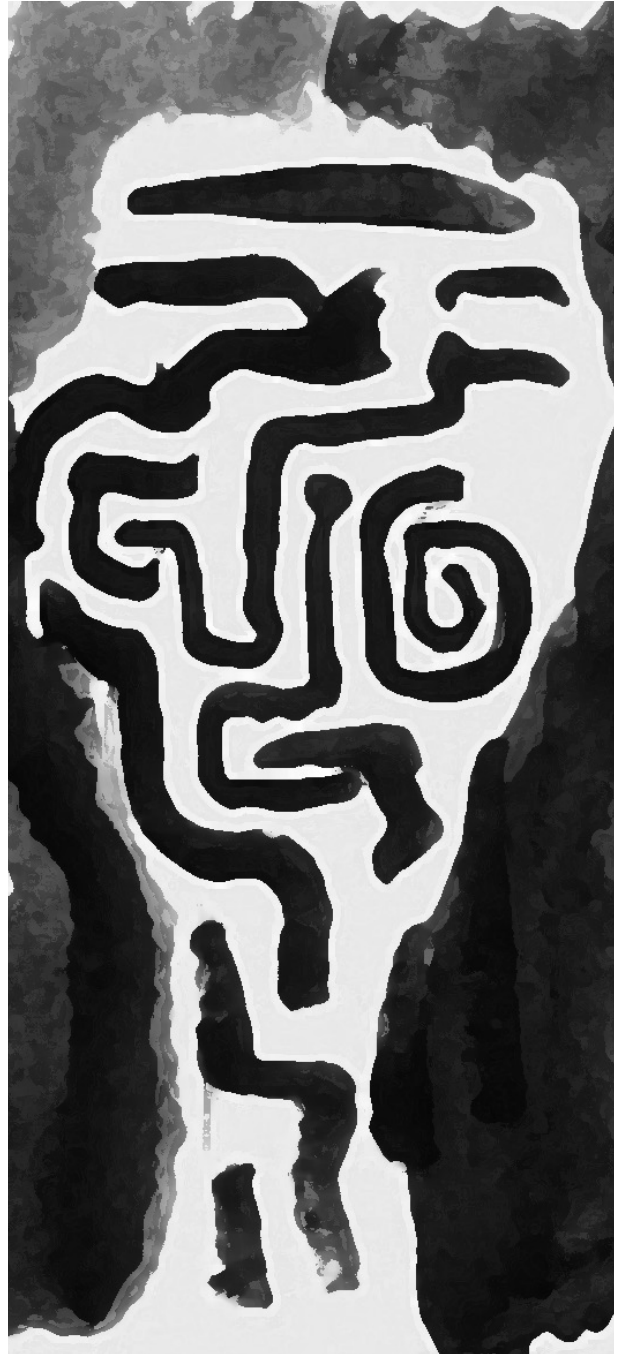
# How Do Psychiatric Drugs Affect The Brain?

Like any mind altering substance, psychiatric drugs are *psychoactive* and alter mind and behavior by affecting brain chemistry. Their usefulness, and risks, come from changing the brain/body and altering consciousness, including expectation and placebo.

Current medical theory is that most psychiatric drugs change the levels of chemicals called neurotransmitters. Neurotransmitters are very mysterious, and linked with mood, mental functioning, and altered states. Cells of the human nervous system, including brain cells, use neurotransmitters to communicate with each other, but neurotransmitters are also found in animals, plants, and even bacteria. When neurotransmitter levels change, “receptor” cells, which receive and regulate neurotransmitters, become more sensitive, and can grow or shrink to adjust.

SSRI anti-depressants (“selective serotonin re-uptake inhibitors”) for example are said to raise the level of the neurotransmitter serotonin in the brain, and also reduce the number of brain serotonin receptors. Anti-psychotic medications like Haldol lower the level of dopamine and increase the number of dopamine receptors in the brain. Changing consciousness by changing neurotransmitters and receptors works the same for all psychoactive drugs, including recreational drugs. Alcohol affects neurotransmitters including dopamine and serotonin, and cocaine changes the levels of both dopamine and serotonin, as well as noradrenaline.

While these changes in your body take place, your consciousness works to interpret and respond in your own way. Alcohol might relax you or make you nervous; anti-depressants energize some people or make others less sensitive. **Because of the placebo effect and expectation, everyone is different.** Your experience of medication may not be the same as other people, and will ultimately be uniquely your own. Trust yourself.



# Why do People Find Psychiatric Drugs Helpful?

*The benefits of psychiatric drugs are widely promoted, while their risks are often overlooked. The helpful aspects of the drugs, however, tend to be mixed in with misleading claims. The information below is an attempt to cut through the confusion and describe the basic ways that many people find psychiatric drugs helpful.*

- Sleep deprivation is one of the single biggest causes of, and contributors to, emotional crisis. Short term medication use can get you to sleep.
- Medication can interrupt and “put the brakes on” a difficult extreme state of consciousness, tranquilizing an acute time of crisis that feels out of control.
- Many people feel medications protect them from emotional crisis so severe it threatens their stability and even their lives. Some report that symptoms feel more manageable on medications, and keep them more grounded in ordinary reality. Ongoing use can sometimes prevent or ease episodes of mania or depression.
- Interrupting crisis and getting some sleep can reduce stress and settle you down, which can reduce life chaos and help you take better care of yourself with food, relationships, and other basic issues. This can be much less stressful than constant crisis, and might lay a groundwork for greater stability and changes that might have been more difficult otherwise.
- Medications can sometimes help you show up for and function at work, school, in your life, which is especially useful if you cannot take a break or change circumstances. Work may require you to get up in the morning, concentrate, and avoid mood swings, and relationships or parenting may need you to avoid emotional sensitivity.
- Continuing on some medications can itself prevent medication withdrawal effects.
- All drugs have a powerful placebo effect: just believing they work, even unconsciously, can make them work. Recovery from very serious illnesses is possible from taking a placebo sugar pill or undergoing a “placebo surgery” believed to be real. In clinical trials many psychiatric drugs have little proven effectiveness beyond placebo, because of this powerful mental effect. The mind plays a central role in any healing, and there is no way to determine whether effectiveness for an individual comes from placebo or drug chemistry.
- Compliance also contributes to the placebo effect: sometimes people feel better believing a clear official explanation of their suffering, and when they follow and get support from a doctor, family member, or other authority figure. Drugs tend to actually work better the stronger and closer the relationship is with the prescriber.
- Advertising, especially direct-to-consumer television advertising (allowed in the US and New Zealand), is extremely powerful and influences people’s experience to fit their hopes and expectations. Newer drugs of any kind, not just psychiatric drugs, often work better just because of the expectation involved.



# Facts You May Not Know About Psychiatric Drugs

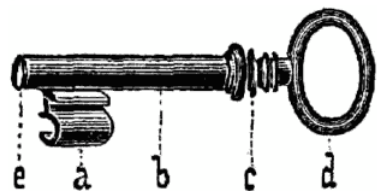
*Despite the medical principle of informed consent, doctors leave out important information about the drugs they prescribe. The following is an attempt to include less known facts and provide a more balanced picture.*

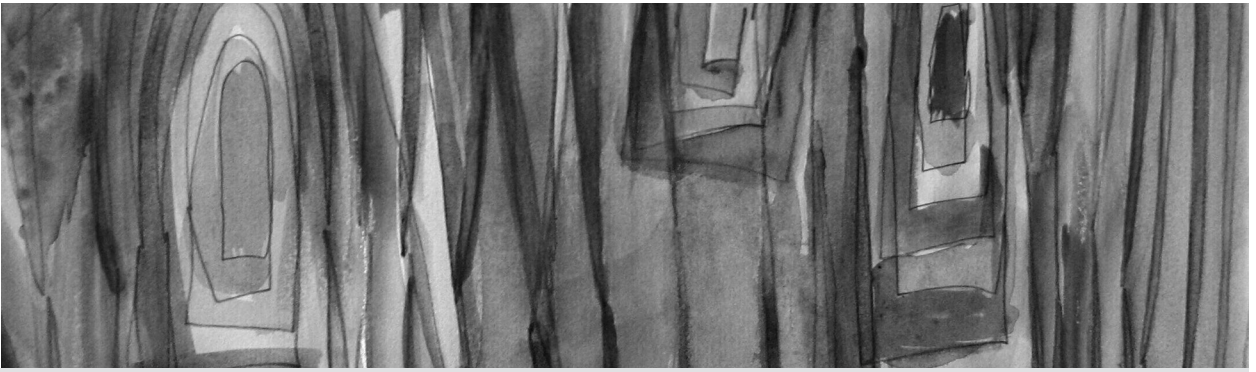
- Higher doses and longer use of psychiatric drugs often mean brain changes can be deeper and longer lasting. The drugs are then often harder to come off and can have more serious adverse effects. However, the human brain is much more resilient than was once believed, and can heal and repair itself in remarkable ways.
- Neuroleptic or major tranquilizer drugs are claimed to be “anti-psychotic,” but in fact do not target psychosis or any specific symptom or mental disorder. They are tranquilizers that diminish brain functioning in general for anyone who takes them. They are even used in veterinary science to calm down animals. Many people on these drugs report that their psychotic symptoms continue, but the emotional reaction to them is lessened.
- The earliest drugs such as Thorazine and lithium came onto the market before theories of chemical imbalance were suggested, not as a result of those theories. Doctors were looking for “magic bullets” comparable to antibiotics, and saw the sedating effects of chemicals on laboratory animals.
- Newer anti-psychotic drugs called “atypicals” target a broader range of neurotransmitters, but they work in basically the same ways as older drugs. Manufacturers marketed these drugs (which are more expensive than older ones) as better and more effective with fewer side effects, and they were hailed as miracles. But this has been exposed as untrue, with some companies covering up the extent of adverse effects like diabetes and metabolic syndrome, leading to multi-billion dollar lawsuits.
- People are often told that adverse drug effects are due to an “allergic reaction” or “drug sensitivity.” This is misleading: psychiatric drug effects do not function the way food or pollen allergies do. Calling drug effects “allergic reactions” or telling people “you’re sensitive” treats the problem like it is in the person taking the drug, not the drug’s adverse effect itself, which could affect anyone.
- Benzodiazepine addiction – Valium, Xanax, Ativan and Klonopin – is a huge public health problem. Withdrawal can be very difficult: benzodiazepines are more addictive than heroin. Use for more than 4-5 days dramatically increases risks.
- People are sometimes told they are on a “low dose” even though it can still have powerful adverse effects.
- Psychiatric drugs are widely used in prisons to control inmates, foster care to control children, and in nursing homes to control the elderly.
- Sleep medication like Ambien and Halcyon, while sometimes useful in the short term, can be addictive, worsen sleep over time, and cause dangerous blackouts and altered states of consciousness.
- Because they work like recreational drugs, some psychiatric medications are even sold on the street to get high. Stimulants like Ritalin and sedatives like Valium are widely abused. Because of their easy availability, illegal use of psychiatric drugs, including by children, is widespread.
- The “War on Drugs” obscures the similarities between legal psychiatric drugs and illegal recreational drugs. Anti-depressant SSRIs and SNRIs work chemically similar to slow-administered oral cocaine. Cocaine was in fact the first prescription drug marketed for “feel good” anti-depression effects, before being made illegal. Coca, the basis of cocaine, was even once an ingredient in Coca-Cola.

# Health Risks of Psychiatric Drugs

*Making a decision about coming off psychiatric drugs means evaluating as best you can the risks and benefits involved, including important information often missing from mainstream accounts. Some risks may be worth taking, other risks may not be worth taking, but all risks should be taken into consideration. Because each person is different and drug effects can vary widely, address the uncertainty involved with your own best judgment and with observations of how your body and mind are responding. This list cannot be comprehensive, as new risks are still being uncovered.*

- Psychiatric drugs are toxic and can damage the body. Neuroleptic “anti-psychotics” can cause the life-threatening toxic reaction called neuroleptic malignant syndrome, as well as Parkinson’s disease-like symptoms and cognitive impairment. Regular blood level tests are required of some drugs such as lithium and Clozaril to protect against physical harm. Many drugs can lead to obesity, diabetes, sudden heart attack, kidney failure, serious blood disorder, and general physical breakdown. Other toxic effects are numerous, and include interfering with the menstrual cycle, threats during pregnancy and breastfeeding, and life-threatening “serotonin syndrome” from anti-depressants alone or mixed with other drugs.
- Psychiatric drugs can injure the brain. The rate of tardive dyskinesia, a serious neurological disease that can disfigure a person with facial tics and twitching, is very high for long-term patients on neuroleptic anti-psychotic drugs, and even short-term use carries some risk. Anti-psychotics have been shown to cause brain shrinkage. Anti-depressants can also cause memory problems and increased susceptibility to depression. Other effects can include brain injury and cognitive impairment.
- Pharmaceutical company effectiveness and safety studies, as well as FDA regulation, are extensively corrupted and fraud is widespread. There are few long-term studies, or studies of how drugs combine together. The real extent of psychiatric drug dangers may never be accurately known. Taking psychiatric drugs is in many ways society-wide experimentation, with patients as guinea pigs.
- Mixing with alcohol or other drugs can dramatically increase dangers.
- Drug effects can lower the quality of life, including impaired sexuality, depression, agitation, and overall health problems.
- Drug-induced body changes such as restlessness, obesity, or stiffness can alienate you from others and increase isolation.
- Lithium interacts with salt and water in the body, and when these levels change, such as from exercise, heat, or diet, potency can fluctuate. Even with regular blood tests and dosage adjustments, this means people taking lithium are sometimes at risk of exposure to damaging levels.
- ADHD drugs such as Adderall and Ritalin can stunt growth in children, and present other unknown dangers to brain and physical development. Like any amphetamines, they are addictive and can cause psychosis and heart problems, including sudden death.





## MENTAL HEALTH RISKS

*Mental health risks are some of the least understood aspects of psychiatric medications, and can make drug decisions and the withdrawal process very complicated. Here are some things that your doctor may not have told you:*

- Psychiatric drugs can sometimes make psychotic symptoms worse and increase the likelihood of having a crisis. Drugs can change receptors for such neurotransmitters as dopamine, making a person “supersensitive” to psychosis “rebound,” as well as increasing sensitivity to emotions and experiences in general. Some people report their first psychotic symptoms or suicidal feelings occurred only *after* starting to take psychiatric drugs. Doctors sometimes respond by giving a more severe diagnosis and adding more drugs.
- Some drugs now carry warnings about the increased risk of suicide, self-injury and violent behavior.
- Many people experience negative personality changes, including not feeling themselves, feeling drugged, emotional blunting, diminished creativity, and reduced psychic/spiritual openness.
- People who take psychiatric drugs, especially anti-psychotics, are sometimes more likely to develop long-term problems and get stuck as mental patients. Some countries that use less medication have higher recovery rates than countries that use a lot of medication; and the Soteria and Open Dialogue projects show lower medication can prevent chronicity.
- Once you are on the drug, your personality and critical thinking abilities may be very changed. It might be difficult to properly evaluate the drug’s usefulness. You may need to get off the drug, but not realize it because of how the drug is affecting your thinking. Overmedication, especially with anti-psychotics, amounts to chemical straitjacketing.
- Psychiatric drugs can interrupt and impair the mind’s natural ability to regulate and heal emotional problems. Many people report having to “re-learn” how to cope with difficult emotions when they come off psychiatric drugs. Being too medicated can make it more difficult to work through the feelings behind your distress.
- Some people, even in the worst depths of madness, say that by going through their experiences rather than suppressing them, they emerge stronger in the end. Sometimes “going crazy” can be the doorway to transformation. Artists, philosophers, poets, writers and healers are often thankful for the insights gained from “negative” emotions and extreme states. Drugs can be helpful for some, but for others they may obscure the possible value and meaning of “madness.”



## OTHER DRUG RISKS AND CONSIDERATIONS

*Understanding the coming off drugs process means taking into account many different factors you may not have considered before:*

- While not publicized widely, peer support, alternative treatments, talk therapy, waiting, and even the placebo effect can often be more effective than psychiatric drugs, without the risks.
- Keeping up with taking pills every day is difficult for anyone. Missing doses of psychiatric drugs can be sometimes dangerous because of the withdrawal effects, which leave you vulnerable if the drug is interrupted.
- Doctors typically see patients infrequently for short visits, making it difficult to spot potentially serious adverse drug reactions.
- People with a mental disorder diagnosis often have difficulty getting insurance, and their physical health problems may not be taken seriously.
- Using psychiatric drugs often means giving up control to the judgments of a doctor, who may not make the best decisions for you.
- Medications can be expensive, keeping you stuck in work and insurance plans.
- Medication sometimes goes along with a disability check, which can be helpful for a while but can also become a lifelong trap.
- Taking psychiatric drugs can mean being seen as mentally ill in society and starting to see yourself in that role. The stigma, discrimination, and prejudice can be devastating, and even create a self-fulfilling prophecy. Diagnostic labels cannot be stricken from the record the way criminal histories can. Studies show that trying to convince people that “mental illness is an illness like any other” is a counterproductive strategy that actually contributes to negative attitudes.
- Psychiatric drugs can convey the false view that “normal” experience is productive, happy, and well adjusted all the time, without mood shifts, bad days, or strong emotions. This encourages a false standard of what it is to be human.
- Medication can lead to viewing normal feelings as “symptoms” of illness to be stopped, which denies people the process of working through and learning from difficult emotions.
- Taking psychiatric drugs can put a passive hope in a “magic bullet” cure rather than taking personal and community responsibility for change.





# How Withdrawal Affects Your Brain and Body

In addition to placebo, all psychiatric drugs work by causing organic brain changes. This is why going off leads to withdrawal: your brain gets used to having the drug, and has a hard time adjusting when the drug is removed. It takes time to bring the activity of receptors and chemicals back to the original state before the drug was introduced. While doctors sometimes use confusing terms like “dependence,” “rebound,” and “discontinuation syndrome” (and there may not be dosage tolerance), the psychiatric drug action that causes withdrawal symptoms is basically the same as addiction. *Tapering off slowly is usually best*: it allows your brain and mind time to get accustomed to being without the drugs. Going off fast does not usually allow enough time to adjust, and you may experience worse withdrawal symptoms.

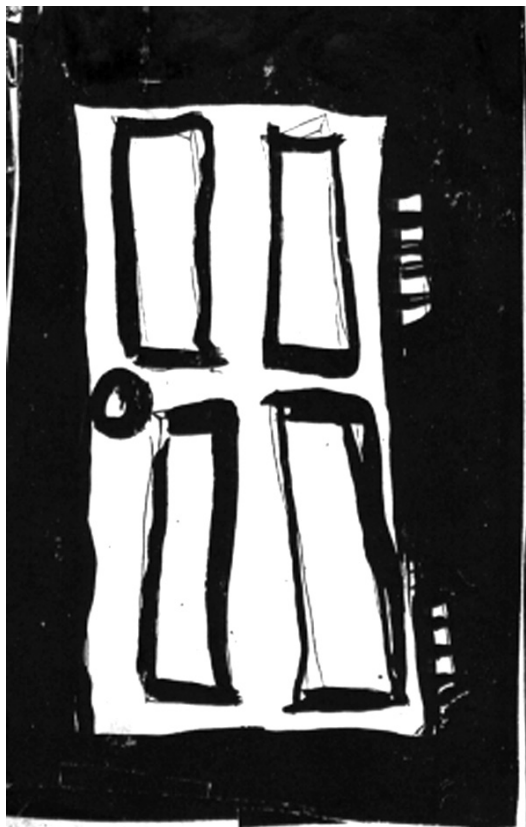
***Important: the signs of psychiatric drug withdrawal can sometimes look exactly like the “mental illness” symptoms that medications were prescribed for in the first place.***

When someone goes off a psychiatric drug they might have anxiety, mania, panic, insomnia, depression and other painful effects. They can become “psychotic” or have other symptoms from the psychiatric drug withdrawal *itself*, not because of a “disorder” or condition. This may be the same, or even worse, than what got called psychosis or mental disorder before the drug was taken. Typically people are then told this shows their illness has come back, and that they therefore need the drug. *However, it may be the withdrawal effect from the drug that is causing these symptoms.*

These withdrawal symptoms do not necessarily prove you need a psychiatric drug any more than headaches after you stop drinking coffee prove you need caffeine, or delirium after stopping alcohol

shows you need to drink alcohol. It just means your brain has become dependent on the drug, and has difficulty adjusting to a lower dosage off it. Psychiatric drugs are not like insulin for a diabetic: they are a tool or coping mechanism.

However, when you have been on psych drugs for years, it can sometimes take years to reduce or go off them, or you may have long term physical or psychological dependency. Sometimes people on these drugs develop ongoing withdrawal symptoms, chemical brain injury, and damage. This may not be permanent, or sometimes people live the rest of their lives with these brain changes. Scientists used to believe that the brain couldn't grow new cells or heal itself, but today this is known to be



untrue. *Everyone can heal*: new research into “neurogenesis” and “neuroplasticity” means the brain is always growing and changing. Friendships and love, along with good lifestyle, nutrition, and positive outlook, will help nurture your brain and body to recover.

***You may find that the goal of going off completely is not right for you at this time.*** You may feel better staying on your medication, and decide instead to just reduce or continue at the same dosage, and focus on new ways to improve your life. Follow your own needs without judgment or blame: get support for your decisions in the face of any feelings of shame or powerlessness.



## Why Do People Want to Stop Using Psychiatric Drugs?

People are often told that no matter what the side effects, psychiatric drugs are always better than suffering from “untreated” mental disorders. Some doctors claim mental disorders have a “kindling” effect, that early medication is best, or that madness is toxic and medications are “neuroprotective.” These theories remain unproven -- though ongoing crisis and a life out of control can certainly be cumulative stresses. Doctors spread fears unfairly: while medications

are key in helping many people, others have found ways to recover without psychiatric drugs. Many report their lives are better without them. Everyone is different, but sometimes people do deal with “psychotic” states successfully without medication. Diverse, non-western cultures often respond to and understand these experiences differently, even seeing them as positive and spiritual. It remains a personal decision how to relate to madness.

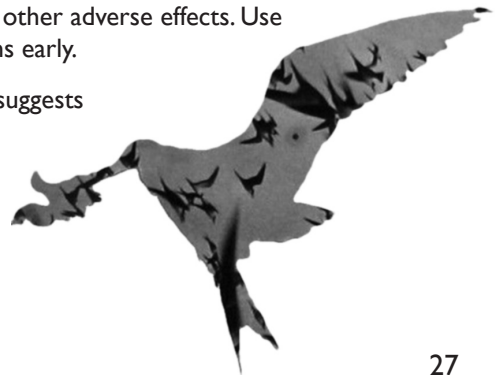


***It's not an either-or choice between taking psychiatric drugs or doing nothing. There are many alternatives you can try. In fact, some problems that are called symptoms of “mental disorders” might turn out to be caused by the drugs people are taking.***

# Staying on Psychiatric Drugs and Harm Reduction

You may decide that, given the degree of crisis you are facing and the obstacles to workable alternatives, you want to continue psychiatric medication. **Don't feel judged for making the best decision you can.** **You have the right to do what works best for you,** and other people don't know what it's like to live your life. It may still be a good idea to take a harm reduction approach. Make changes to improve the quality of your life and to minimize the risks associated with the medications you are taking:

- Don't leave it all to the drug. Take an active interest in your overall health, alternative treatments, and wellness tools. Finding new sources of self-care can ease adverse effects, and may eventually reduce your need for medication.
- Get regular healthcare, and stay in communication about your medications. Get support from trusted friends and family.
- Make sure you have the prescriptions and refills you need, because missing doses can add stress to your body and brain. If you do miss a dose, don't double up.
- Watch out for drug interactions. Learn the risks of combining with other medications, and beware mixing with recreational drugs or alcohol. Grapefruit, St. Johns Wort, some herbs and other supplements and meds can have adverse reactions. Research your medications.
- Don't rely just on your doctor for guidance. Learn for yourself, and connect with others who have taken the same medications as you.
- Discover what you can from a variety of sources about your medications. Use nutrition, herbs and supplements to reduce adverse effects.
- Consider exploring lowering drug dosage, even if you don't intend to go off completely. Remember that even small dosage reduction can cause withdrawal effects.
- If you are starting a medication for the first time, some people report that an extremely small dose, much lower than recommended, can sometimes be effective, with fewer risks.
- Try to reduce the number of different drugs you take to just the essentials, understanding which ones carry the greatest risks. Stick to temporary use if you can.
- Test regularly to monitor drug reactions, and have baselines done for new medication. Tests may include: thyroid, electrolytes, glucose, lithium level, bone density, blood pressure, liver, ECG, kidney, cognition, prolactin, and screening for other adverse effects. Use the best, most sensitive tests available to reveal problems early.
- Anti-psychotics remain in the body, and some research suggests "drug holidays" of a day or two off can ease toxicity. Remember that everyone is different.
- Explore the emotional relationship with your medications. Draw a picture, create a role play, give the medications a voice and message and have a dialogue. Do you know the energy or state the drug gives you? Can you find other ways to achieve this energy state?



## I Want to Come Off My Psychiatric Drugs, But My Doctor Won't Let Me. What Should I Do?

Some prescribers have a controlling attitude and will not support a decision to explore going off psychiatric drugs. They may hold the fear of hospitalization and suicide over patients as a danger. Some see themselves as custodians, and feel like whatever happens is their responsibility. Others never met people who've successfully recovered, or they encountered so much crisis after abrupt withdrawal they assume no one can come off.

If your prescriber doesn't support your goals, ask them to explain their reasons in detail. Consider what they say carefully – if they are making sense, you may want to reevaluate your plan. You may also want to get a friend or ally to help you express yourself, especially someone in a position of authority like a family member, therapist, or health practitioner. Present your perspective clearly. Explain that you understand the risks, and describe how you are preparing to make changes carefully with a good plan. Give them a copy of this Guide, and educate them about the research behind your decision and the many people who succeed in reducing and going off their drugs. Remind the prescriber their job is to help you help yourself, not run your life for you, and that the risks are yours to take.

In all areas of medicine today patients are becoming empowered consumers, so don't give up! You may need to inform your doctor you are going ahead with your plan anyway: sometimes they will cooperate even if they don't approve. If your prescriber is still unsupportive, consider switching to a new one. You can also rely on a health care practitioner such as a nurse, naturopath, or acupuncturist. Sometimes people even begin a medication reduction without informing their doctor or counselor. This isn't best, but may be understandable in many circumstances, such as if you have benefits that might be in jeopardy if you are considered "noncompliant." Weigh the risks of such an approach carefully.

The leading UK charity MIND, in their study on coming off psychiatric drugs, found that ***"People who came off their drugs against their doctor's advice were as likely to succeed as those whose doctors agreed they should come off."*** As a result of this finding, MIND realized doctors are sometimes too controlling, and so they changed their official policy: MIND no longer recommends that people attempt to go off psychiatric drugs only with their doctor's approval. Support is usually best however, so try to collaborate with prescribers when possible.

# Before You Start Coming Off

*Everyone is different, and there is no cookie-cutter or standard way to withdraw from any psychiatric drug.*

The following is a general step-by-step approach that many people have found helpful. It is intended to be shaped to suit your needs. Be observant: follow what your body and heart are saying, and look to the advice of people who care about you. Finally, keep a record of how you reduced your medications and what happened, so that you can study the changes you are going through and teach others about your experience.

## GET INFORMATION ABOUT YOUR DRUGS AND WITHDRAWAL

Prepare yourself by learning all that you can about withdrawing from your psychiatric drug. Read from mainstream sources as well as alternative sources, Meet with and discuss reducing with others. List your adverse effects, and make sure you are getting proper tests. Additional resources are listed at the end of this guide.

## CONSIDER YOUR TIMING

When is a good time to start coming off? When is a bad time?

If you want to reduce medication, timing is very important. It is usually better to wait until you have what you need in place first, instead of starting to come off unprepared (though sometimes the drugs themselves make this difficult). Remember, coming off might be a long-term process, so you may want to prepare just like you were making any major life change. Reducing and coming off drugs will likely *not* be a solution in itself, but the beginning of new learning and challenges.

- Do you have stability in your housing, relationships, and schedule? Would it be better to focus on these first?



- Have you been putting off big problems or issues that need attention? Are there worrisome things you should prioritize? Settling other matters might help you feel more in control.
- Did you just come out of a hospital, or were you recently in a crisis? Is this a bad time to begin withdrawal, or is the drug part of the problem?
- Do you have hard anniversaries this time of year? Are you sensitive to the weather or darkness? Anticipate months where you might have the most difficulty.
- Do you notice worsening of drug effects, or have you been on the drugs for a long time and feel “stuck”? Have you been feeling more stable and capable of facing difficult emotions? These might be good times to prepare to reduce and come off.
- Make a list of the stressors that led to crisis in the past. How many are present today? Do you anticipate any in the future? Give yourself time to address these before starting a reduction.

## CULTIVATE SUPPORT

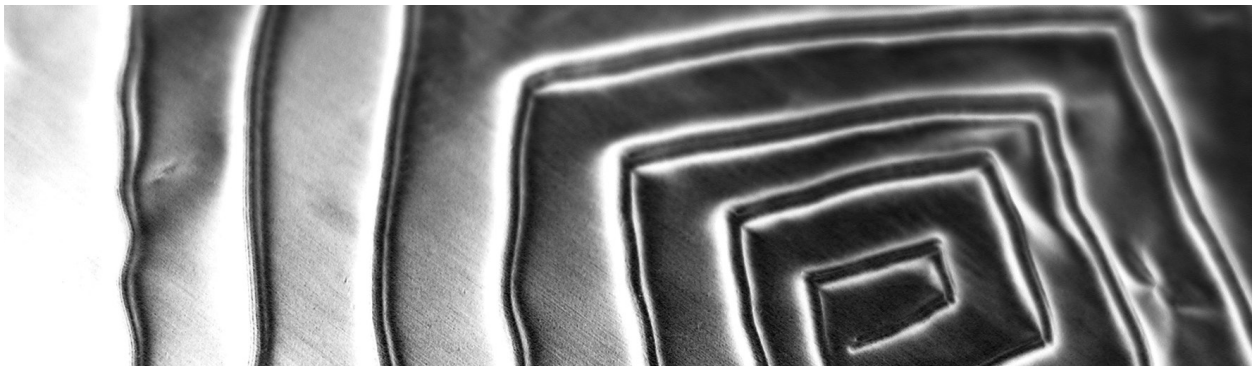
- **Get help if you can.** Develop a collaborative relationship with a prescriber if possible, discuss with friends and family, and get support developing your plan. Explain that strong emotions might come up for you. Make sure they know that withdrawal might be rough, but that withdrawal symptoms do not necessarily mean “relapse” or that you need to go back on the drug. Make a list of people to call and stay with if things get difficult. Lacking support is not necessarily an obstacle to coming off drugs – some people have done it on their own – but in general a supportive community is a crucial part of everyone’s wellness.
- **List your triggers and warning signs.** How do you know you might be heading towards crisis, and what will you do? Sleep, isolation, strong emotions, or altered states might show you need extra care and wellness support.
- **Create a “Mad Map” or “advance directive,”** which tells people what to do if you have trouble communicating or taking care of yourself. Include instructions on what to say to you, who to contact, and how to help, as well as

treatment and medication preferences. Hospitals and professionals look to your advance directive for guidance, and eventually they may be legally enforceable like a living will. Remember, the hospital is just a step in a larger learning process, not a sign of failure. Check the *National Resource Center on Psychiatric Advance Directives* at [www.nrc-pad.org](http://www.nrc-pad.org).

- **Get a comprehensive health evaluation** by a practitioner who can thoroughly assess your well-being and offer restorative and preventive ways to improve your health. **Many people with psychiatric diagnoses have unaddressed physical health problems.** Chronic medical/dental issues, toxic exposure, pain, hormone imbalance, and adrenal fatigue can all undermine your health and make it harder to reduce or go off your medications. Thyroidism, heavy metal toxicity, carbon monoxide poisoning, anemia, lupus, Celiac disease, allergies, glycemia, Addison’s and Cushing’s diseases, TBI, seizure disorders and other conditions all can mimic mental illness. Take the time to work on your physical health first, including searching for affordable options. Consider seeing a holistic practitioner: many have sliding scale or barter arrangements.







- **Pay extra attention to your health while withdrawing.** This is a stressful detoxification process. Strengthen your immune system with plenty of rest, fresh water, healthy food, exercise, sunlight, visits to nature and connections with your community. Get wellness practices in place before you begin.

## EXPLORE YOUR ATTITUDE

Believe that you *can* improve your life. With the right attitude you will be able to make positive changes, whether it is coming off, reducing your medications, or increasing your well-being. Many people, even if they've been on high doses of psychiatric drugs for decades, have gotten off, and others have reduced drugs or improved their lives in other ways. Affirm that you can take greater control of your health and life. Make sure people around you believe in your capacity to make change.

**Remember that just lowering your dosage can be a big step, and might be enough, so be flexible!** The important thing is believing you can improve your life and take charge of your medication choices.

## PREPARE TO FEEL STRONG EMOTIONS

When you go off psychiatric drugs you may have to learn new ways to work with feelings and

experiences. You may become more sensitive and vulnerable for a time. Be patient with yourself and do the best you can, with support. Remember that life constantly presents us with challenges: strong emotions are not necessarily signs of crisis or symptoms in need of more medication. It is okay to have negative feelings or altered states of consciousness sometimes: they may be part of the richness and depth of who you are. Talk with others about what you are going through, try to stay connected with sensations in your body, and gradually build up your skills. Tell people close to you what to say and do that helps.

## PLAN ALTERNATIVE COPING STRATEGIES

It's not always possible, but if you can, create alternatives *before* you start reducing. You have been relying on the drug to cope, and you may need new coping mechanisms. There are many alternatives, such as peer support groups, nutrition, holistic health, exercise, therapy, spirituality, and being in nature. Everyone is different, so it will take some time to discover the "personal medicine" that works for you. You may want to gain some confidence in your new tools before undertaking drug withdrawal. Make sure your helpers know about your alternatives, and can remind you to use them. If you can, give yourself enough time to put alternatives in place first.

# Working With Fear

Many people who have come off psychiatric drugs report that *fear* is the greatest obstacle to beginning the process. You may worry about going into the hospital again, losing a job, conflicting with friends and family, stirring powerful altered states of consciousness, facing difficult withdrawal, triggering suicidal feelings, or losing a tool you use to cope with underlying emotions and problems. And since there may be real risks, some fear makes sense.

Beginning a medication reduction is like embarking on a trip or journey: the unknown can be an exciting possibility or an intimidating threat. ***It is important to acknowledge that you may be a very different person now than when you first started taking psychiatric drugs.*** You may have grown, developed new skills, and gained new understanding. You are handling things differently than when you were first put on medication:

past stressors may no longer be present, and life circumstances may have changed. And whatever difficulties you do have aren't necessarily symptoms of a disorder or signs you need medication.

It may be helpful to list your fears and get a friend to help you examine what is real and what might be exaggerated, as well as anything you may not have thought about. Can you be realistic about your fears and honest about the different possibilities? What kind of preparations can you make? What resources, tools, and supports do you have? Can you find room for hope – and transformation?

The future doesn't necessarily have to be the same as the past: don't let a label of "disorder" or a dire prediction from a doctor convince you that change is impossible.

# Intermittent Use: Taking Drugs From Time to Time



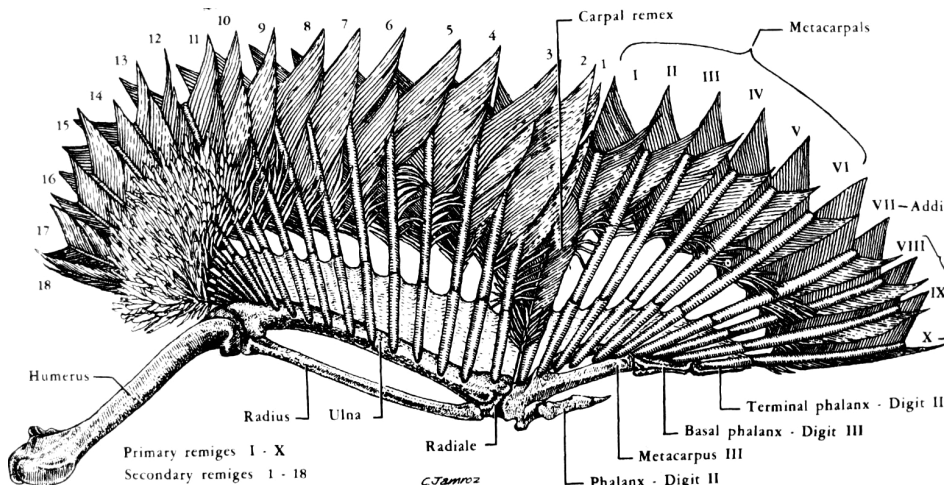
Some drugs take time to build up effect in the body, but others – especially to help with sleep and episodes of distress – work right away. It might be wise to occasionally use them to get rest, prevent crisis, or protect you when you start going into overwhelming emotional extremes. Be flexible but cautious in considering the middle ground between daily use and intermittent, as-needed use. Many people who go off drugs do take them again after some time, for example briefly using an anti-psychotic or a benzodiazepine when they feel the need. There is, however, little research on the possible risks of going off and then back on lithium, anti-depressants, or anti-convulsant medications.

# What are the Alternatives to Using Psychiatric Drugs?

- **Friendships – with people who believe in your capacity for empowerment – can be crucial.** Ideally these should be people who have seen you on your “bad days,” who you can be honest with, are there for you when you’re in trouble, and are prepared for the difficulties that can come from withdrawal. At the same time, they should be friends who know the limits of what they can offer and how to say “no” to protect themselves from burnout.
- **Consider going off recreational drugs and alcohol.** Many people are more sensitive than others, so what affects your friends one way may affect you more strongly. Abstaining from drugs and alcohol can improve your mental health, and even milder drugs like caffeine can undermine health, stability, and sleep for some people. Sugar (including sweet juices) and chocolate can also affect mood, and some people even have reactions to blood sugar levels or caffeine that get mistaken for psychosis. Be cautious about marijuana: for some it might ease withdrawal symptoms (especially CBD), while for others it can contribute to depression or psychotic crisis.
- **Rest.** Find ways to ensure a healthy sleep routine. Prescriptions might be a good backup if

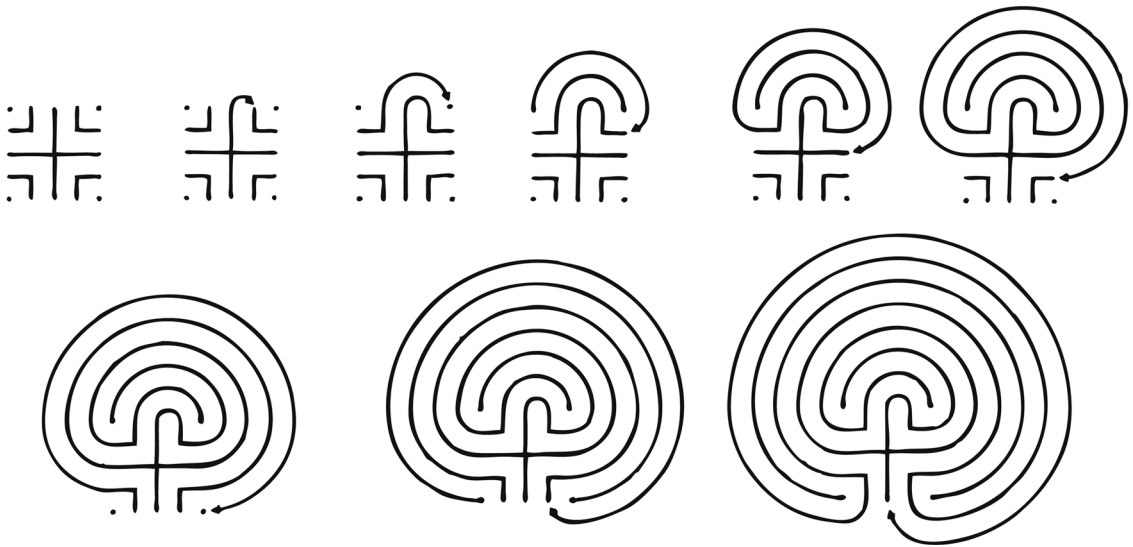
used sparingly, but start first with exercise; herbs such as valerian (occasionally), hops, and skullcap; homeopathy and acupuncture; supplements including melatonin, calcium, and magnesium; or over-the-counter products. Address any stress or conflict contributing to sleeplessness, and consider eliminating caffeine such as coffee and sodas. Even if you get enough hours, being asleep earlier than 11pm is most restful. Make your bed area peaceful, and give yourself “wind-down” time before sleep, free of computers and stimulation. Take short naps if they don’t interfere with your night schedule, and if you can’t sleep at all, resting quietly while awake can still be of benefit.

- **Wait it out.** Sometimes time is on your side, especially for withdrawal, and your natural healing process just needs patience.
- **Nutrition can play a huge role in mental stability and overall health.** Explore what foods you might be allergic to, such as gluten, caffeine, and milk. Consider taking supplements that many have found to nourish the brain and help the body heal, such as vitamin C, fish oil, essential fatty acids, vitamins D and B, amino acids (such as GABA, 5-HTP, tyrosine, and theanine), and probiotics to restore digestive



health. Eat plenty of vegetables, protein, fresh fruit, and healthy fats, and beware of sugar and junk food (try switching foods you crave with healthier alternatives). Be careful about a vegetarian or vegan diet – it might help, or without planning might make you weak and ungrounded. Some people are affected by artificial sweeteners, preservatives, and other chemicals in processed foods. Learn about food glycemic index if your blood sugar is unstable. If you take herbs or medical drugs for physical illness, consult with an herbalist about interactions with supplements, especially if you are pregnant or nursing.

- **Exercise** such as walking, stretching, sports, swimming, or bicycling can dramatically reduce anxiety and stress. Exercise also helps the body to detox. For some people, meditation is also very helpful for stress.
- **Drink plenty of fresh water** (nothing added) throughout the day: water is crucial to your body's ability to detoxify. Each glass of alcoholic drink, coffee, black tea or soft drink dehydrates you, and needs to be replaced with an equal amount of water. If your tap water is not good quality, consider a filter. If you are overheated, sweating, or become dehydrated, make sure to replenish sodium, sugar, and potassium electrolytes.
- **Chemical exposure and toxins in the environment can stress the body and cause physical and mental problems**, sometimes very severe. If you can, reduce your exposure to pollutants such as furniture and carpet fumes, household cleansers, harsh noise, paint, carbon monoxide, outdoor pollution, and fluorescent lights. Consider careful removal of mercury dental fillings. For some people, going off psychiatric drugs might make them even more sensitive to toxins for a while.
- **Take a close look at other medications you are taking** for physical diagnoses. Some, such as the steroid Prednisone, can themselves cause anxiety, sleep disturbance, and psychosis.
- **Hormones play a big role in emotional stability.** If your menstrual cycle is irregular or you have strong hormonal shifts, get support from a healthcare provider.
- **Some holistic practitioners such as homeopaths, naturopaths, herbalists, and acupuncturists will assist people reducing psychiatric drugs.** They can provide powerful, non-toxic alternatives that might help with anxiety, insomnia, and other symptoms. Try to make recommended lifestyle changes such as diet and exercise. If money is an obstacle, be persistent: some providers have sliding scale. Find a referral from someone you trust, because some alternative providers are unreliable. If you do take herbs or supplements, check for side effects or drug interactions (many doctors and mainstream sources exaggerate risks about herbs and supplements).
- **A peer support group, therapist, body-worker, or energy healer can be very helpful.** Allow yourself time to settle in as a new participant or client.
- **For many people, spirituality helps to endure suffering.** Find a practice that is non-judgmental and accepts you for who you are.
- **Being in nature and around plants and animals** can help center you and give you a bigger perspective on your situation.
- **Art, music, crafts, dancing, and creativity are powerful ways to express what is unreachable with words, and discover meaning in your ordeal.** Even a crayon sketch in a journal or a simple collage with the theme "What do I feel right now?" can be very helpful; listening to compelling music, including with earphones, is a lifeline for many people.
- **Consider on-line support networks** such as Inner Compass Withdrawal Project, [www.beyondmeds.com](http://www.beyondmeds.com), and The Icarus Project as an addition to, but if possible not replacement for, direct support.



## Coming Off: Step by Step

### REDUCING DRUG DOSAGE SAFELY

*The following are general considerations, and no single pattern fits everyone:*

- **Usually it is best to go slow and taper gradually.** Though some people are able to successfully go off quickly or all at once, withdrawing from psychiatric drugs abruptly can trigger dangerous withdrawal effects, including seizures and psychosis. Benzodiazepines and some antidepressants risk debilitating protracted withdrawal syndrome from going off too fast. As a general principle, the longer you were on the drug, the longer you might need going off. Some people take years to come off successfully.
- **Start with one drug.** Choose the drug giving you the worst negative effects, you feel is the least necessary, is likely to be easiest to get off, or the one you are most drawn to start with. (Injections wear off unevenly, so consider reducing dose, or switching/adding a pill.)
- **Make a plan and revise it as you go.** Some people may go slower or faster, but one way to start is a test of 10% or less reduction of your original dose every 2-3 weeks or longer. Do this until you reach half the original dosage, then go down by 10% of the new level. Make a chart showing dosages by date. Get pills of different size, a pill cutter (some pills shouldn't be cut), or measuring cup for liquid. For example, if you started with 400 mg. daily, you could first reduce the dose by 10 percent (40 mg.), to 360 mg. After 2 weeks or more if the feelings are tolerable, the next 40 mg. reduction would take you down to 320 mg., and so on. If you got to 200 mg. and a further drop of 40 mg. was too difficult, you could reduce by 10 percent of 200 mg. (20 mg.), and then go down to 180 mg. etc. This is just a general guideline, however, and many people do things differently; consider starting with a test dose and revising as needed.
- **If you have been on a medication a very long time,** you may want to start with an even smaller reduction and then stay there for a while. Be flexible - coming off completely might not be right for you.

- **While gradual is usually best, some side effects are so serious**, such as neuroleptic malignant syndrome or lamictal rash, that abrupt withdrawal is medically necessary. Keep up with lab tests and communicate what's happening.
- **After your first reduction, monitor any effects carefully.** Stay in close contact with your prescriber, a friend, support group, or counselor. Consider keeping a journal of your experience, maybe with someone's help. Remind yourself that if things got worse directly after you reduced the drug, they may be withdrawal effects and may pass.
- **Especially with anti-depressants and benzodiazepines**, you can sometimes ease withdrawal by switching to an equivalent dose of a similar drug with a longer "half-life" – more gradual time leaving your system. Allow yourself time, at least 2 weeks or more, to adjust to your new drug, or longer if there is difficulty switching.
- **If you need very small or irregular doses, use compound pharmacies**, or change to liquid form and a measuring cup or syringe to control dosage. Ask your pharmacist, and some brands may have different liquid potencies.
- **If you are taking anti-Parkinson's or other drugs** for side effects, remain on them until you substantially reduce the anti-psychotic, then start to gradually reduce the side-effect medication.
- **If you are taking medical drugs** along with your psychiatric drugs, dosages and effects might be interacting. Research the drugs, be especially careful and slow, and get good medical advice.
- **If you are taking a drug as needed** ("prn"), not on a set regular dosage, try to rely on it less, but keep it as an option to help you withdraw from other drugs. Then gradually stop using this drug as well. You may want to have it available for the future as a backup, such as for sleep.
- **Benzodiazepines are highly addictive** and sometimes the most difficult to come off of, especially towards the end. Abrupt withdrawal is dangerous. You may want to leave these to last.
- **It is very common for people to start the reduction process and then realize they are going a bit too fast.** If withdrawal is unbearable, too difficult, or continues for too long, increase the dose again. Give yourself two weeks or more and try again. If you still have difficulty, raise the dose and then reduce more slowly, or just stay at the dosage where you are.
- **If you do end up in crisis, see it as one step in a larger process of learning and discovery, not a failure.** If you can, resume the minimum medication needed to regain your stability, rather than starting all over again. Keep in mind that your obstacle might be the drug withdrawal itself, not underlying emotions or extreme states -- or a combination of both.
- **Remember, you may find it difficult to go off completely**, so accept this as a possibility and be flexible with your goals. Include other ways to improve your life and well-being, and wait to try again when the time is right.



## WHAT WILL IT FEEL LIKE?

Everyone is different, and it is important to keep your mind open towards what you will experience. You may not feel any withdrawal at all – or withdrawal may hit you like a ton of bricks. You might go through several rough weeks then even out, or you might notice withdrawal effects long-term.

Forty percent of people in the MIND coming off drugs study reported no significant problems withdrawing. Sometimes, however, withdrawal can be so severe you may need to try to go back on the drug or raise your dosage. It appears that the longer you have been on them, the more likely you will have significant withdrawal. General health, good support, coping tools, and a positive loving attitude can make you more able to tolerate withdrawal effects. The chemical changes in your brain can be still be dramatic, and everyone is vulnerable. Support your body's natural healing ability, and remember that time is on your side in any detoxification process. It's key to prepare for possible problems, including how to deal with crisis. Don't just expect the worst though: be open to what is happening.



The most common withdrawal effects are anxiety and trouble sleeping. Other effects cover a wide range, and can include but are not limited to: feeling generally ill, panic attacks, racing thoughts/obsessions, headaches, flu-like symptoms, depression, dizziness, fatigue, tremors, difficulty breathing, memory problems, extreme emotions, involuntary movements, muscle spasms and twitching, and nausea. Withdrawal can also trigger crisis, personality changes, mania, psychosis, delusions, agitation, and other psychiatric symptoms. Symptoms associated with anti-depressants can include severe agitation, “electrical jolts,” suicidality, self-harm such as cutting, and aggression. Often people report the worst withdrawal effects at the end of the coming off process, when they have reduced their dosage to nearly zero. Be creative and flexible.

Withdrawal from lithium and anti-seizure “mood stabilizer” drugs does not appear to act on neurotransmitters, but on electrical and blood flow to the brain, which can lead to withdrawal effects similar to other drugs. Lithium can create much greater susceptibility to mania during withdrawal, and sudden withdrawal from anti-convulsant or anti-seizure medications can trigger seizures. Be especially cautious with reducing these drugs.

All of these effects may subside in a few days, weeks, or more, so it is important to be as patient as you can. Detoxing and emotional adjustment can last months or even a year or more, as you learn to deal with feelings and experiences that have been suppressed by the drugs and as your brain and body recover. ***For many people the most difficult part is at the end or after you are off the drugs and struggling with your emotions and experiences, including long-term detoxification and healing.***

Neuroleptic malignant syndrome is a very serious condition which can develop as an adverse effect and sometimes during withdrawal. It can be life-threatening and involves changes in consciousness, abnormal movements and fever. If you have been on neuroleptic anti-psychotics and have any of these symptoms, it is important to discontinue the drug and seek medical treatment. Tardive psychosis is a condition of extreme

agitation, vomiting, muscle twitching, and psychotic symptoms that persist when you withdraw from neuroleptic anti-psychotics. These symptoms usually diminish when the dose is increased again. Once you feel better, start again with a more gradual reduction.

## **IDENTIFYING WITHDRAWAL, RETURNING EMOTIONS, AND NEW CHALLENGES**

Not all painful symptoms when coming off medications are part of withdrawal: you may experience a return of difficult emotions or extreme states which the drug has been helping to suppress, or new emotions. Withdrawal symptoms tend to begin right after a dosage reduction, and may ease over time as your brain adjusts: you may need to just wait it out. Returning or new emotions could

take longer to resolve, and may need to be worked through with active engagement and understanding. There is no definitive way to distinguish between them, especially with the role of the placebo effect and expectation. If the symptoms are unbearable or too disruptive, you may be going too fast. Consider increasing the dosage and trying again more slowly.

If the withdrawal symptoms remain intolerable, you may decide to remain on the medication longer term. Your body may have developed a dependency, and the risk of this dependence increases the longer you have been taking the drugs. Long term dependency tends to be more likely with Paxil, the benzodiazepines, and neuroleptic anti-psychotics. Stay at the same dosage for a while, and keep focused on the bigger goal of improving your life.

## **I Think Someone is Overmedicated, What Should I Do?**

Sometimes people don't realize they are overmedicated, or they have a hard time speaking up or having hope for change. And psychiatric drugs can be very intoxicating, like someone who is so drunk they don't realize they are drunk. If you notice tremors, excessive sleeping, body stiffness, blunted emotions, agitation, severe weight gain, slowness, cognitive impairment, or other possible signs of overmedication, don't just assume the doctor is taking care of it. *Be an active bystander.* Affirm your respect for the person's decisions, but raise the issue gently. Don't judge or jump to conclusions, just stick to what you notice and ask the person if they notice it too. Ask whether they told their prescriber and what the response was. Start a dialogue about the risks and benefits of their medication choices, and if the person is especially withdrawn or passive, consider approaching friends, family, or any professionals who work with them. Don't let your own bias and fears get in the way – you don't know what it is like to be them – but do become involved, and make sure what you observe is communicated clearly. It can take people time to make real changes, but “choice” shouldn't become an excuse for neglect. Help the person get support to speak up, and remind them they have options.





## Looking to the Future

Suffering can put diagnosis and medications at the center of our identity. While attention to mental health may be lifesaving for a time, we reach a point where we need to rejoin the larger community, and focus more on our gifts, talents, and positive contributions. As you improve your relationship to your medications, ask yourself: How did crisis interrupt my life, and what do I want to regain? What are my future plans? Where do my dreams lead me? What can I offer others? The lessons you learned are very valuable, so consider sharing your experience. You may want to write or video your story, and close one life chapter to begin a new one.

***Whether it's coming off completely, reducing your medications to a better level, or just gaining a greater sense of control, celebrate your new empowerment.*** Being human isn't about living without hardship or scars: it is about following and expressing your deepest truth. Even if you have a diagnosis, take medications, or have lived through crisis, you are still a full and equal human being. Your suffering made you who you are today, and it might have even made you wiser.



## Afterward: Special Considerations

### DRUGS IN LIQUID FORM, HALF-LIFE, AND COMPOUND PHARMACIES

Switching to the liquid form of a drug gives you greater control over reducing the dosage slowly; ask your pharmacist, as some brands may have different potencies. You can also go to a “compound pharmacy” (found on the internet) that will mix your drug into doses of your specification. Some pills can be dissolved in water, and a pill cutter can also be useful (time released and other pills should not be cut or dissolved, so ask a pharmacist).

“Half-life” means how abruptly the drug washes out of your system when you stop taking it. Shorter half-lives means the drug leaves your body faster. Withdrawal effects will likely be more difficult on drugs with shorter half-lives, so you may want to switch drugs of equivalent dosage with longer half-lives before reducing. That way you are taking the same dosage but on a drug that will leave your system more gradually.

### CHILDREN AND PSYCHIATRIC DRUGS

More and more young adults and children, and even infants, are being given psychiatric diagnoses and put on psychiatric drugs. Most prescriptions are stimulants for ADHD, but the number of anti-psychotic neuroleptics and other drugs is growing. This is a trend that reflects aggressive marketing by pharmaceutical companies.

No long term studies exist on the impact of psychiatric drugs for children. Some prescribed drugs are not even FDA approved for child use. Only recently has psychiatry accepted diagnosing children with mental illnesses: in the past they were considered still developing with changing personalities, and not subject to the same criteria as adults.

The exact extent of drug risks to children is unknown, and companies have not been honest. For example, it took years of pressure before anti-depressant packaging carried the “black box” warning that they could cause suicide, or warnings on ADHD drugs that they can cause addiction and psychosis.

#### ***Child behavioral problems are very real, and families do need help in dealing with them.***

However, trying to solve these problems with drugs raises serious issues. Unlike adults, children do not have the legal right to refuse drugs. The brains and bodies of children are still forming and exceptionally vulnerable. Child personalities are very influenced by their surroundings and the support they receive, making it even more difficult to assess the nature of behavioral problems. Some families are under growing pressure to compete and perform at school, including getting the additional help that medication and a “special needs” status can provide. Labeling can bring lifelong stigma and create an expectation that a child cannot change.

Confusing matters more is that sometimes children with behavioral problems get attention – punishment or different treatment – when they do the very behaviors that are a problem, which can end up inadvertently reinforcing the behavior. Children also sometimes become the “identified patient” of a family system or community that itself need help to change. Child problems can reflect larger problems overlooked by diagnosis.

Because of their youth, the relatively short time they are usually on drugs, their physical resilience, and the way their lives are supervised, children are often very suited for reducing and going off psychiatric drugs. Creating alternatives often means trial and error: addressing the needs of parents, working on family conflicts, and changing



the circumstances the children are living in. While many pressures on families are economic and circumstantial, parenting skills classes and family therapy have proven effective and helpful, as are many other alternatives including diet, exercise, sleep, homeopathy, and being in nature.

## **LAWSUITS**

If you have taken a psychiatric drug and experienced any negative effects, including difficulty withdrawing, you may be eligible to file suit against the drug manufacturer if they acted improperly. This is especially true about newer drugs. Over the years thousands of people on psychiatric drugs have received settlements totaling billions of dollars. Contact a reputable lawyer for information.

## **FUTURE DRUGS**

Pharmaceutical companies plan to introduce a wide range of new drugs in the future. Many of these drugs will be marketed as improvements over past drugs.

The industry's record should make us skeptical about these innovations. Repeatedly drugs are brought to market as "new and improved." Then serious problems and toxic effects are revealed, corruption is exposed, and lawsuits are filed. The the next cycle begins, with "new and improved"

drugs introduced once again. The "atypical" anti-psychotics are a clear example.

Medications lose their profitability when their patents expire after a few years. It is in companies' interest to pit new, expensive drugs against older, cheaper ones available generically, even when they have to deceive the public to do so.

Marketing new drugs amounts to social experimentation. There is huge potential for dangerous negative effects and abuse. Like past drugs, miraculous claims are likely to give way to scandal.

## **CHOICE AND "DO NO HARM"**

Medication prescribers have a responsibility to work collaboratively with clients and respect their choices about treatments. At the same time, prescribers are bound by the principle of "do no harm." This means that when there are signs of overmedication, adverse effects that aren't justified by usefulness, or if a client wants to take medications that are dangerous or only contribute to addiction, the prescriber cannot just go along. They should inform patients about why they disagree, on grounds of medical ethics, and work to find viable alternatives. Otherwise respect for choice can become an excuse for neglecting clients' real needs.



## “INSIGHT” AND FORCED DRUGGING

The mental health system sometimes forces people to take psychiatric drugs against their will, with the justification that they lack insight and risk harming themselves, harming others, or can't take care of themselves. In practice, the definition of “insight” and “risk of harm to self or others” is very blurry and subjective. It can depend on the doctor you get, the facility you are in, or even what your parents think is best, rather than any objective standard. Being in conflict, or acting in ways others don't know how to control, can lead to forced drugging, and force is often a convenience for overworked staff untrained to help in other ways. Sometimes people are forced onto drugs just for yelling, or for cutting (which is usually not a suicide attempt). Biological theories that say people “need their medication” are used to support forced drugging, and in many court settings, “lacking insight” amounts to disagreeing with a psychiatrist who thinks you are sick and should be medicated.

The legacy of psychiatric treatment is violent and abusive. Today, thanks to patients' rights activism and the psychiatric survivor movement, laws often do recognize the harm that can be done by forced drugging, and there are protections that mandate the least intrusive, and least harmful, treatments be used. These protections, however, are rarely fully followed, and few alternatives receive funding.

***Forcing people into treatment and taking drugs often traumatizes them and makes things worse, creating fear and avoidance of help.*** Force undermines a healing relationship, and violates the human right to integrity of mind and sense of self. Drugging and locking someone up because of “risk” is a double standard that can deny someone's freedom just because professionals are afraid of something they can't predict. While some people do feel helped by an involuntary hospitalization or forced drugging, the rights infringement and dangers of trauma are too great, especially when other, voluntary approaches can be tried but aren't. We need alternatives to the ‘either-force-or-nothing’ trap.

Sometimes people seem to “lack insight” or be unable to acknowledge problems, but this is one person's opinion about someone, and not grounds to label others with a medical disorder and take away basic rights. *Trying and then learning from mistakes is how people grow.* Even people who are in trouble and making bad choices need the same opportunity as everyone else to discover and learn. What someone else considers “self-destructive” may be the best way a person knows how to learn and cope, given other things they are struggling with: forced treatment may be more damaging than someone's “self-destructive” behavior. Sometimes spiritual states of consciousness, nonconformist beliefs, conflicts with family members, or trauma are called “lack of insight,” but they deserve to be listened to, not made into illnesses.



People do need help, but help should also do no harm, and should be based on what the person defines help to be, not what others define for them. From the outside, cutting, suicidal thoughts, or recreational drug use might seem like the most important issue, but the person themselves may decide they need help with housing, an abusive boyfriend, or access to health care. We need a mental health system based on voluntary services, compassion, and patience, not force, control, and paternalism. We also need communities taking more responsibility to care for each other.

If people have a hard time communicating, they have a right to supportive helper advocates who can bridge the gap between madness and “ordinary” reality. When people need help, gentleness, flexibility, patience and acceptance usually work best. Because forced drugging claims to act in the patient’s best interest, “advance directives” can help people define for themselves what they want and don’t want. Advance directives are like a living will for crisis, where you give instructions on what to do, who to contact, and treatment preferences (including leaving you alone) in case you are in crisis and having a hard time communicating. Advance directives are not legally binding (which may change through movement advocacy), but do sometimes carry weight in how people are treated.

## **REDEFINING “NORMAL”**

What is the definition of “normal?” New research supports the harm reduction principle that it’s not always best to just get rid of everything considered a “symptom.” Madness shouldn’t be indulged or romanticized, but consider this: many people learn how to live with hearing voices; suicidal feelings are more common than we realize and can be part of a need for change; and depression might be a part of the creative process. Sometimes paranoia is a message about abuse, or reflects sensitivity to nonverbal communication; self-injury is often a useful way to cope with overwhelming trauma; believing the universe is talking to you is shared by

many world religions; and manic states can be an escape from impossible circumstances to find deep spiritual truths. Even falling in love often feels like going crazy.

These experiences are unusual and mysterious - and can make it impossible to work or go to school - but rather than just suppressing them with powerful drugs, what if we included these part of humanity’s mental diversity? Might they be worth exploring to discover their meaning and purpose? Could madness be like other human challenges in life, offering us opportunities to discover and transform who we are?

Many cultures have better rates of recovery when they welcome people in extreme states rather than excluding them; all societies should find a place for anyone going through madness. To redefine normal, our communities need to talk more openly about emotional suffering and the limits of psychiatric treatments. “Coming out” with our mental difference could lead the way to social change.

**They told me I had  
schizophrenia.**



**I told them I  
had a bicycle.**

# Resources

If you are looking for information about psychiatric drugs and mental disorders, consult the following sources and references we used to write this guide.

## FREE DOWNLOADS AND TRANSLATIONS:

This Guide is available free in several languages in online and printer-ready versions. **You have permission to print, copy, share, link, and distribute** as long as you don't alter or sell it. [www.willhall.net/comingoffmeds](http://www.willhall.net/comingoffmeds)

## KEY RESOURCES

**Inner Compass Withdrawal Project** <http://bit.ly/yPjusy>

**MIND “Making Sense of Coming Off Psychiatric Drugs”** <http://bit.ly/yPjusy>

**“Understanding Psychosis and Schizophrenia” British Psychological Society**  
<http://bit.ly/IRtRSIT> <http://bit.ly/IRrXzDO>

**Coming Off Psychiatric Drugs: Successful Withdrawal from Neuroleptics, Antidepressants, Lithium, Carbamazepine and Tranquillizers**  
Peter Lehmann, ed. [www.peter-lehmann-publishing.com](http://www.peter-lehmann-publishing.com)

**Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America** by Robert Whitaker, Crown Books 2010.

[www.beyondmeds.com](http://www.beyondmeds.com)

**Coming Off Psychiatric Drugs: A Harm Reduction Approach** video with Will Hall <http://bit.ly/zAMTRF>

**Psychiatric Drug Withdrawal: A Guide for Prescribers, Therapists, Patients and their Families**  
by Peter Breggin, Springer Publishing, 2012

**Coming Off Psych Drugs: A Meeting of Minds**  
film by Daniel Mackler <http://bit.ly/1UcVqNh>

[www.SurvingAntidepressants.org](http://www.SurvingAntidepressants.org)

**Gaining Autonomy on Medication GAM**  
<http://bit.ly/GAM20>

## COMING OFF MEDICATIONS SUPPORT

**Antidepressant Solution: A Step-By Step guide to Safely Overcoming Antidepressant Withdrawal**  
by Joseph Glenmullen Free Press, 2006

**Benzo Buddies**  
[www.benzobuddies.org](http://www.benzobuddies.org)

**Benzodiazepines: Co-operation Not Confrontation**  
[www.bcnc.org.uk](http://www.bcnc.org.uk)

**Benzodiazepines: How They Work and How To Withdraw (The Ashton Manual)**  
by C. Heather Ashton

**Benzo.org**  
[www.benzo.org.uk](http://www.benzo.org.uk)

**Benzo Withdrawal Forum**  
<http://benzowithdrawal.com/forum/>

**Benzo-Wise: A Recovery Companion**  
V. Baylissa Frederick 2009, Campanile Publishing

**Bristol & District Tranquilliser Project**  
[www.btpinfo.org.uk/](http://www.btpinfo.org.uk/)

**Council for information on Tranquillizers, Antidepressants, and Painkillers**  
[www.citawithdrawal.org.uk/](http://www.citawithdrawal.org.uk/)

**Doing Without Drugs: A Guide for Non-Users and Users** 1991 Sylvia Caras,  
[www.peoplewho.org/documents/doingwithoutdrugs.htm](http://www.peoplewho.org/documents/doingwithoutdrugs.htm)

**Halting SSRI's**  
David Healy [www.mind.org.uk/NR/rdonlyres/59D68F19-F69C-4613-BD40-A0D8B38D1410/0/](http://www.mind.org.uk/NR/rdonlyres/59D68F19-F69C-4613-BD40-A0D8B38D1410/0/)  
DavidHealyHaltingSSRIs.pdf

**Paxil and Withdrawal FAQ**  
[www.paxilprogress.org/](http://www.paxilprogress.org/)

**Protocol for the Withdrawal of SSRI Antidepressants**

David Healy [www.benzo.org.uk/healy.htm](http://www.benzo.org.uk/healy.htm)

**Psychiatric Drug Withdrawal Primer**

Monica Cassani <http://bipolarblast.wordpress.com/2009/09/22/psychiatric-drug-withdrawal-primer/>

**Recovery Road - tranquilizer and anti-depressant dependency**

<http://recovery-road.org/>

**Schizophrenia & Natural Remedies  
Withdrawing Safely from Psychiatric Drugs**

Dr Maureen B. Roberts [www.jungcircle.com/schiznatural.htm](http://www.jungcircle.com/schiznatural.htm)

**Surviving Antidepressants**

<http://survivingantidepressants.org/>

**The Icarus Project**

[www.theicarusproject.net](http://www.theicarusproject.net)

**Tranquilizer Recovery and Awareness Place**

[www.non-benzodiazepines.org.uk/benzo-faq.html](http://www.non-benzodiazepines.org.uk/benzo-faq.html)

**Your Drug May Be Your Problem: How and Why to Stop Taking Psychiatric Medications**

Peter Breggin and David Cohen HarperCollins Publishers, 2007

## MEDICATION RESOURCES

**“Addressing Non-Adherence to Antipsychotic Medication: a Harm-Reduction Approach”**

by Matthew Aldridge, *Journal of Psychiatric Mental Health Nursing*, Feb, 2012 <http://bit.ly/wbUA6A>

**Critical Thinking RX**

[www.criticalthinkrx.org](http://www.criticalthinkrx.org)

**Depression Expression: Raising Questions About Antidepressants**

[www.greenspiration.org](http://www.greenspiration.org)

**“Drug Companies and Doctors: a Story of Corruption”** Marcia Angell, *New York Review of Books*, 2009

**“Full Disclosure: Towards a Participatory and Risk-Limiting Approach to Neuroleptic Drugs”**

Volkmar Aderhold and Peter Stastny [www.psychrights.org/Research/Digest/NLPs/EHPPAderholdandStastnyonNeuroleptics.pdf](http://www.psychrights.org/Research/Digest/NLPs/EHPPAderholdandStastnyonNeuroleptics.pdf)

**The Heart and Soul of Change**

<http://heartandsoulofchange.com/resources/psychiatric-drugs/>

**“How do psychiatric drugs work?”** Joanna Moncrieff and David Cohen *British Medical Journal* 2009; 338 [www.mentalhealth.freeuk.com/howwork.pdf](http://www.mentalhealth.freeuk.com/howwork.pdf)

**MIND “Coping With Coming Off” Study**

[www.mind.org.uk/help/information\\_and\\_advice](http://www.mind.org.uk/help/information_and_advice), [www.portland-hearingvoices.net/files/MINDUKCopingWithComingOffPsychiatricDrugs2005.pdf](http://www.portland-hearingvoices.net/files/MINDUKCopingWithComingOffPsychiatricDrugs2005.pdf)

**My Self Management Guide to Psychiatric Medications**

Association des Groupes d'Intervention en Defense des Droits en Sante Mentale du Quebec

**Peer Statement on Medication Optimization and Alternatives**

<http://bit.ly/hIT3Fk>

**Take These Broken Wings: Recovery From Schizophrenia without Medication - film**

<http://www.iraesoul.com/dvd1.html>





# GENERAL RESOURCES

## **Alliance for Human Research Protection**

<http://ahrp.blogspot.com/>

## **Alternatives Beyond Psychiatry**

edited by Peter Stastny and Peter Lehmann

[www.peter-lehmann-publishing.com/books/without.htm](http://www.peter-lehmann-publishing.com/books/without.htm)

## **Daniel Mackler**

[www.iraesoul.com/](http://www.iraesoul.com/)

## **Families Healing Together**

[www.familieshealingtogether.com](http://www.familieshealingtogether.com)

## **Harm Reduction Coalition**

[www.harmreduction.org](http://www.harmreduction.org)

## **Healing Voices film**

[www.healingvoicesmovie.com](http://www.healingvoicesmovie.com)

## **Hearing Voices Network**

[www.intervoiceonline.org](http://www.intervoiceonline.org); [www.hearing-voices.org](http://www.hearing-voices.org)

## **Hearing Voices Network USA**

[www.hearingvoicesusa.org](http://www.hearingvoicesusa.org)

**The Heart and Soul of Change, Second Edition: Delivering What Works in Therapy.** Duncan, Barry et. al, eds. American Psychological Association, 2009.

## **Law Project for Psychiatric Rights**

[www.psychrights.org](http://www.psychrights.org)

## **International Network Towards Alternatives and Recovery**

[www.intar.org](http://www.intar.org)

## **Philip Dawdy**

[www.furiousseasons.com](http://www.furiousseasons.com)

## **Pat Deegan**

[www.patdeegan.com](http://www.patdeegan.com)

## **Emotional CPR**

[www.emotional-cpr.org/](http://www.emotional-cpr.org/)

## **Factsheets and Booklets**

by MIND UK

[www.mind.org.uk/Information/Factsheets](http://www.mind.org.uk/Information/Factsheets)

## **Foundation for Excellence in Mental Health Care**

[www.femhc.org](http://www.femhc.org)

## **Mad In America: Bad Science, Bad Medicine, and the Enduring Mistreatment of the Mentally Ill**

by Robert Whitaker, Perseus Publishing

## **Mad In America**

[www.madinamerica.com](http://www.madinamerica.com)

## **Madness Radio: Voices and Visions From Outside Mental Health**

[www.madnessradio.com](http://www.madnessradio.com)

## **Manufacturing Depression: The Secret History of a Modern Disease**

by Gary Greenberg, Simon & Schuster 2010 [www.garygreenbergonline.com](http://www.garygreenbergonline.com)

## **MIND National Association for Mental Health (UK)**

[www.mind.org.uk](http://www.mind.org.uk)

## **The Mood Cure: The 4-Step Program to Rebalance Your Emotional Chemistry and Rediscover Your Natural Sense of Well-Being**

by Julia Ross, Viking Adult publishers, 2002.

## **National Coalition for Mental Health Recovery**

[www.ncmhr.org/](http://www.ncmhr.org/)

## **National Resource Center on Psychiatric Advance Directives**

[www.nrc-pad.org](http://www.nrc-pad.org)

## **Open Dialogue**

[www.dialogicpractice.net](http://www.dialogicpractice.net)

## **Outside Mental Health: Voices and Visions of Madness**

by Will Hall, Madness Radio, 2016

## **Peter Lehmann Publishing**

[www.peter-lehmann-publishing.com](http://www.peter-lehmann-publishing.com)

## **Portland Hearing Voices**

[www.portlandhearingvoices.net](http://www.portlandhearingvoices.net)

## **Ron Unger**

<http://recoveryfromschizophrenia.org/>

## **Self-Injurer's Bill Of Rights**

[www.selfinjury.org/docs/brights.html](http://www.selfinjury.org/docs/brights.html)

## **Soteria Associates**

[www.moshersoteria.com](http://www.moshersoteria.com)

**Trauma and Recovery The Aftermath of Violence-  
-from Domestic Abuse to Political Terror**

by Judith Herman, Basic Books, 1997

**Universal Declaration of Mental Rights and  
Freedoms**

www.adbusters.org

**Venus Rising Association for Transformation**

www.shamanicbreathwork.org

**Healing Schizophrenia: Using Medication Wisely**

by John Watkins, Michelle Anderson Publishing 2006.

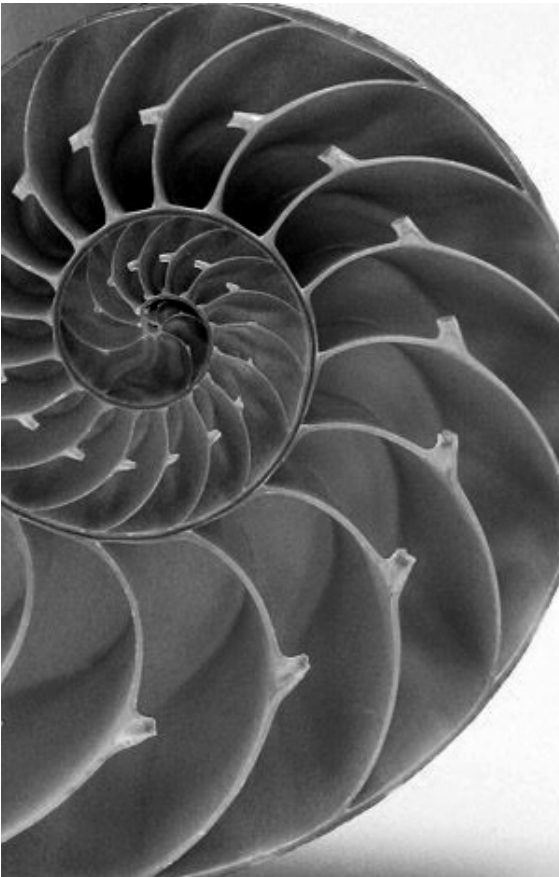
**Wellness Recovery Action Plan**

by Mary Ellen Copeland

www.mentalhealthrecovery.com

**Will Hall Counseling and Consulting**

www.willhall.net



## SCIENTIFIC STUDIES

**“Are Bad Sleeping Habits Driving Us Mad?”** Emma Young, *New Scientist*, 18 February 2009

**“Are Schizophrenia Drugs Always Needed?”** Benedict Carey, *The New York Times*, March 21, 2006

www.freedom-center.org/pdf/

NYT3-21-06AreSchizophreniaDrugsAlwaysNeeded.pdf

**“Atypical Antipsychotics in the Treatment of Schizophrenia: Systematic Overview and Meta-regression Analysis”** John Geddes, et al., *British Medical Journal*. 2000; 321:1371-1376 (2 December). Cited in “Leading Drugs for Psychosis Come Under New Scrutiny” Erica Goode, *The New York Times*, May 20, 2003

**“Brain Volume Changes After Withdrawal of Atypical Antipsychotics in Patients with First-episode Schizophrenia”** G. Boonstra, et al., *J Clin Psychopharmacol*. Apr;31(2):146-53 2011

**“The Case Against Antipsychotic Drugs: a 50 Year Record of Doing More Harm Than Good”** Robert Whitaker, *Med Hypotheses*. 62: 5-13 2004

**“Childhood trauma, psychosis and schizophrenia: a literature review with theoretical and clinical implications.”** J. Read, et al., *Acta Psychiatr Scand* 2005

**“Diagnosis and Management of Benzodiazepine Dependence”** Heather Ashton, *Current Opinion in Psychiatry* 18(3):249-255, May 2005

**“Does treatment of schizophrenia with antipsychotic medications eliminate or reduce psychosis? A 20-year multi-follow-up study”** Harrow, M. et al. *Psychological Medicine* 2014 .<http://bit.ly/1Us0MDz>

**Drug-Induced Dementia: A Perfect Crime**  
Grace E. Jackson MD, AuthorHouse 2009

**“The Emperor’s New Drugs: An Analysis of Anti-depressant Medication Data Submitted to the U.S. Food and Drug Administration”** by Irving Kirsch, et. al. *Prevention & Treatment*. July; 5(1) 2002

**“Effects of the Rate of Discontinuing Lithium Maintenance Treatment in Bipolar Disorders”** RJ Baldessarini, *Journal of Clinical Psychiatry* 57:441-8, 1996

**“Factors Involved in Outcome and Recovery in Schizophrenia Patients Not on Antipsychotic Medications: A 15-Year Multifollow-Up Study”** Martin Harrow and Thomas H. Jobe, *Journal of Nervous & Mental Disease*. 195(5):406-414 May 2007 <http://bit.ly/lpTIYVs>

**“Empirical correction of seven myths about schizophrenia with implications for treatment.”** C. Harding *Acta Psychiatrica Scandinavica* 384, suppl., 14-16, 1994 <http://psychrights.org/research/Digest/Chronicity/myths.pdf>

**“The Vermont Longitudinal Study of Persons with Severe Mental Illness, I. Methodology, study sample, and overall status 32 years later.”** C.M. Harding, et al. *American Journal of Psychiatry*. 144: 718-28., 1987

**“Illness Risk Following Rapid Versus Gradual Discontinuation of Antidepressants”** Rj Baldessarini, *American Journal of Psychiatry*, 167:934–941, 2010

**“Initiation and Adaptation: a Paradigm for Understanding Psychotropic Drug Action”** SE Hyman and EJ Nestler *Am J Psychiatry*, 153:151-162, 1996

**“Is Active Psychosis Neurotoxic?”** T. H. McGlashan *Schizophrenia Bulletin* vol. 32 no. 2006

**“Is it Prozac, Or Placebo?”** by Gary Greenberg *Mother Jones*. 2003; <http://bit.ly/MDUbjQ>

**“The Latest Mania: Selling Bipolar Disorder”** David Healy *PLoS Medicine*. Vol. 3, No. 4, e185

**“Long-term Antipsychotic Treatment and Brain Volumes”** Beng-Choon Ho, et al. *Arch Gen Psychiatry*. 68, 2011

**“Long-Term Follow-Up Studies of Schizophrenia”** by Brian Koehler [http://isps-us.org/koehler/longterm\\_followup.htm](http://isps-us.org/koehler/longterm_followup.htm)

**MIND Coping With Coming Off Study**  
[www.mind.org.uk/NR/rdonlyres/BF6D3FC0-4866-43B5-8BCA-B3EE10202326/3331/CWCOREportweb.pdf](http://www.mind.org.uk/NR/rdonlyres/BF6D3FC0-4866-43B5-8BCA-B3EE10202326/3331/CWCOREportweb.pdf)  
or <http://snipurl.com/MINDComingOffStudy>

**“Rethinking Models of Psychotropic Drug Action”**  
J. Moncreiff and D.Cohen, *Psychotherapy and Psychosomatics* 74:145-153, 2005

**The Myth of the Chemical Cure**  
Joanna Moncreiff, Palgrave Macmillan, 2008.

**“Needed: Critical Thinking About Psychiatric Medications”** David Cohen, Ph.D [www.ahrp.org/about/CohenPsychMed0504.pdf](http://www.ahrp.org/about/CohenPsychMed0504.pdf)

**“Gradual, 10% Dose Reductions Dramatically Reduce Antidepressant Discontinuation Symptoms: Presentation at the Canadian Psychiatric Association”** Alison Palkhivala, Nov. 2007 <http://www.docguide.com/gradual-10-dose-reductions-dramatically-reduce-antidepressant-discontinuation-symptoms-presented-cpa>

**“Paper In New ‘Psychosis’ Journal Shows Many Patients Do Better Without Psychiatric Drugs”**  
*Medical News Today* Mar 2009

**“Physical Illness Manifesting as Psychiatric Disease. Analysis of a State Hospital Inpatient Population”**  
Hall RC, et. al. *Arch Gen Psychiatry*. Sep;37(9):989-95. 1980

**“Predictors of Antipsychotic Withdrawal or Dose Reduction in a Randomized Controlled Trial of Provider Education”** Meador KG, *J Am Geriatr Soc*. Feb;45(2):207-10. 1997

**“Prevalence of Celiac Disease and Gluten Sensitivity in the United States Clinical Antipsychotic Trials of Intervention Effectiveness Study Population”**  
Cascella., N et al. *Schiz. Bull* doi: 10.1093/schbul/sbp055 2009



**Evelyn Pringle**

[www.opednews.com/author/author58.html](http://www.opednews.com/author/author58.html)

**Psychiatric Drugs**

Dr. Caligari, 1984

**“Psychiatric Drugs as Agents of Trauma”** Charles L. Whitfield, *The International Journal of Risk & Safety in Medicine* 22 (2010)

**“Psychiatric Drug Promotion and the Politics of Neoliberalism”** by Joanna Moncrieff  
*The British Journal of Psychiatry*. 2006; 188: 301-302. doi: 10.1192/bjp.188.4.301

**“Psychosocial Treatment, Antipsychotic Postponement, and Low-dose Medication Strategies in First Episode Psychosis”** Bola, J. R., Lehtinen, K., Cullberg, J., & Ciompi, L. (2009) *Psychosis: Psychological, social and integrative approaches*, 1(1), 4-18

**“Are There Schizophrenics for Whom Drugs May be Unnecessary or Contraindicated?”** M. Rappaport, *International Pharmacopsychiatry* 13, 100-111, 1978

**“Prejudice and Schizophrenia: a Review of the “Mental Illness is an Illness Like Any Other” Approach”** Read, John et al. [www.vermontrecovery.com/files/Download/foramanda.pdf](http://www.vermontrecovery.com/files/Download/foramanda.pdf)

**“Recovery in remitted first-episode psychosis at 7 years of follow-up”** Wunderlink et al. *Journal of American Medical Association* Sept 2013 <http://1.usa.gov/1TXw997>

**Rethinking Psychiatric Drugs: A Guide for Informed Consent**

Grace Jackson, AuthorHouse Publishing, 2009

**“Review of ‘The First Episode of Psychosis: A Guide for Patients and Their Families’”** by John Bola and Will Hall. *Best Practices in Mental Health: An International Journal*, 6(2), 138-142. (2010)

**“Five-year experience of first-episode nonaffective psychosis in open-dialogue approach: Treatment principles, follow-up outcomes, and two case studies”** Seikkula, J. *Psychotherapy Research* 16(2): 214-228, 2006

**“Schizophrenia, Neuroleptic Medication, and Mortality”** Joumkaa, M., et al. (2006) *British Journal of Psychiatry*, 188, 122-127, <http://bit.ly/KIGxyu>

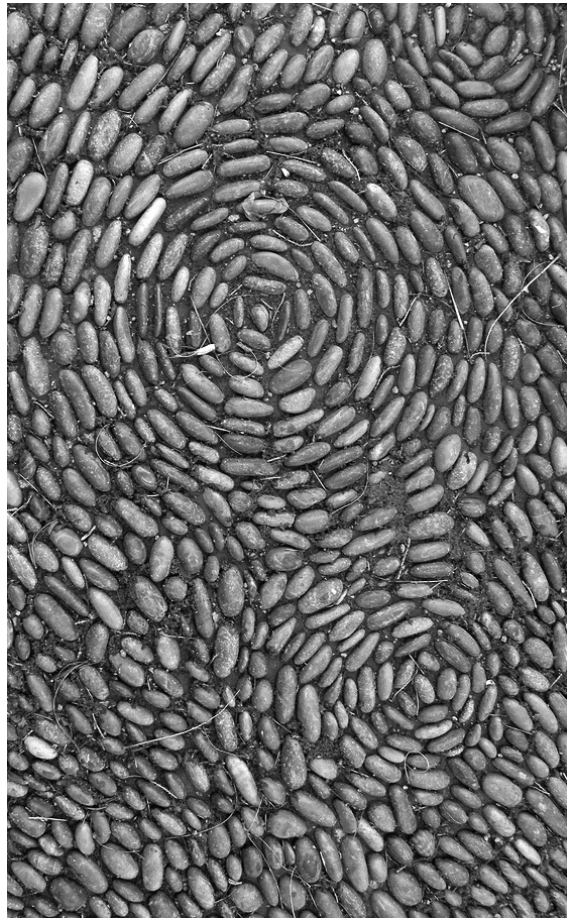
**“Serotonin and Depression: A Disconnect between the Advertisements and the Scientific Literature”** J.R. Lacasse and J. Leo *PLoS Med*. 2005; 2(12): e392 doi:10.1371/journal.pmed.0020392

**“Soteria and Other Alternatives to Acute Psychiatric Hospitalization: A Personal and Professional Review”**  
Loren Mosher *Journal of Nervous and Mental Disease*. 1999; 187:142-149

**“Pay Attention: Ritalin Acts Much Like Cocaine”**  
Vastag, B. 2001. *Journal of Am Med Association*, 286, 905-906

**“Clinical Risk Following Abrupt and Gradual Withdrawal of Maintenance Neuroleptic Treatment”** Viguera, AC, *Arch Gen Psych*. 54:49-55, 1997

**“Withdrawal Syndromes Associated with Antipsychotic Drugs”** G Gardos, et al. *Am J Psychiatry* 1978; 135



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*While not co-authors, the following 61 health care professionals are experienced with helping people come off psychiatric drugs. They reviewed this guide for its usefulness, and we thank them for their involvement:*

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Publisher, Beyond Meds website

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