

DETERMINING OUR OWN FUTURE: The way forward for all European users and survivors of psychiatry. Thessaloniki, September 28 – October 1, 2010

## **Working Group 2: Researching suicide as an outcome of psychiatric treatment**

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**Abstract:** There is anecdotal and expert evidence that suicide can be an outcome of psychiatric treatment including psychotropic drugs (especially neuroleptics), electroshock and restraint, as well as from the psychological impact of diagnosis, discrimination and stigmatisation. However this evidence can be hard to collect and verify as it runs counter to the belief systems which underpin psychiatry. Moreover, there is evidence that many randomised controlled trials, especially those run or funded by the pharmaceutical industry fail to report suicides of people undergoing treatment, and there has been no support for research on possible iatrogenic causes of suicide. Aim: This workshop will explore the available evidence for the proposition that psychiatric treatment can be the cause of suicide and discuss ways in which research led by users and survivors of psychiatry could begin to investigate this issue and focus more attention on it.

**Report** (by a participant of the working-group and the facilitators)

The reasons that can lead a person to commit suicide were presented, analyzed and discussed: Among them were economic reasons, difficult social conditions, disappointment and serious diseases such as AIDS or cancer.

There was extended reference to the consequences that neuroleptics (“antipsychotic drugs”) have, to their pharmacological main effects which include mainly more or less subtle symptoms that we find in Parkinson disease (“Parkinsonism”), and in a degree to which they do not only affect the muscles but the mind as well (“Parkinsonpsyche”). This mental alteration includes depression and ideas and tendencies to commit suicide; so we have a new reason why a person can be led to commit suicide.

In the discussion, the participants gave their own personal accounts. Some agreed that treatment can cause suicide or suicidal thoughts, even if it is intended to prevent it. Several had had personal experience of being involved in research. They asked questions about the research that is taking place on neuroleptics and their relationship with suicide and on the negative response on the part of the pharmaceutical companies who refuse to use these statistical researches when creating new drugs. There was also discussion on the reception this type of research gets in Europe and on user participation; finally, there was comparison with Greece where there are not yet such organized researches by neither mental health professionals nor consumers of neuroleptics.

Questions included whether there is any research comparing suicidal feelings and depression resulting from medication to suicidal feelings arising in normal life circumstances (i.e. with no medication), and if there is research on cultural differences in dealing with suicidal feelings and thoughts.

### Solutions and Conclusions

- This research where it exists should become widely known, so that psychiatric patients can be informed.
- Users and survivors of psychiatry should be given training and education to be better able to talk on the lecture circuit to students of medicine and law.
- Users and survivors of psychiatry should be part of the syllabus in Universities, especially in Law and Medicine, in order to educate and sensitize new scientists on these issues and to enable a joint research project with meaningful participation of users and survivors of psychiatry.