

Recommendations

Action project against
“Harassment and discrimination faced by people with
mental health problems in the field of health services”

organised in the framework of the “Community Action
Programme” to combat discrimination 2001 – 2006

ENUSP

Europejska siec bylych i uzytkownikow serwisu psychiatrycznego

Ευρωπαϊκό Δίκτυο (πρώην) Χρηστών και Επιζώντων της Ψυχιατρικής

Réseau Européen des (ex-)Usagers et Survivants de la Psychiatrie

Red Europea de (ex-) Usuarios y Supervivientes de Psiquiatría

Европска мрежа (бивших) корисника и оних који су преживјели психијатрију

Psikiyatriden Kendini Kurtaranların ve (geçmişte) Psikiyatrik "Hizmet" Alanların Avrupa İletişim Ağı

A Pszichiátriai használóinak, volt használóinak és Túlélőinek Európai Hálózata

Europäisches Netzwerk von Psychiatriebetroffenen

Europeiska Nätverket för (ex-)Brukare och Överlevare från Psykiatrin

www.enusp.org

Recommendations

1 . Participation of (ex-)users and survivors of psychiatry (people with psychosocial disabilities)

... is the starting point for tackling harassment and discrimination, experienced by people with mental health problems or people called mentally ill and their relatives

Recommendations

2. Development of strategies to change attitudes and the behaviour of the general public and particularly of (mental) health workers

... formulation of 'good practices'

care standard

laws on the equality incl. boards of appeal

3. Pre-requisite

Adequate funding, organisational involvement and support by policy makers

Recommendations

1. **IMAGE BUILDING**

Development of programmes to improve public perception of people with mental health problems in the general population.

Everyone should value and support diversity.

Everyone should listen to,
and value people's experiences.

Recommendations

2. PROMOTION OF THE MOVEMENT OF (EX-) USERS AND SURVIVORS OF PSYCHIATRY

Inclusion into decision-making at all the levels of professionals' organisations and political organisms.

Effective participation of trained (ex-)users and survivors of psychiatry at the implementation and development of quality standards and research projects.

Funding and support for training programmes for (ex-) users and survivors of psychiatry so they can protect themselves from discrimination, become user/survivor workers employed at all levels and become trainers themselves

Recommendations

3. SENSITISATION AND TRAINING OF SOCIAL AND HEALTH PROFESSIONALS

Representation of the mental health service user/survivor experiences and perspectives at all stages in the training of health care professionals, right from the start of their professional career.

Recommendations

4. QUALITY STANDARDS OF CARE

No communication of diagnoses to others without permission. Informing the patient is crucial. Only clients who know their records can give meaningful permission.

Records of people with psychiatric diagnoses should not be treated in a different way than records from people with medical diagnoses.

Recommendations

5. LEGISLATION ON DISCRIMINATION AND BOARDS OF APPEAL

Adoption of laws on equality of treatment.

Guarantee to respect human rights in a pro-active way, the right not to be violated, the right to self-determination, the right to privacy and the right to respect.

For example through legal protection of advance directives, or through the introduction of a suicide register.

Risks of treatment with psychiatric drugs

Example 1: Tardive Dyskinesia

(= syndrome of chronicle muscle diseases, caused by neuroleptic drugs, visible often only after the stop of the drug-administration, uncurable, shortenend life-time):

59% tardive Dyskinesia

21% mild / 18% middle / 20% severe

Kaiser, Wolfgang u.a.: "Schizophrene Patienten in ambulanter Behandlung eines psychiatrischen Krankenhauses und in Praxen niedergelassener Nervenärzte",
in: Nervenarzt, Vol. 62 (1991), No. 3, p. 158 – 164

Hanfried Helmchen, former President of the German Association of Psychiatrists and Neurologists:

“The percentage of refusal would probably be very high, if all acute schizophrenic patients would be informed about this risk before the start of a necessary neuroleptic treatment.”

Helmchen, Hanfried: “Aufklärung und Einwilligung bei psychisch Kranken”, in: Manfred Bergener (ed.): “Psychiatrie und Rechtsstaat”, Neuwied / Darmstadt 1981, p. 83

Risks of treatment with psychiatric drugs

Example 2: Breast Cancer

(Findings in USA-research)

...in female psychiatric patients 3,5 times higher than in patients of the general hospital, and 9,5 times higher than in the average society.

Halbreich, Uriel / Shen, Jianhua / Panaro, Victor:
“Are chronic psychiatric patients at increased risk for developing breast cancer?”, in: American Journal of Psychiatry, Vol. 153 (1996), No. 4, p. 559

Suicide-register

- ➔ To enable preventive measures for discovering the connection between suicidality and

neuroleptics

antidepressants

electroshocks

and other forms of psychiatric compulsion

“Depression, suicidality, states of excitement and delirium under the influence of drugs generally occur during doses prescribed by the treating physician.”

Otto Benkert / Hanns Hippus: "Psychiatrische Pharmakotherapie", 3. edition, Berlin / Heidelberg / New York 1980, p. 258

„Depressive syndromes after the remission of the psychoses and under treatment with psychiatric drugs are not rare, but occur on about two thirds of the patients, and sometimes even more frequently, especially when depot-drugs are given.

Without treatment with psychiatric drugs, depressive syndromes after a complete remission are only found in exceptional cases.“

Peter Müller: "Depressive Syndrome im Verlauf schizophrener Psychosen", Stuttgart 1981, p. 72

“There is now general agreement that mild to severe depressions that may lead to suicide may happen during treatment with any depot neuroleptic, just as they may occur during treatment with any oral neuroleptic.”

Frank J. Ayd: "The depot fluphenazines", in: American Journal of Psychiatry, Vol. 132 (1975), p. 497

www.enusp.org/suicideregister.htm

Recommendations

5. LEGISLATION ON DISCRIMINATION AND BOARDS OF APPEAL ...

legally covered and with the authority and structural
guaranteed possibilities to sanction institutions

functioning independently from medical and psychiatric
institutions, controlled by (ex)-users and survivors of
psychiatry

organised nationally, regionally and locally

easily accessible (anonymous upon request)

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6. INVOLVEMENT OF POLICY MAKERS

Awareness of the tremendous lack of resources in the health field and particularly in mental health, which hinders recovery and can lead to:

- patients becoming chronically ill
- social exclusion
- preventing from having equal opportunities in life
- increased risk of marginalisation, disability, physical illness and mental disorder
- high rates of early retirement pensions and major public expenditure in the long term

People with psychosocial disabilities must have the status they deserve: **as citizens with full rights.**





The therapeutic alliance

HALDOL helps you achieve it in outpatients by stabilizing behavior while leaving them relatively alert.

When the psychiatric outpatient must be able to meet job obligations and get about on his own, HALDOL can often play a vital role in the treatment plan... and in making him responsive to therapy.

HALDOL controls virtually all common symptoms of psychosis. Not only is HALDOL effective in controlling disruptive, wandering and excessive behavior, but it also significantly reduces or eliminates anxiety, hallucinations, delusions and thought disorganization.

HALDOL works rapidly. Noticeable improvement is often seen within a few days to a week. Thanks to setting many patients free from debilitating, mood and energy-consuming symptoms of their psychiatric illnesses, the use of the antipsychotic can frequently provide initial control of acute symptom states in a few hours.

Tolerable rarely interferes with the patient's functioning. Typically, the patient on HALDOL is not too sedated, but alert. Through maintenance of almost stable, discontinuously stable, and/or variable levels, the patient is better able to hold a job and to function normally.

These three characteristics make HALDOL a valuable adjunct in outpatient care, and may eliminate the need for hospitalization when it is already indicated.

For a better beginning in the treatment of many psychotic patients

Haldol

HALOPERIDOL

McNEIL

Source of the picture see: Peter Lehmann, „Schöne neue Psychiatrie“, Vol. 2, Berlin 1996, 355



www.enusp.org/recos.ppt

www.enusp.org/recos.htm

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