

A photograph of a hallway with a door and an exit sign. The hallway is dimly lit with a greenish-yellow light. A door is visible on the right side of the frame, with a window in it showing a silhouette of a person. Above the door is a glowing orange "EXIT" sign. The wall is made of light-colored tiles. The overall atmosphere is mysterious and slightly unsettling.

Linda Andre

DOCTORS OF DECEPTION

**WHAT THEY DON'T WANT YOU TO
KNOW ABOUT SHOCK TREATMENT**

The European Newsletter

of Users and Ex-Users in Mental Health

Number 1 January 1995

The Newsletter of The European Network of Users and Ex-Users in Mental Health

Address: c/o RSMH, Trädgårdsgatan 15, S-252 24 Helsingborg, Sweden

Phone: +46 42 123037

EDITORIAL

Welcome to the first issue of The European Newsletter. I'm sorry it has been a bit delayed, but it takes some time to settle all organizational and technical matters before starting the more creative work.

The intention is that The European Newsletter should have four issues each year: Winter, Spring, Summer, Autumn. The delivery of each issue should accordingly be January, April, July and October and the deadlines for contributions 31 December, 31 March, 30 June and 30 September.

The Newsletter will be one of the most important tools for The European Network of Users and Ex-Users in Mental Health. Therefore it is important that all involved in The Network continuously make their contributions to The Newsletter.

The purpose of The Newsletter is, as I see it: to exchange information, to establish contacts and to influence the general opinion.

More concretely it is my intention that The Newsletter shall have the following content:

Editorial
Reports from board-meetings

Reports from conferences
Information about coming conferences
Debates
Book reviews
Magazine reviews
Articles about user organizations/user clubs
Articles about psychiatry
Articles about alternatives to psychiatry
Articles about users/survivors art manifestations
Information about user-run camps and festivals
Users seeking contacts with other users
User clubs seeking contacts with other user clubs
Information for travelling (cheap accommodation)

Maths Jespersion

BOARDMEETING IN LONDON 13-16 AUGUST 1994

The new board of The Network had its first meeting in London 13-16 August. Two of the most important points on the agenda were a Report on Clozapine by the University of Utrecht and a Report on Psychiatry and Human Rights by the Council of Europe. You can read more about these reports as well as other decisions and proposals made by the board in this and the next issue of The Newsletter.

Although problems with funding the travelling expenses for the board-members the board was complete at the meeting. From Slovenia both Igor and his deputy Tanja were unable to come, but they sent Bostjan Pogorelc instead.

Debate:

THE NAME OF THE NETWORK

One of the most hot questions at our European conference in Elsinore 26-29 May was about the name of The Network.

A proposal was submitted by delegates from Germany containing 25 signatures in their support of changing the name of The Network to "*The European Network of Users and Survivors of Psychiatry*".

The debate was intense. In the end a majority voted against the proposal, but it was agreed that the question about name-changing should be put on the agenda for the next conference.

To secure a broad, democratic consent on the name of The Network it's necessary to start an open debate on this issue already now.

Three members of The Network have thought about this and sent in their contributions to The Newsletter.

USERS AND SURVIVORS

At the "Second European Conference of Users and Ex-Users in Mental Health" in Elsinore we tried to change and complete the name of the network to "The European Network of Users and Survivors of Psychiatry". Because time was short and this important issue woke a lot of emotions (for example I was told that I was childish and limited), I propose to continue the discussion in this newsletter. So every organization and

delegate has the opportunity to take part in the dispute and get to know all arguments and proposals.

As a delegate of the German antipsychiatric movement I repeat our arguments:

- During the first conference in Zandvoort no common name was decided. The terms "user" and "mental health" were introduced and used by some people doing the desk and the newsletter. So far it is okay, because every child gets/needs a name.

- We need a common name. All the people, who are or were inmates (or patients) of psychiatry or objects of psychiatric treatment and who want to change or abolish psychiatry, should fit into the network. The wide spectrum of opinions and experiences must be reflected in it.

- With the terms "user" and "survivor" both tendencies are named.

- If the name of our network is contradictory to our own experiences and aims, we can't join and speak and work for it with that persuasive power we need.

- We have to accept, that there are people in the network, who try to use the psychiatric system, and people, who call themselves mentally ill. They should accept, that there are also a lot of people, who were brutally abused and battered by psychiatry. We all have to respect the self-definition.

I think we have to do everything to prevent a split of our very young, tender and small union. In the conference it was difficult for me to argue without meeting confrontation. I soon felt misunderstood (my English is very rudimentary) and ignored, in the plenary I was cut short. Maybe I can't take this issue easy, be-

cause words are of great importance in my life. I lost my words at school. My diary brought me to psychiatry and to the label "schizophrenic". The consequence was series of Electro- and Insulin-shocks, enormous quantities of Neuroleptics and more than three years under arrest. Finally writing delivered me from psychiatry.

The term "survivor" implicates activity and it reminds me of the friends, who didn't survive.

During the plenary discussion one man said, that we should not speak about names, but do the work. He was applauded. As users we cannot work against compulsory treatment and claim damages. If I use something, it is useful to me, I derive benefit from it. To do the work I need the base, from which it can be done.

Another argument against our proposal was, that "the ministry might be very confused" and "the impression on the outside world will not be positive". We need a positive impression on all the survivors, victims, users and Ex-, who want to join us. And to keep ourselves from confusion, we should suffer the ministry's confusion, that may be.

Kerstin Kempker, Berlin

LOGO FOR THE NETWORK

We need a logo for
The European Network!

Send your proposals to the
European Desk, P.O. Box 4006,
1009 BB Amsterdam, The Netherlands

ADHERENCE TO THE MAFFIA

I kindly express my best regards to the Organizing Committee of the User Conference for the good running of the event.

However, I can't be in agreement with some directions, like financial dependence and names like "user" or "ex-user" (survivor is more correct I believe). Compromises like these are, in my opinion, the "first step" for the adherence of the psychiatric survivor movement to the psychiatric "maffia" structure, and I don't want this.

Marin Mihai, Bucharest

NAMING OURSELVES

Naming is for me about representing someone or something. There can rarely be a perfect name, but the very process of naming ourselves is what really matters.

The main reason I see for including the words - survivors of psychiatry - in the name of our Network is to enable many of us to continue working in it and for it, because you can't work under the name which excludes the most important aspects of your work (not only of your views). And working together means making all our differences visible, respecting them and giving them space to exist with each other, so that they can become important sources of creativity and exchange.

Some other, not less important reasons to have a wider name are:

1. Both terms user and ex-user have strong connection (in language itself)

with using drugs also, so they can never be a common name for all the people in our Network.

2. There are large differences among psychiatric services in different European countries, and we should all know that in some of those, "using" them turns into a life-destroying activity - therefore the very combination of words does not make any sense (when user means: user of ECT, user of lobotomy, user of depot-injections, user of isolation cell etc.)

3. Surviving is not something exclusively personal. It's not about being arrogantly sure or proud that you survived. For me it is about being morally obliged to those who did not survive. I need to work under the name which shows that psychiatry killed some of my friends.

Jasna Russo, Berlin

DRUG-FREE CARE

The European Network will produce a pamphlet/position paper on drug-free care, including examples.

Material for this will be collected by UKAN. Send your informations about drug-free care and your view on this issue to:

The United Kingdom Advocacy Network
Premier House
14, Cross Burgess Street
Sheffield S1 2HG
UNITED KINGDOM

RECOMMENDATION ON PSYCHIATRY AND HUMAN RIGHTS

The Parliamentary Assembly of the Council of Europe adopted on 12 April 1994 the "Recommendation 1235 (1994) on psychiatry and human rights".

The Assembly invites the governments of member states to introduce into their legislation the rules this recommendation sets out, and to ensure that they are implemented as quickly as possible.

The text of the recommendation:

1. The Assembly observes that there is no overall study on legislation and practice with regard to psychiatry covering the member states of the Council of Europe.

2. It notes that on the one hand, a body of case-law has developed on the basis of the European Convention on Human Rights and that on the other, the European Committee for the Prevention of Torture and Inhumane or Degrading Treatment or Punishment has made a number of observations with regard to practices followed in the matter of psychiatric placements.

3. It notes that, in a large number of member countries, legislation on psychiatry is under review or in preparation.

4. It is aware that, in many countries, a lively debate is currently focused on problems associated with certain types of treatment such as lobotomies and electroconvulsive therapy as well as on sexual abuse in psychiatric care.

5. It recalls Recommendation No. R (83) of the Committee of Ministers to member states concerning the legal protection of persons suffering from mental disorder placed as involuntary patients.

6. It considers that the time has come for the member states of the Council of Europe to adopt legal measures guaranteeing respect for human rights of psychiatric patients.

7. The Assembly therefor invites the Committee of Ministers to adopt a new recommendation based on the following rules:

i. Admission procedure and conditions:

a. compulsory admission must be resorted to in exceptional cases only and must comply with the following criteria:

- there is a serious danger to the patient or to other persons
- an additional criterion could be that of the patient's treatment: if the absence of placement could lead to a deterioration or prevent the patient from receiving appropriate treatment;

b. in the event of compulsory admission, the decision regarding placement in a psychiatric institution must be taken by a judge and the placement period must be specified. Provision must be made for the placement decision to be regularly and automatically reviewed. Principles established in the Council of Europe's forthcoming convention on bioethics must be respected in all cases;

c. there must be legal provision for an appeal to be lodged against the decision;

d. a code of patients' rights must be brought to the attention of patients on their arrival at a psychiatric institution;

e. a code of ethics for psychiatrists should be drawn up *inter alia* on the basis of the Hawaii Declaration approved by the General Assembly of the World Psychiatric Association in Vienna in 1983.

ii. Treatment

a. a distinction has to be made between handicapped and mentally ill patients;

b. lobotomies and electroconvulsive therapy may not be performed unless informed written consent has been given by the patient or a person, counselor or guardian, chosen by the patient as his or her representative and unless the decision has been confirmed by a select committee not composed exclusively of psychiatric experts;

c. there must be an accurate and detailed recording of the treatment given to the patient;

d. there must be adequate nursing staff appropriately trained in the care of such patients.

e. patients must have free access to a "counselor" who is independent of the institution; similarly, a "guardian" should be responsible for looking after the interests of minors;

f. an inspection system similar to that of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment should be set up.

iii. Problems and abuses in psychiatry:

a. the code of ethics must explicitly stipulate that it is forbidden for therapists to make sexual advances to patients;

b. the use of isolation cells should be strictly limited and accommodation in large dormitories should also be avoided;

c. no mechanical restraints should be used. The use of pharmaceutical means of restraint must be proportionate to the objective sought, and there must be no permanent infringement of individuals' rights to procreate;

d. scientific research in the field of mental health must not be undertaken without the patient's knowledge, or against his or her will or the will of his or her representative, and must be conducted only in the patient's interest.

iv. Situation of detained persons:

a. any person who is imprisoned should be examined by a doctor;

b. a psychiatrist and specially trained staff should be attached to each penal institution;

c. the rules set out above and the rules of ethics should be applied to detained persons and, in particular, medical confidentiality should be maintained in so far as this is compatible with the demands of detention;

d. sociotherapy programmes should be set up in certain penal institutions for detained persons suffering from personality disorders.

A copy of the French version of this Recommendation can be obtained from our European Desk in Amsterdam - as well as of other material connected to the Recommendation.

COMMENTS ON THE RECOMMENDATION OF THE COUNCIL OF EUROPE

The Board of the European Network of Users and Ex-Users in Mental Health discussed the Recommendation of the Council of Europe on Psychiatry and Human Rights at its boardmeeting in London 13-16 August. After a careful examination of the text and an animated discussion the following comments on the Recommendation were decided:

General comments

The Board of the European Network of Users and Ex-Users in Mental Health is particularly pleased with the report on Psychiatry and Human Rights and the consequent recommendations from the Council of Europe for portraying psychiatry as a human rights issue rather than a medical issue. The Board considers this to be a very innovative approach, certainly in many countries in Europe.

In this respect the Board strongly advocates the use of the Psychiatric Will as a legal means for the individual to determine which treatment could be used and which not in case of commitment in a psychiatric hospital.

Furthermore the Board stresses the demands put forward by the delegates of the Network at their Second Conference in Elsinore, Denmark May 1994, in which they demand the banning of any compulsory treatment, and the banning of the use of neuroleptics or electroshock on people who are not of an adult age.

The Network is particularly concerned with the rights of women and (ethnic) minorities. Their particular problems in society as a whole have been ignored too

long and too often.

Comments on the recommended rules

i. Admission procedure and conditions

The Board endorses the rules put forward, especially those under c. and d. with the exception of the second criterion under a. which is opposed strongly.

ii. Treatment

b. Psycho-surgery should be banned altogether as it is already in many countries. ECT should not be performed unless written consent is given at the time or before in a Psychiatric Will, in which the person concerned states explicitly that he/she would accept ECT-treatment in certain cases.

c. This recording of the treatment should be available to the patients concerned.

f. The Board strongly endorses the setting up of an inspection system similar to that of the CPT. The 'independent outside body' to which the CPT refers (Council of Europe doc 7040, chapter 5, iii) should include representatives from user-groups/user-organizations.

iii. Problems and abuses in psychiatry

c. Pharmaceutical drugs should not be used as a means of restraint altogether.

d. Compulsory committed persons should not be subject to research or testing which involves pharmaceutical drugs.

iv. Situation of detained persons

b. Specially therapeutically trained staff should be attached to each penal institution. The Board does not particularly endorse the attachment of psychiatrists in this case.

PSYCHIATRIC SURVIVORS

IN

ROMANIA

The psychiatric survivor movement in Romania is still very small. But there is one very active survivor, who many of you know through correspondence and some of you met at our European Conference in Elsinore in May 1994: Marin Mihai.

Marin Mihai has also been the most active contributor to this first issue of the European Newsletter. Next issue will contain some of his contributions, which will give a picture of what is happening in Romania.

When visiting Elsinore he was interviewed by the Swedish journalist Marianne Hedenbro. This interview was part of a full page about our European Conference in *Sydsvenska Dagbladet*, the leading daily paper in Southern Sweden. A translation of the interview will be reprinted here.

HE SAW THREE DIE IN A WEEK

Romania has no patient organization for mentally ill. Nevertheless Mihai Marin went to Elsinore. He has on his own, via the American embassy got into touch with the antipsychiatric movement abroad.

- I wrote and asked how to start a resistance group. That was before the revolution in Romania. I don't understand

why Securitate didn't stop my letter.

27 year old Mihai Marin has been an in-patient in the mental hospital ten times. He has received high doses of neuroleptics and 20 ECT-treatments.

The conditions in the hospitals are very bad. He saw three patients die in a week.

- We were 30 patients in each ward, two in each bed. The doctor visited us once a week. We were kept at a minimum of water. People were lying, screaming for water.

Mihai Marin was out after a week. He hunger-struck and was then released. He has seen even worse things, but not with his own eyes. 1990 the Romanian Television was interrupted by a pirate transmitter, which delivered a documentary about the extermination of the mentally ill at the mental hospitals.

- The documentary said that people were gased to death in the shower-rooms just as in the extermination-camps of the Nazis.

Everything said was denied when the normal programme returned. Any evidence of that this should have happened Mihai Marin has never seen.

But he has been forced with a gun against his head to explain why he has pronounced himself against the Communist system. And Securitate has carried out that he has been compulsory committed to the mental hospital.

- It doesn't matter if I oppose the political system or psychiatry. For me it's the same thing.

To be continued in the next newsletter with the contributions of Marin Mihai himself and Mrs Florentina Ionescu, journalist and survivor, living in Bucharest.

USER ORGANIZATIONS IN EUROPE

EUROPEAN NETWORK

European Desk
P.O. Box 40066
1009 BB Amsterdam
The Netherlands

AUSTRIA

Frauengruppe des FAPI
c/o Louise Roth
Premrenergasse 15c
A-1130 Wien

BELGIUM

Flemish Survivors Movement
P.O.Box 48
Berchem 5

Kisjot Ombud Services
Goudstraat 8
B-9000 Gent

Working Group Morkhoven
Gitschotellei 236/5
B-2140 Borgerhout

CZECH REPUBLIC

Czech Association of Mental Health
Zvonsrova 6
13000 Praha 3

DENMARK

Galebevaegelsen
Blågårdsgade 39
2200 Kobenhavn N

LANDSFORENINGEN SIND

L.I. Brandes Allé 1
1956 Fredriksberg C

ENGLAND

MINDlink
Granta House
15-19 Broadway
Stratford
London E15 4BQ

Survivors Speak Out
34. Osnaburgh Street
NW1 3ND London

UKAN

Premier House
14. Cross Burgess Street
Sheffield S1 2HG

FAROE ISLANDS

Sinnisbati
c/o MBF
Islandsvejen 10 C
FR-100 Tórshavn

FINLAND

MTKL
Venuksenkuja 2
11130 Riihimäki

FRANCE

FNAP Psy
17. Rue Waldeck Rousseau
94600 Choisy le Roi

Group Information Asiles
BP 172
75622 Paris Cedex 13

GERMANY

BPE
Thomas Mann Strasse 49 A
53111 Bonn

FAP I

c/o Mathias Seibt
Berggate 1
44809 Bochum

GREECE

Movement for the Rights of Mental
Patients
Θεμιστοκλεοζ 11
ΑΘΗΝΑ 106 77

ICELAND

Gedhjalt
Öldugata 15
101 Reykjavik

IRELAND

Mental Consumers Association
Phillipsburgh Avenue
Fairview
Dublin 3

ITALY

Ass. per la Lotta Contro le Malattie
Mentali
Via Vanchiglia 3
10100 Torino

Gruppo Auto-Aiuto Massa Carrara
P.zza Cesara Battista No. 1
54033 Carrara

Gruppo di Auto-Aiuto Merano
Raffeingasse 1
39011 Lana (BZ)

THE NETHERLANDS

Clientenbond
P.O. Box 645
3500 AP Utrecht

LPR

Meerkoethof 48
3582 48 Utrecht

NORTHERN IRELAND

Hollywell Patients Council
Holywell Hospital
60. Steeple Road
Antrim BT41 2RJ

NORWAY

Mental Helse Norge
Postboks 298
3701 Skien

POLAND

Amicus
Str. Grottgera 25 A
Warsaw

BRATERSTWO SERC

Plac Gen. Sikorskiego 2/8
Krakow

PSYCHE

Ul. Sobieskiego 67 lp.
43300 Bielsko-Biala

SCOTLAND

Scottish Users Network
c/o EAMH
40, Shandwick Place
Edinburgh

SLOVENIA

ALTRA
Drustvena ulica 35
Ljubljana 61110

SENT

Pokopaliska 16
Ljubljana 61110

SPAIN

ASAFES
Portal de Arriaga. 14 bajo
01012 Vitoria - Gasteiz

SWEDEN

RSMH
Box 15094
S-104 65 Stockholm

SWITZERLAND

Irre am Werk
P.O. Box 1957
8040 Zürich

Les Sans-Voix
Case Postale 235
CH 1211 Genève

could plan, while rational and sane, for how they which to be treated in the future, should others consider them to be irrational or insane. Individuals who dread the power of psychosis and desire protection from it by embracing, in case of "need", the use of involuntary psychiatric interventions could execute a psychiatric will in keeping with their beliefs. Individuals who dread the power of psychiatry and desire protection from it by rejecting, regardless of "need", the use of involuntary psychiatric interventions could execute a psychiatric will in keeping with their beliefs. Thus, no one who believes in psychiatric protectionism would be deprived of its alleged benefits, while no one who disbelieves in it would be subjected to its policies and practices against his och her will."
By Tomas S. Szasz.

For further information about the psychiatric will, contact Peter Lehmann, Antipsychie Verlag & Versand, Peschkestrasse 17, 1000 Berlin 41, Germany.

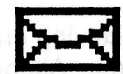
RSMH - The Swedish Association for Social and Mental Health - was founded in 1967 and has to date over ten thousand members in 102 local divisions throughout Sweden. We celebrated our 25th anniversary the 24-25 January 1992.

The newsletter is scheduled to be issued four times during 1992.
No 2/1992 - during June, No 3/1992 - during September, No 4/1992 - during December.
Thank you for all your letters and enthusiasm. Write and let us know what you think about the newsletter. We welcome suggestions from our readers and organizations throughout Europe.

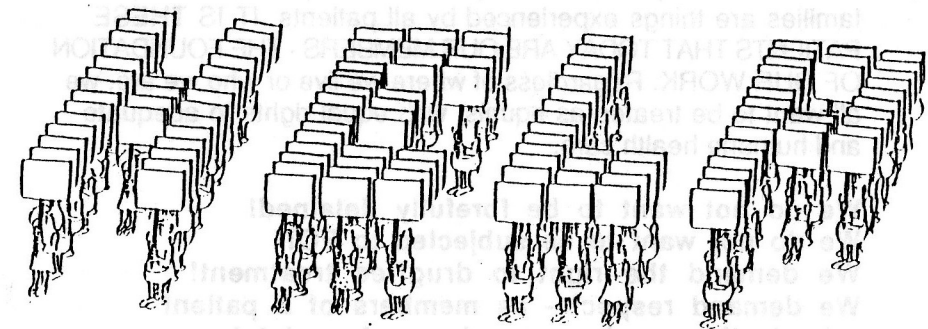
Addresses: C/o RSMH, P O Box 1007, S-172 21 Sundbyberg, Sweden. Tel: (46-8- 98 01 50) Carl-Axel Ringsparr 46-8-710 52 26

THE EUROPEAN CLIENT UNIONS NETWORK

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NO 1 1992



Contributors:
Translation/revision: H Bergström M Jespersson U Bore
Layout: G Nicklasson

NEWSLETTER

You are now reading our first newsletter!

The decision to publish a newsletter on a regular basis was made at the historical conference in Zandvoort, Holland, October 24-27, 1991.

Elected members in the co-ordinating group was;

René van der Male	The Netherlands
Carl-Axel Ringsparr	Sweden
Mattias Seibt	Germany
David Warner	Italy
Roberta Graley	Great Britain

What is the common bond between the psychiatric users and ex-users all around Europe?

We have all to some degree been on the receiving end of the psychiatric care system. Many even by force. Although the conditions for the psychiatric user may vary from country to country - the oppression within the mental health care services, society's standard system and expectations from our families are things experienced by all patients. IT IS THESE PATIENTS THAT TODAY ARE OUR MEMBERS - THE FOUNDATION OF OUR WORK. Regardless of where we live or who we are, we all want to be treated as equals, with equal rights to adequate and humane health care.

We do not want to be forcefully detained!
We do not want to be subjected to ECT!
We demand the right to drugfree treatment!
We demand respect - as members of a patient organization, and as members of society!

Are patients or former patients a socio/economic class of their own? NO! Our symptoms/sicknesses/problems exist in all classes of our society. Our class definitions are based upon a

variety of factors. Education, occupation and place of residence are usually mentioned as the main ones. Our members come from all walks of life.

United we are strong and together we can change and improve the conditions for our fellow members throughout Europe.

By the way - have You heard this one?

The neurotics build the castle in the sky
the psychotics live in the castle
the psychiatrists collect the rent.

"The Psychiatric Will"

The idea of a "psychiatric will" came from the American psychiatrist Thomas S. Szasz who presented it for the first time in "American Psychologist" issue no 37/1982.

Peter Lehmann has contributed to the German translation of the "will". In Denmark, Karl Bach Jensen is leading a group that is translating the "will" into Danish. During the conference in Zandvoort we received a report from England, describing how the work with the "will" is proceeding there.

As far as we know, the "psychiatric will" has been acknowledged and respected by practising psychiatrists in Berlin.

WHAT IS A PSYCHIATRIC WILL?

"Abstract: After briefly reviewing the traditional justifications for involuntary psychiatric interventions and previous objections to them, a new legal mechanism accommodating the interests of both those who support and those who oppose such interventions is proposed.

Fashioned after the model of the last will and the living will, the psychiatric will provides a mechanism whereby individuals