

Some Proposals to Combat Suicidality Triggered by Neuroleptics

By Peter Lehmann

Suicide is the most frequent death cause in people diagnosed as “schizophrenics”. Psychiatrists administer neuroleptics to people diagnosed as “schizophrenics”. A main effect of neuroleptics is depression up to suicidality. It is understandable, that members of the psychiatric-pharmaceutical complex taboo this topic in their general denial of responsibility and their greed of gain. But should it be ignored in the circles of humanistic antipsychiatry?

As one of many proposed measures to combat discrimination faced by people with mental health problems in health care services – developed within the „Community Action Programme to Combat Discrimination in 2001-2006” with support from the European Union – was the introduction of a suicide register (see www.enusp.org/documents/harassment/recommendations.htm). A suicide register with special consideration of associated psychiatric drugs, electroshocks, restraint and other forms of psychiatric compulsion could gather and present findings that could be used to warn the public, psychiatric patients, as well as their caregivers and supporters.

There are a lot of well-known factors that can trigger depression and suicidal behavior, but neuroleptics are never mentioned. At people with the diagnosis “schizophrenia” – in general ending in the administration of neuroleptics – suicidality is found about 50 times more frequent than in the average society. This is not surprising: Neuroleptics have a blocking effect primarily against the transmitter dopamine resulting in more or less subtle Parkinson's symptoms. The mental symptoms of this disease is the so-called Parkinson psyche: the personality changes in the direction of apathy,

depression, desperation, hopelessness, suicidality and disturbance up to psychoses. As depression and suicidality are normal effects of neuroleptics, psychiatrists accept them obviously without question. Frank J. Ayd of the Psychiatric Department of the Franklin Square Hospital in Baltimore, USA, wrote in 1975:

“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. These depressive mood changes may transpire at any time during depot neuroleptic therapy. Some clinicians have noted depressions shortly after the initiation of treatment; others have observed this months or years after treatment was started” (p. 497).

In the book *Coming off Psychiatric Drugs*, Regina Bellion of Bremen, Germany gave a report about her psychic condition under Haldol, administered by the community psychiatrist. Her report is not different to similar reports from other patients, when she writes:

“I vegetate behind my neuroleptic wall and I am locked out of the world and out of life. The real world is further from me than Pluto is from the sun. My own secret world is also gone—my last refuge, and I had destroyed it with Haldol. This is not my life. This is not me. I may as well be dead. An idea has begun to take shape. Before winter comes I will hang myself. But before that I want to try and see if my life

would be different without Haldol. I reduce the number of drops. I take less and less until I arrive at zero. After one month I am clean. Then I begin to notice how unkempt I am. I wash my hair, make the bed, clean the apartment. I prepare a warm meal. I even enjoy doing this. I can think again” (p. 280).

Mortality registers are not unusual in the medical field to identify connections between reduced life-expectance, lethal outcomes of medical treatments and risk factors. There are or have been also some trials with suicide registers.

By Survivors of Psychiatry: In early 1983, the Irren-Offensive Berlin, an organization of psychiatric survivors (in that time a recommendable non-dogmatic organization), together with a group for watching human rights' violations in psychiatry, publicly warned of suicides caused by neuroleptics, after they had received information about people who had killed themselves with different methods. A public call to support the initiative financially and structurally bore no results, and the initiative came to an end due to the immense expenditure of human labor with the bereaved's anguish, when they realized the true causes of their loved ones' deaths.

By Psychiatrists: Another type of suicide register was developed in the form of a drug-monitoring system in the psychiatric field in the German Bundesland Bavaria. Since the beginning of the 90s, psychiatric hospitals in this region have gathered data on complications, that may have resulted from treatment, including the registration of preferential triggering of suicide attempts and suicides by drugs, in order to make risks public and develop programs for prevention. In a review published in 2002, Bavarian psychiatrists reflected on their results and

the many methodological problems that arose from registering suicides and identifying the one exclusive cause which triggers suicidality. Repeated friendly offers by me to discuss the possibility of including users and survivors of psychiatry into the suicide register and to help make the registration criteria effective, were without any response or result—like the Bavarian suicide register altogether.

By a Governmental Administration: A suicide register in Sweden was described by Janne Larsson in October 2009. Referring to regulations in The Act on Professional Activity in Health and Medical Services, since February 2006 in Sweden all suicides committed in health care and within four weeks after the last health care visit should be reported for investigation to the National Board of Health and Welfare. Larsson summarizes the 2007 results of the report:

“In 86% of the cases of suicide reported to the National Board of Health and Welfare for 2007 – that is in 338 of 393 cases – the persons were treated with psychiatric drugs. In 0% (!) of these cases was the matter reported as a drug adverse event to the registry for drug adverse events at the Medical Products Agency (...). Instead of Eli Lilly claiming that the drug Zyprexa was involved in 0 cases of suicide in Sweden 2007, the fact was that the drug was involved in 52 cases in this subgroup of 338 persons. Instead of Wyeth claiming the same for Effexor, the fact was that the drug was involved in 41 cases in this group” (pp. 23-25).

Larsson’s report also includes data about the total number of suicides in Sweden 2007 and the preceding psychopharmacological treatment in these cases. And it includes autopsy data from the Swedish National Board of Forensic Medicine. Larsson writes:

“The result shows that 1,126 definite suicides were committed in Sweden in 2007 (325 women and 801 men). Of these persons 724 (64%) had filled a prescription for psychiatric drugs within a year of the suicide. Of the 325 women, 250 (77%) had filled a prescription for psychiatric drugs;

for the 801 men the figure was 474 (59%)” (p. 2).

Consequences: Governmental and administration bodies seem so far away from developing meaningful measures to save the life of psychiatric patients like NGOs of developing suicide registers considering psychiatric treatment measures. As psychiatrists are continuing to administer psychiatric drugs with suicidal effects to people who are known to have underlying special risk factors, there is the possibility go to civil courts and demand compensation, when the damage is done, or to demand for the application of the criminal law: especially to penalize the elements of an offence which the *Black's Law Dictionary* defines as recklessness. This means a „conduct whereby the actor does not desire harmful consequence but... foresees the possibility and consciously takes the risk,” or alternatively as „a state of mind in which a person does not care about the consequences of his or her actions.” Find more information on Wikipedia under [http://en.wikipedia.org/wiki/Recklessness_\(law\)](http://en.wikipedia.org/wiki/Recklessness_(law)). In US-American or German courts, a wrongdoer who recklessly causes harm can be held to the same liability as a person who intentionally does so. Considering the current situation, the most meaningful measure to save psychiatric patients’ lives is to put culpable psychiatrists in prison.

See the unabridged text incl. references at:

<http://www.peter-lehmann-publishing.com/articles/lehmann/pdf/injury.pdf>

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