

Peter Lehmann

The Spirit of What Has not Been Said

Response to Prof. John Sadler's Keynote
Presentation: "Personal and Community
Capacities: Philosophical Conundrums"

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Institute for Philosophy, Diversity and Mental Health
Summer Colloquium 2009: Interpersonal Awareness and
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“... psychiatric trainees learn quickly that what is *not* said is often as important as what *is* said.”

Sadler, John Z. (2009). Commentary: Stigma, conscience, and science in psychiatry: Past, present, and future. *Academic Medicine*, 84(4), p . 413.

What is *not* said:

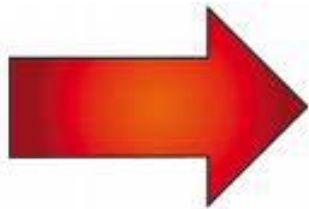
- Global warming & environmental pollution
- Problems caused by racism, fascism, stalinism, sexism
- Dearth and lack of drinking water in many places
- Loss of expectation of life in many disadvantaged groups

For example: *Two decades reduced life-expectancy of Australian Aborigines*

What is *not* said:

The life expectancy of psychiatric patients is reduced by **THREE** decades, due to synthetic psychopharmacological drugs causing, among others factors:

- obesity, heart failure, hypercholesterinaemia, diabetes, irreversible receptor changes responsible for tardive psychoses and dyskinesias, increased cell-death (apoptosis), neuroleptic malignant syndrome, malignant hyperthermia, neoplasms ...
- personality-changes, apathy, depression, suicidality



The number 1 cause of death in patients with the diagnosis “schizophrenia”: suicide

“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.”

Müller, Peter (1981). *Depressive Syndrome im Verlauf schizophrener Psychosen*. Stuttgart: Enke Verlag, p. 72.

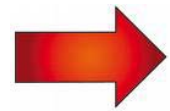
“Depression, suicidality, states of excitement and delirium under the influence of drugs generally occur during doses prescribed by the treating physician.”

Benkert, Otto / Hippus, Hanns (1980). *Psychiatrische Pharmakotherapie*. 3. edition. Berlin / Heidelberg / New York: Springer Verlag, p. 258.

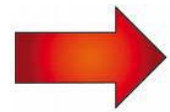
“There is now general agreement that mild to severe depressions that may lead to suicide may happen during treatment with any depot neuroleptic, just as they may occur during treatment with any oral neuroleptic.”

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

Suicide register



To collect data which, through scientific and robust research, would allow to highlight the links between suicide and psychiatric drugs (mainly antidepressants *and* neuroleptics)



The outcome of the research—with a meaningful participation of independent organisations of users and survivors of psychiatry—would then provide the context to start building preventative measures against suicide.

www.enusp.org/suicideregister



www.enusp.org/suicideregister

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