

DOCTORS' OPEN LETTER TO GOVERNMENTS

How concerned should we be about reports that mental illness has become an epidemic striking one out of every four people in the world today?

According to the source of these alarming reports—the psychiatric industry—mental illness threatens to engulf us all and can only be checked by immediate and massive increases in funding. They warn of the disastrous effects of withheld appropriations. What the psychiatrists never warn of is that the very diagnostic system used to derive the alarming statistic—their own *Diagnostic and Statistical Manual of Mental Disorders-IV* (DSM-IV) and its equivalent, the mental disorders section of the *International Classification of Diseases* (ICD-10)—are under attack for their lack of scientific authority and veracity and their almost singular emphasis on psychotropic drug treatment.

Professors Herb Kutchins from California State University Sacramento and Stuart A. Kirk from the University of New York, authors of several books describing the flaws of the DSM, warn, “There are indeed many illusions about DSM and very strong needs among its developers to believe that their dreams of scientific excellence and utility have come true....”¹

The “bitter medicine” is that DSM has “unsuccessfully attempted to medicalize too many human troubles.”

Professor Edward Shorter, author of *A History of Psychiatry*, stated, “Rather than heading off into the brave new world of science, DSM-IV-style psychiatry seemed in some ways to be heading out into the desert.”²

We formulated this report and its recommendations for those with responsibility in deciding the funding and fate of mental health programs and insurance coverage, including legislators and other decision makers charged with the task of protecting the health, well-being and safety of their citizens.

The results of the widespread reliance by psychiatrists on the DSM, with its ever-expanding list of illnesses for each of which a psychiatric drug can be legally prescribed, include these staggering statistics:

- Twenty million children worldwide are diagnosed with mental disorders and prescribed cocaine-like stimulants and powerful antidepressants as treatment.

- More than 150 million people worldwide have taken Selective Serotonin Reuptake Inhibitor (SSRI) antidepressants, with annual sales today reaching nearly \$20 billion (€15.7 billion).³
- One in seven prescriptions in France includes a psychotropic drug and more than 50% of the unemployed—1.8 million—take psychotropic drugs.⁴

Meanwhile, driven by DSM-derived mental illness statistics, the international mental health budget has skyrocketed in the last 10 years.

- In the United States, the mental health budget soared from \$33 billion (€26 billion) in 1994 to more than \$100 billion (€78.7 billion) today.
- Switzerland's spending on mental health increased from \$73.5 million (€58 million) to over \$184.8 million (€145.5 million) during a 10-year period.
- Germany currently spends more than \$2.6 billion (€2 billion) a year on mental health.
- In France, mental health costs have soared, contributing \$400 million (€315 million) to the country's deficit.⁵

In spite of record spending, countries now face unprecedented levels of child abuse, suicide, drug abuse, violence and crime—very real problems for which the psychiatric industry can identify neither causes nor solutions. It is safe to conclude, therefore, that a reduction in the funding of psychiatric programs will not cause a worsening of mental health. Less funding for harmful psychiatric practices will, in fact, improve the state of mental health.

The evidence presented herein has been drawn from physicians, attorneys, judges, psychiatrists, parents and others active in the mental health or related fields. The consensus of these experts is that DSM-based, psychiatric initiatives such as the broadening of involuntary commitment laws and the expansion of so-called community mental health plans are detrimental to society in human and economic terms. The same applies to programs such as the screening for mental disorders of young children in schools.

The claim that only increased funding will cure the problems of psychiatry has lost its ring of truth. Fields of expertise that are built on scientific claims are routinely called upon to deliver empirical proof to support their theories. When the Centers for Disease Control receive funds to combat a dangerous disease, the funding results in the discovery of a biological cause and development of a cure. Biological tests exist to determine the presence or absence of most bodily diseases. While people can have

serious mental difficulties, psychiatry has no objective, physical test to confirm the presence of any mental illness. Diagnosis is purely subjective.

The many critical challenges facing societies today reflect the vital need to strengthen individuals through workable, viable and humanitarian alternatives to harmful psychiatric options. We invite you to review for yourself the alternatives we have included. We respectfully offer the information in this report for your consideration so that you may draw your own conclusions about the state of mental health and psychiatry's ability, or the lack thereof, to contribute to its resolution.

*Rohit Adi, M.D., Mary Jo Pagel, M.D.,
Tony P. Urbanek, M.D., D.D.S., Julian Whitaker, M.D.*

Rohit Adi, M.D. is a diplomate of the American Board of Internal Medicine. He has been practicing Emergency Medicine since 1993 and now serves as the assistant director of a level II trauma center that handles 72,000 patients a year.

Mary Jo Pagel, M.D. graduated from the University of Texas Medical Branch with honors in cardiology. She is a specialist in Internal Medicine and Preventative and Industrial Medicine, and is the medical director of a medical clinic. She is a member of the medical advisory board of the Citizens Commission on Human Rights.

Julian Whitaker, M.D. is the founder of the Whitaker Wellness Center in California and a popular speaker and lecturer. Dr. Whitaker is the author of eight books, including *Reversing Heart Disease* and *Reversing Diabetes*. He is the author of the widely read newsletter *Health and Healing*.

Anthony P. Urbanek, M.D., D.D.S. has a prior fellowship with the National Institutes of Health and is an Oral and Maxillofacial Surgeon. His medical career includes founding medical centers, including the Trelawney Outreach Project in joint venture with the Jamaican government to service 50,000 Jamaicans. He currently practices in Nashville.

¹ Herb Kutchins & Stuart A. Kirk, *Making Us Crazy: The Psychiatric Bible and the Creation of Mental Disorders*, (The Free Press, New York, 1997), pp. 260, 263.

² Edward Shorter, *A History of Psychiatry: From the Era of the Asylums to the Age of Prozac*, (John Wiley & Sons, Inc., New York, 1997), p. 302.

³ "New Worries Over Anti-Depressants," WHIO-TV, 2003.

⁴ "In the Land of Champagne and Croissants, Pills are the King—French Lead the World in Use of Medication," *San Francisco Chronicle*, 15 May 1998; Alexander Dorozynski, "France Tackles Psychotropic Drug Problem," <http://www.bmjjournals.org/cgi/content/full/313/7037/997>, Accessed: 20 Apr. 1996; "Civil Unrest in Socialist France," Idea House, Jan. 1998.

⁵ "Health Care Issues: State of Medicine in France," IDEA HOUSE website, "A Headache," *Economist*, 18 March 1997; figure based on an \$8 billion deficit, and France spending 5% of its healthcare budget on mental health.