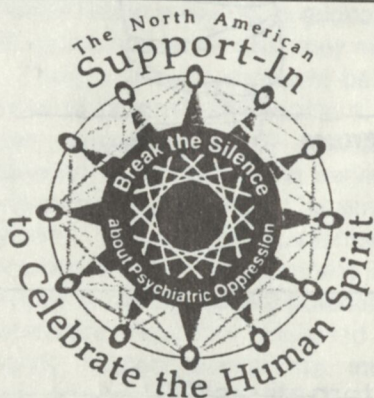


# NAPS/NEWS

National Association of Psychiatric Survivors

Spring, 1990



## Support-In held

As this newsletter goes to press, plans are being finalized for the first North American Support-In, to be held May 11-15 in New York City.

A Festival of Alternatives will be held near a key meeting space of the American Psychiatric Association, which is holding its annual meeting at the same time. NAPS members **Kate Millett** and **Renee Bostick** will debate two psychiatrists at the APA meeting, on the issue of the dominance of the medical model.

In addition to the New York City activities, grassroots local activities are planned in Estes Park, Colorado; Port Alford, Oregon; Eugene, Oregon; Michigan; Pennsylvania, Birmingham, Alabama; and Atlanta, Georgia. NAPS Board member Sandra Everett is helping to coordinate local activities. Organizers hope to develop a broad-based coalition of support. For additional information, contact David Oaks, P. O. Box 11284, Eugene, Oregon 97440.

## Rights cause faces setback

The Supreme Court ruled on February 26 that prison officials may administer antipsychotic drugs to mentally disturbed inmates against their will after gaining approval from prison doctors at internal hearings, but without supervision by courts or outside specialists. Mental health advocates, including NAPS members, had argued in favor of the inmate's unassailable right to choose.

In a 6-3 decision, the court said the procedures established by the State of Washington to administer behavior-modifying drugs are an appropriate resolution to the clash of two rights: that of the prisoner to liberty from arbitrary administration and that of the state to control violent inmates.

It is said the policy, struck down by the Washington Supreme Court, does not violate the 14th Amendment's guarantee of due process, adding that potential infringements of the constitutional rights of prisoners are judged by a lower standard than are those of free citizens.

In a sharp dissent, Justice John Paul Stevens said the court "undervalued the prisoner's liberty interest." Joined by Justices Thurgood Marshall and William J. Brennan, Jr., Stevens added, "The liberty of citizens to resist the administration of mind-altering drugs arises from our nation's most basic values." He charged that the Washington policy, while purportedly aimed at a prisoner's medical needs, is in fact aimed at keeping order within the institution, saying, "Institutional control infects the decisions makers and the entire procedure."

Justice Blackmun noted that the difficult nature of the case was underscored by the fact that the nation's largest mental health professionals organizations had filed briefs of opposite sides—The American Psychiatric Association favors forced drugging while, in this case, the American Psychological Association said in its brief that the state court was correct to guard against the use of drugs.



## Update...

### Conferences invite ex-patient input

\*Disabilities advocate Justin Dart reports that the Americans with Disabilities Act is slowly gaining support. To receive the publication of the **President's Committee on Employment of People with Disabilities**, write to 1111 20th St. NW, Suite 636, Washington, D. C. 20036-3470.

\*NAPS Board members **Judi Chamberlin** and **Rae Unzicker** have been awarded fellowships from the **World Institute on Disabilities** to conduct a study in England and Holland on the emerging development of self-help and mutual support groups in response to deinstitutionalization. Rae and Judi will travel to Europe in mid-June.

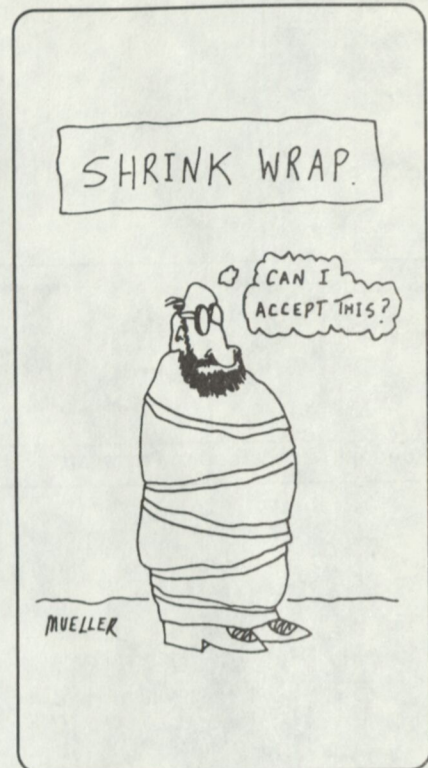
\*NAPS Board member **Paul Dorfner** was featured in the March issue of the OMH News, published by the New York State Office of Mental Health. Paul's TV production company, **White Light Communications**, has several tapes for purchase featuring psychiatric survivors speaking on issues of self-help, the medical model, and alternatives. Write to

**White Light Communications, 7 Kilburn St., Burlington, Vt. 05401.**

\*A proposed state law would protect California nursing home residents from involuntary treatment with powerful tranquilizers that patient advocates say have left thousands of residents in stupors and others dead. The unique bill was spearheaded by **Pat McGinnis, Bay Area Advocates for Nursing Home Reform.**

\*The 1990 **IAPSRs (International Association of Psychosocial Rehabilitation Services) Conference** will be held May 29-June 2 in St. Louis, Missouri. For information and registration materials, contact: **IAPSRs Conference, 5550 Sterrett Place, Suite 214, Columbia, Md. 21044, or call (301) 730-7190.**

\*The Association for Persons with Severe Handicaps (TASH) is planning their 17th annual conference, scheduled for December 6-8, 1990 in Chicago. If you'd like information mailed to you, write: **Hiroko Roe, Conference Coordinator, TASH, 7010 Roosevelt Way NE, Seattle, WA. 98115.**



**Alternatives '90**  
conference set for July in  
Pittsburgh, Pennsylvania

### NAPS receives publication grant

NAPS has been awarded a \$7400 grant from the **Unitarian Universalist Social Concerns Grants Panel**, to support ongoing publication of our newsletter, **NAPS/News**.

According to the UUSCGP Administrative Director Beth Waterhouse, NAPS was one of the few applicants to receive its full request for funding. The grant will subsize two years (eight issues) of the **NAPS/News**, so that all previous recipients will continue to receive the publication. The funds also

support the development of a targeted mailing list of identified decision-makers.

The Unitarian Universalist Social Concerns Grants Panel funds non-traditional social justice causes which are often overlooked or excluded by mainstream funding sources. Other recipients of the 1990 grants include the Cultural Arts Coalition of Gainesville, Florida, Low Income Housing Information Services of Washington, D. C., and Peace Brigades International, of San Francisco.

"Together, Tearing Down the Walls," is the theme for **Alternatives '90**, the Sixth **National Mental Health Consumer/Psychiatric Survivor, Ex-Patient/Client Conference**. The meeting will be held July 11-15 at Duquesne University in Pittsburgh, Pennsylvania.

NAPS member **Sally Zinman** is coordinating a NAPS-sponsored event for this conference. For information about the conference, write to: **Alternatives '90, National Mental Health Consumers Self-Help Clearinghouse, 311 S. Juniper St., Room 902, Philadelphia, Pa. 19107.**



## Position statement

### *MH heads support survivors*

The National Association of State Mental Health Program Directors has issues to following position paper on consumer contributions to mental health service delivery systems:

The National Association of State Mental Health Program Directors (NASMHPD) recognizes that former mental patients/mental health consumers have a unique contribution to make to the improvement of the quality of mental health services in many arenas of the service delivery system. The significance of their unique contributions stems from expertise they have gained as recipients of mental health services, in addition to whatever formal education and credentials they may have.

Their contributions should be valued and sought in areas of program development, policy formation, program evaluation, quality assurance, system designs, education of mental health service providers, and the provision of direct services (as employees of the provider system). Therefore, ex-patients/consumers should be included in meaningful numbers in all of these activities. In order to maximize their potential contributions, their involvement should be supported in ways that promote dignity, respect, acceptance, integration, and choice. Support should include whatever financial, educational, or social assistance is required to enable their participation.

Additionally, client-operated self-help and mutual support services should be available in each locality as alternatives and adjuncts to existing mental health service delivery systems. State financial support should be provided to help ensure their viability and independence.

### **NIMH announces grants for consumer and family activities**

The National Institute of Mental Health (NIMH) has announced an invitation for grant applications for Community Support Program Service System Improvement through consumer and family support activities. The purpose of the project is to assist states and territories to improve community-based mental health services.

Grant applications are specifically sought to increase the participation of consumers and family members in the planning, provision, and assessment of direct and support services for individuals with "severe and persistent mental disorders."

Only mental health authorities in states and territories that do not currently have a CSP State Service System Improvement Grant, or are in the final year of an existing grant, are eligible to apply. Program goals include:

- \*increasing the number of consumer self-help and family support groups

- \*increasing the number of minority individuals in consumer self-help and family support groups

- \*assuring the meaningful involvement of primary consum-

## **What's hot---What's not**

**Just as in every other segment of society, the mental health industry is subject to fads, whims, and trends. Herewith is the definitive guide to what's hot and what's not for the 1990's.**

### **Hip**

chemical imbalance

Prozac

manic-depressive illness

Tough Love

empowerment "consumer" case management

meaningful employment

medical model

severely mentally ill

seasonal affective disorder

Kate Millett

homelessness

being God/spirituality

Decade of the Brain

delusion

children's services

ACOA

insanity defense

Clozapine

### **Not Hip**

having a bad day

Valium

schizophrenia

the Bill of Rights

job clubs

talk therapy

chronic

the Moody Blues

Lionel Aldredge

Donald Trump

thinking you're God

human beings

fantasy

parents

co-dependency

personal responsibility

Thorazine

ers and family members in state and local program planning

- \*increasing opportunities for consumer employment

- \*improving linkages between consumer self-help and family support groups and the formal community support, treatment, and rehab services

- \*enhancing the capacity of mental health agencies to evaluate consumer self-help and family support approaches

Grants may be made for a variety of activities including self-help groups, education and training, anti-stigma campaigns, job training efforts, and other innovative strategies.

It is important to note that only state mental health authorities—generally, the state department of mental health—are allowed to apply for this grant. However, ex-patient/survivors are encouraged to contact their appropriate state authority to develop a plan. For further information, contact Community Support and Advocacy Branch, DESSL, National Institute of Mental Health, Parklawn Bldg, Room 11C-22, 5600 Fishers Lane, Rockville, Md. 20857.



# Thompson analyzes Washington vs. Harper

by Ron Thompson

The decision handed down by the Supreme Court in the Washington vs. Harper case, greatly expanding—in theory if less so in practice—the power to force mind-numbing and behavior-stunting neuroleptic drugs on imprisoned criminals who have been labeled “mentally ill” is so very bad, it is almost good. As an ex-patient, lawyer, and advocate, I offer this interpretation.

The powerful minority (dissenting) opinion is in every way superior to the effort of the majority. The weakly reasoned and shockingly unfair majority result should offer an opportunity for increased public advocacy against the oxymoronic psychiatric ideology of forced “treatment.” Sadly, it will probably take the logically effortless extension of the Harper decision from the criminally committed to the civilly committed, to wake up more of the psychiatrically labeled, advocates, and even the general public to the extent of the danger to freedom values in this confused decision.

None of the attorneys was willing to argue that there might be something fundamentally wrong in allowing the law to irresponsibly coningle the concept of force (associated with punishment of a wrongdoer) with the concept of treatment (associated with medical assistance to a victim.)

Was there no place for considering that mixing these two antithetical concepts might raise not only matters of procedural, but of SUBSTANTIVE due process, like, for example, torture, that there is simply no way to do the thing fairly? Indeed, it is not clear that any of the attorneys would have raised, in legal terms, the bedrock questions of morality which are simply evaded in the current legal debate.

Perhaps this is because the legal terms of the debate are so bad. There is simply no way to approach the forbidding dilemma of our nation-wide “treatment” gulag in terms of the legal concepts presently assumed or allowed to control that debate. Someone must have the tactical or strategic ability to either introduce concepts from other areas of law, or to employ some new format of facts or moral logic that halts the growing and shameful obfuscation of reality, to which the Harper

case is a depressing addition.

The majority opinion states, “...the fact that the medication must first be prescribed by a psychiatrist, and then approved by a reviewing psychiatrist, ensures that the treatment in question will be ordered only if it is in the prisoner’s medical interests, given the legitimate needs of his institutional confinement.”

Really? The mere statement that one psychiatrist prescribes, and another approves, “medication,” with no reference to the willingness of the individual to take it, “ensures” that the “treatment” will be ordered “only” for medical reasons. And all this at the same time neatly blends with “the legitimate needs of the institutional confinement” (curious phrasing, not “the legitimate needs of the institution,” which might be fairly straightforward and understandable.)

With that amazing sentence, it would appear that members of the court majority simply gave up thinking like lawyers, in terms of a “rights model” toward Harper and all others similarly situated, and transformed themselves into half-baked psychiatrists, swallowing whole the bizarre caricature of a medical model which psychiatry, with the collusion of an indifferent or frightened public, has produced.

With regard to the procedural aspects of the breakdown of law for involuntary mental patients, I don’t think we could have a clearer or more forceful analysis than that provided by Justice John Paul Stevens in his dissent. In sharp contrast to the conclusory fog emanating from the majority opinion, the dissent closely examines, first of all, Harper’s medical records set against the state policy he sought to have overturned.

Second, the dissent also examines past Supreme Court rulings in light of the Harper result. Stevens looked at such well-known (to advocate lawyers) cases as Parham, Vitek, Rogers, and Youngberg, and argues that the Harper majority either misreads or ignores the precise holdings in each case in order to massively dilute the “liberty interest” Harper supposedly has in avoiding unwanted psychotropic drugs. As Justice Stevens wrote, “a competent individual’s right to refuse such medication is a fundamental liberty interest.” Because of its “fundamental” nature,

Stevens would conclude that this right to refuse neuroleptic drugs “is an aspect of liberty requiring the highest order of protection under the Fourteenth Amendment” due process clause.

*Ron Thompson is a member of the NAPS Board of Directors, and lives in Bethesda, Maryland. He attended the arguments of the Harper case at the Supreme Court. This article has been excerpted by the editors from a lengthier piece, with apologies to Ron for any errors in clarity.*

Elie Wiesel, accepting the 1986 Nobel Peace Prize, said:

**“Take sides. Neutrality helps the oppressor, never the victim. Silence encourages the tormentor, never the tormented.”**

## Breggins start Men Who Care

NAPS supporters Peter and Ginger Breggin have developed a new organization to unite against the abuse of women and children. “Men Who Care” is a non-partisan, non-profit research and educational association whose objectives include providing public information on the prevalence, importance, and consequences of the male abuse of women and children, such as domestic violence, incest, and rape, as well as promoting a mode for men and boys of equality and non-coercion toward women and children. Members of the national advisory council include feminist Gloria Steinem. For more information, contact **Men Who Care, 4628 Chestnut St., Bethesda, Md. 20814.**



## NARPA meeting in Miami Beach, November 1990

The 1990 Conference Committee of the **National Association for Rights Protection and Advocacy (NARPA)** announces its Ninth Annual Rights Conference, to be held November 7-10, 1990 in Miami Beach, Florida. Presentations are being sought in the following areas:

**Substantive issues**, such as developmental disabilities rights; issues of women, children, and minorities; right to refuse; psychiatric drugs; housing and employment strategies; and ex-patient involvement.

**Advocacy Leadership**, such as advocacy management and skills, ethics, utilizing the media, and cooperating with other disabilities organizations.

**Litigation skills in Mental Health and Developmental Disability Cases**, such as discovery, deposing expert witnesses, examination and cross examination, and attorney's fees.

Written proposals should include a 50-100 word description, including objectives, as well as the qualification and experiences of proposed presenters. Send to: **Mary Olympia, NARPA Conference, c/o Mental Health Assn of Minnesota, 328 E. Hennepin Avenue, Minneapolis, Mn. 55414.** Deadline is May 31, 1990.

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MY CREEPY EX-BOYFRIEND

RUDE PEOPLE

ADULT CHILDREN OF GOLF ENTHUSIASTS

MY APARTMENT IS TOO SMALL

I LOVE MY CATS

I FEEL SOMEWHAT STRESSED

MY ACHING BACK

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I HATE THE WAY MY MATE CHEWS WAFFLES

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## Matrix looks for client-run businesses

The Matrix Research Institute is currently conducting a survey funded by the National Institute on Disability and Rehabilitation Research titled "A National Survey of Consumer-Employing Businesses in Mental Health and Vocational Rehabilitation Facilities Serving Persons with Long-Term Mental Illness." The researchers are seeking information regarding businesses run by and for consumers of mental health services, and want to identify agencies that are like to meet many (but not necessarily all) of the following criteria:

\*offer at least minimum wage pay rates

- \*clients are working at least half time
- \*clients work at standard production expectations
- \*integration exists with non-disabled persons in the work setting
- \*business staff are focused on production rather than support
- \*separate accounting systems exist between agency and business

To participate in this survey, contact Barbara Granger, Research Associate, Matrix Research Institute, 2979 School House Lane, Kenilworth 106, Philadelphia, Pa. 19144.



# Cameron: System offers no-choice choices

by Doug Cameron

Recently, I have been reading a book, a classic in its field, entitled "Orientalism." One of the main thrusts of the famous work is that what divides is negative and what brings us together is positive. This, Said (the author) implies, applies to all sciences, especially the so-called humanistic or social sciences such as anthropology, psychology, government, etc. From Said's work, which points out many false and artificial divisions between East and

West, Muslim and Christian, Oriental and Occidental, the formers which have been denigrated in all cases respectively through the false science of "Orientalism," I cannot help but see the parallel to the so-called "mentally ill person" or "consumer" and the rest of mankind.

I could spend pages and pages pointing out the culpability and pseudo-application of so-called psychiatric science, whose literalizing and biologizing labels

have created the illusion of a "type" of human species, a "sub-human inferior" known as "mentally ill person," for which psychiatry is largely responsible. But what is more frightening and more unnerving is the number of persons who have so literally bought into this artificial ideology as "mentally ill person" and who identify more with this type of "sub-species" than with human beingness. So much have "mentally ill persons" identified with this "type" created by a divisive and semi-scientific force known as psychiatry, that they are willing to be treated differently than human beings; so apart and alien have they now accepted themselves in yielding to this role of "mentally ill person" that they passively allow unequal treatment, obsequiously assenting to locked doors, easily relinquishing their right to say no to what they inherently do not want for themselves, in lieu of the all-too-willfully guiding hand of the fatherly Fascist, genetic-oriented (always the hallmark of Fascism, bigotry, and serviced race-servant race mentalities) regime operating as "medical" and "scientific" and deeming itself "psychiatry."

The role of "mentally ill person" seems to me so organized to advocate against the system (which is the only form of advocacy there is, so far as I am concerned), seems inundated first by "mentally ill persons" and then, quite possibly and somewhat remotely, certainly secondarily, by human beings.

My own preference is that we are human beings who have been tampered with, human beings who have a right to be treated with the same rights and protection as any other human beings, and human beings with different experiences and perspectives, some good, some bad, and some for which we are still looking for answers. We are no different than any other human beings and our experiences are not unique, merely different and varied. If we do not yield to the "different type" ideology, we will find our commonality with our fellow man. Some of us have done so already. As human beings, we deserve more than merely "mental patients rights." We deserve human being rights. This means we should not be satisfied with "humane treatment" within locked doors. We deserve no locked doors whatsoever. We should not be

(continued on page 7)

## ***From the sublime...***

"In a mad world only the mad are sane."

Akiro Kurosawa, Oscar-winning director

## ***To the ridiculous...***

At a luncheon for the United Negro College Fund, Vice President Dan Quayle tried to invoke the organization's slogan, "a mind is a terrible thing to waste." Instead, he said,

"What a waste it is to lose one's mind. Or not to have a mind."

## **Warning: This article is intended to be provocative**

by Judi Chamberlin

Recently, a number of people in the advocacy community (broadly defined) have been very concerned about the stigmatizing effects of a new movie, "Crazy People," and particularly by the advertising campaign for it. For weeks before the movie opened, huge billboards announced, "Crazy People Are Coming," and then "Crazy People Are Here." Is this a slur on us? Should we be outraged, horrified? I, for one, am not.

Much of the so-called "anti-stigma" effort has been controlled by people who have a powerful stake in the medical model and in speaking for those they call, quite stigmatizingly, "the mentally ill." I find this dehumanizing phrase far more insulting than much of what they are protesting.

The American Psychiatric Association, the National Alliance for the Mentally Ill, the American Mental Health Fund (that's John Hinckley's parents, and their slogan is "Learn to see the sickness") and others who head this "anti-stigma" effort have

never considered it important to find out from us, the people who have been labeled, what we would like to be called. And they don't listen when we do tell them—can you imagine the APA, for instance, speaking publicly about wanting to enter into a dialogue with "psychiatric survivors"? No, they only want to talk with "consumers," and "mentally ill consumers" at that!

Everyone knows what the word crazy means. It's not a pseudo-scientific, pseudo-medical word that pretends to explain everything, yet explains nothing (like "psychotic" or "schizophrenic"). "Crazy" is purely subjective, which is as it should be. Something is deemed "crazy" when the speaker doesn't understand it, or doesn't want to. We call ideas we don't like crazy—I think it's crazy to lock people up because they see the world a little differently but, then, we live in a pretty crazy world.

I haven't gotten around to seeing "Crazy People" yet, but I intend to. The whole point of the movie, from

(continued on page 7)



## Cameron, continued... (continued from page 6)

satisfied with treatment chosen by others. We deserve the treatment of our choice and, more so, no treatment at all if this be our decision. Other human beings have the right to liberty and the pursuit of happiness. Are we, because someone besides ourselves has typologized us, supposed to have fewer rights or more minor rights than other human beings?

It is time to walk away from the role of "mental patient" first and human being second. Human beings first and human beings last, we shall and should demand our equality with other human beings and refuse to acknowledge the illusion of a label, refuse to acknowledge the fictional division of human being vs. mental-patient being, refuse anything less than our right to pursue happiness in any manner we choose, drug-free if we wish, and with no apologies for our equality. Indeed, we should demand it. Indeed, they should apologize to us.

Let us fight to destroy the enslavement known as "the mental health system" with its forced incarcerations and forced drug-gings, its myriad of do-gooders foisting involuntary "medical" treatment upon us for "all our own goods," its no-choice choices, its "humane prisons," and its Orwellian "double-think." Let us do this by always remembering both as individual as and a group, we are human beings first, foremost and always—and that no other label has any meaning whatsoever.

*(Doug Cameron is a human being, psychiatric survivor, and NAPS member from Austin, Texas)*

## Anti-stigma efforts misdirected

(continued from page 6)

what I can gather from the film clips and the reviews, is that the hero gets labeled and locked up for—get this—telling the truth. You see, he's a professional advertising writer, and we all know that they're supposed to lie. So he gets locked up for writing ads that tell the truth about products, and once in the institution, he teaches all his fellow inmates to write truthful ads too, and they all become wildly successful. So what's so crazy about that?

All this reminds me of the big flap, a few years ago, about how another movie, "The Dream Team," was supposedly so insulting to us. That's the one about three mental patients on a pass to see a ballgame, who wind up catching a murderer, even though at first no one will believe them because they're mental patients. Everyone thinks they must have done the murder because, of course, crazy people (excuse me, "the mentally ill") are all violent and dangerous. When I finally rented the video recently, I was delighted to see that the writers were quite aware of the real questions about who is crazy and who is sane, and they quite successfully poked fun at the pomposity of psychiatrists into the bargain.

Let's not forget that our friends

who are so eager to protect us from the stigma are the same ones who keep thinking up new illnesses, and who are all too eager to label and treat us without our consent. So we have NAMI protesting "Crazy People" on the one hand, and eagerly volunteering their sons and daughters as human guinea pigs for the new experimental drug Clozapine, a potential killer, on the other. Actually, that's not quite right—I'm not so sure they think of us a "human," just "mentally ill." And then they go off, quite satisfied with their day's work, to an anti-stigma meeting. Are these the people who should be telling us about stigma?

*Judi Chamberlin is a NAPS Board member and coordinator of the Rubie Rogers Advocacy and Drop-In Center in Cambridge, Mass.*

**NAPS/News** is published quarterly by the National Association of Psychiatric Survivors, P.O. Box 618, Sioux Falls, S. D. 57101

★

Co-editors for this issue are Pat Weisser and Rae Unzicker.

## Renew your NAPS membership—we need your support!!

Even with foundation support, the day-to-day work of NAPS needs your financial help. Every day, we receive requests for information, referral, legal assistance, and support. Responding to every request requires time, energy, and money. NAPS volunteers donate our personal resources, but we also need your help. Recently, you received a letter

asking you to renew your annual membership. Please respond and send us a check! Or, if you're not a member, please join us...or make a contribution to NAPS.

We still have several copies of Huey Freeman's book **Judge, Jury, and Executioner** available, and we'll send you one as a thank-you for a donation of \$50 or more.

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### Inside this issue...

- *NIMH consumer grants announcement*
- *What's hip and trendy in the mental health biz*
- *"Crazy People" OK, writes Judi Chamberlin*
- *Report on the Harper case, with analysis by Ron Thompson*