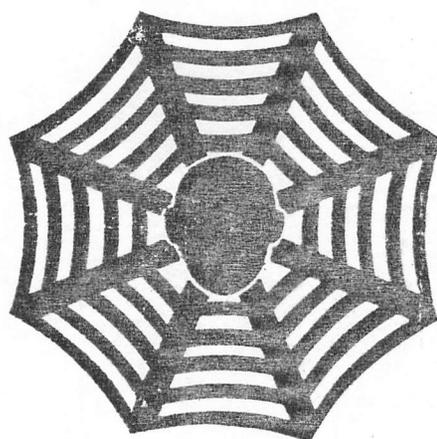


50 p.

CAMPAIGN AGAINST

PSYCHIATRIC



OPPRESSION

(CAPO)

Introduction, Manifesto, Demands

CAMPAIGN AGAINST PSYCHIATRIC OPPRESSION

(CAPO)

Introduction

If someone is having their arm twisted it does not mean that they are ill if they feel pain - there would be something wrong with them if they felt nothing! And the remedy is not to insist that they take pain-killing pills, that they are really imagining it all, or in fact torturing themselves. No! The answer is so simple a child might see it - though not a shrink, who is trained not to see what is in front of his face anyway; the answer is quite simply to stop the twisting. It is the same with someone caught in the torments of an untenable and contradictory social situation.

Even psychiatrists who admit the dangers and disadvantages of their "treatments" attempt to justify them on the grounds that it is better for the "patient" to submit to these measures rather than suffer from crippling anxiety, crippling depression, or crippling confusion.

We deny this, and assert that "patients" are not crippled by anxiety or depression or confusion; but on the contrary they are anxious or depressed or confused because they are crippled - by circumstances over which they have little or no control, circumstances which thwart, which threaten, which confuse. When a person's behaviour is intolerable to his/her fellow humans, it is usually because his or her situation is intolerable to him or her, and such a person may need help to change the situation they are in.

Psychiatric institutions and psychiatry do nothing to change this situation, but rather they serve to perpetuate it by forcing the person to accept and adjust to it. (We reject the idea that "being well" is the same as "being normal" or the same as "being good" - i.e. behaving as you are expected to behave).

The situation into which they -the victims of psychiatry - return is then made worse because of the label they were given - which continues throughout life. This label, such as "schizophrenia", "personality disorder" (and many others), makes it easy to discriminate in getting jobs, etc.

Psychiatry is one of the most subtle methods of repression in advanced capitalist society. Because of this subtlety, few recognise the dangers shrouded by the mystification of "modern medicine". The psychiatrist has become the High Priest of technological society, exorcising the "devils" of social distress by psychosurgery (butchery of the brain), electric shock "treatment" (plugging brains into mains) and heavy use of mind-controlling drugs. The "mental patient" is a sacrifice we make while we serve the gods of the Capitalist Religion.

The heavy weapon of psychiatry, like many others, is held at the heads of the working-class in order to control them. Statistics show that proportionately more "admissions" to psychiatric institutions originate from areas of poverty, bad housing, high unemployment and heavy industry - in short working-class areas. The suffering inflicted on the working-class, and particularly on women, through extreme material poverty, social repression, home and work frustration etc., obviously has a tendency to result in anxiety, depression, and sometimes "delusions" as a form of escapism - though it should be recognised that what a psychiatrist calls "delusions" are often accurate perceptions of the workers' oppressed reality.

In this way they become the scapegoats for the economics of capitalism, which has deliberately created a pool of unemployment in which they become depressed, disillusioned, and lose confidence in themselves.

THE PSYCHIATRIST DOES THE REST!

The middle-class is not exempt from falling foul of the system. As the managers, administrators and apologists for capitalism, the middle-class is obliged to defer to the ideology of its masters, the ruling class of money-barons. In order to preserve its status and security of economic privilege, and the tenuous distinction between itself and the working-class, members of the middle-class who offend against, reject, or are unable to cope with, the values of alienated individualism (squalid private mentality), competitiveness, and "striving for success" are seen as a threat to the class values and therefore the class position. "Deviants" expressing their escape from, or attack of, the class values through "depression", "psychosis", or "character disorder", having thus been labelled, add to the numbers conveniently dealt with by psychiatry.

Confronted by psychiatry the "patients", from whichever class they come, are thrown into the relationship of the workers versus the ruling-class. The psychiatrists, agents of the capitalists, enemies of change, proceed to con the "patients" into the belief that it is they who need changing!

Just as the poor are blamed for their poverty, the unemployed for their "idleness", slum tenants for their bad housing conditions, and "backward" school-children for their "backwardness", the psychiatric "patients" are blamed for their "illness".

IT IS TIME THAT WE FOUGHT BACK

Together with other oppressed groups, victims of psychiatry, through an organised Campaign Against Psychiatric Oppression must take COLLECTIVE ACTION and realise their power in the class struggle - alongside Trade Unions, Claimants Unions, Prisoners' Rights, Feminists, Ethnic Minorities Rights, Gay Liberation, etc.

We therefore issue our DECLARATION OF INTENT

1. To call in question the prevalent concepts of "mental illness" and "mental health", to demonstrate that what currently passes for "mental health" is often the measure of the person's exploitability by those who own (or otherwise control - as in State Capitalist societies like the U.S.S.R.) the means of production and distribution of commodities, and to show that a person called "mentally ill" is often someone strongly reacting against their exploitation.
2. To provide (or else direct people towards) alternatives to the oppressive/hierarchical psychiatric institutions, which are based on force, deceit, and mystification.
3. To advise people under psychiatry of their RIGHTS, few as they are at present, and to help them fight for them. (Compiling lists of Legal Aid solicitors, etc.)
4. As part of the process of dismantling psychiatry, as we know it:
 - a. To campaign on special issues such as the banning of ECT, long-acting drugs, for example, Modecate, Moditen, Imap, Semap, Depixol, etc., and all forms of psychosurgery - Amygdalectomy, Hypothalectomy, Cingulectomy, etc. - any surgical method which is used to control a person's behaviour or change their personality. (These operations have been condemned by the World Health Organisation since 1976).
 - b. To set in motion a campaign to give financial compensation to those who suffer from drug-induced Tardive Dyskinesia, the result of prolonged "medication" with the phenothiazine group of drugs - and other similar "major tranquillisers".

- c. To increase public consciousness by exposing the elitist/sexist nature of psychiatry, and to help people realise that they have the ability to question it. (Campaigning outside 'bins' etc.)
5. To assist with housing initially
- a. by putting people under psychiatry, and those who are in danger of becoming psychiatric inmates, in touch with squatting groups and other housing groups.
- b. And then setting up CAPO houses which, as well as providing accommodation and support, will become centres of CAPO activities.
6. To do research into the alleged causes of so-called mental illness and to publish the results. (In pamphlets which are non-exploitative in cost, dealing with the damaging effects of ECT, chemical convulsive drugs - "Indoklon" for example; the myth of the biochemical concept of "mental illness", and in particular the deeply entrenched fiction that it is all basically due to "bad heredity".)

DEMANDS

1. The ABOLITION of compulsory "psychiatric procedures" - i.e. we demand the effective right to refuse ANY "psychiatric procedure".
2. The ABOLITION of irreversible psychiatric procedures - electric shocks to the brain, convulsion-inducing drugs (Indoklon etc.) and psychosurgery.
3. That the phenothiazine group of drugs - and those with similar effects - should not be given without THE INFORMED CONSENT, IN WRITING, of the person concerned, and that they should have the RIGHT to discontinue them at any time.
4. That people should be informed if a "treatment" is experimental, and should have the right to refuse to be experimented on.
5. That people should be told what psychiatric procedures they are receiving, and what the effects are - including long-term and "side-effects".
6. The ABOLITION of isolation "treatments" - seclusion in locked side rooms, padded cells, etc.
7. That excepting only those "treatments" which we demand should be completely abolished, everyone should have the effective right to any non-coercive and non-manipulative help.
8. The RIGHT of IMMEDIATE ACCESS to a FREE telephone call, both SENT AND RECEIVED, to or from any party, for people going into, or taken into, psychiatric custody whether "informal" or on any section.
9. The right of anyone to inspect their own psychiatric case-notes, and/or to have them inspected by any professional or lay person of their own choosing, and, where appropriate, to take legal action relating to the contents and consequences of them. (This as a first step towards the abolition of the practice of retaining psychiatric case-notes in filing or other storage systems.)
10. That local authorities should provide DECENT housing for people wishing to leave psychiatric institutions, and that ADEQUATE social security benefits

should be provided; and that failing this, NO PERSON should be forced to leave against their will.

11. The RIGHT of inmates to retain their personal clothing in a psychiatric institution, and the RIGHT to wear it if so desired; and the RIGHT to secure personal possessions - without interference from the institution staff (or any other person).
12. The end of the use of "mental patients" as CHEAP or SLAVE labour - whether inside institutions or outside in day-centres, hostels, etc. No person should be pressurised to work, but those who do so should be paid the industrial negotiated rate for the job. Those who do not work must receive FULL social security rates.
13. The ABOLITION of the right of psychiatric institution "authorities" to withhold and control inmates' money.
14. That inmates of of psychiatric institutions should have the right of recourse to a room in which they can enjoy their own privacy, or have privacy with others, of either sex, of their own choosing. This should apply also to residents of hostels, "half-way houses" and the like, associated with psychiatry.
15. The RIGHT of psychiatric institution inmates to receive and send mail and to make and receive telephone calls without interference, and to receive OR REFUSE visitors.
16. The RIGHT of CAPO members or representatives to inspect ALL areas of psychiatric institutions, or their equivalents.
17. That everyone under psychiatry, including those threatened with being made psychiatric inmates, should have the RIGHT to a FREE second opinion by a radical psychiatrist of the person's, or CAPO representative's, choice, if he or she wishes.
18. That every psychiatric inmate should have the RIGHT to effective appeal machinery and FREE legal aid.
19. That psychiatric inmates should have the RIGHT to call meetings without hindrance from the staff, and to hold them without the staff imposing themselves or otherwise interfering.
20. The WITHDRAWAL of the 1983 Mental Health Act and its legislative framework, and its replacement by new legislation that recognises that the RIGHTS of people under psychiatry are the same as for other individuals in society, and that what is against the interests of the individual is against the interests of society; this to include the RIGHT of FREEDOM under the law for people under psychiatry, giving them full access to the courts, and with provisions to make doctors AND nurses LEGALLY accountable for their actions.

21. That facilities for people with problems in living should be run under the democratic control of ALL members.

22. No more Social Security Acts (like that of 1973) which contain a clause to the effect that S.S. benefit can be refused or stopped on the grounds that a "psychiatric patient" is not co-operating in his or her "treatment".

23. The taking of the drugs industries into public ownership - under democratic control.

24. The eventual TOTAL ABOLITION of psychiatry, as we know it, to be replaced with community care and understanding based on the demands listed above, together with others not as yet formulated.

"CAPO" can be contacted by post (no callers please)
c/o 18 Seymour Buildings,
Seymour Place,
London, W1H 5TQ

