
INTRODUCTION

Be wary of any number with a nine in it.

Sid G, a man in a cafe, a man with no shares in a share-owning democracy

IT IS MARCH 1999. I am sitting in my local cafe listening to an impoverished man explain how to win next Saturday's rollover lottery jackpot. 'Be wary of any number with a nine in it . . . look out for the ones . . . twenty-one, thirty-one, eleven . . . one . . . they'll all be coming up.' Glancing down at my newspaper, I notice an article about the *Millennium Show at the Millennium Dome*: the powerful, the rich, the famous and the beautiful are all planning to see in the new millennium on the back of Sid's money.

In the same newspaper there is an article describing (yet another) survey that links poverty and poor housing to physical and mental health problems, and (yet another) report of the Labour government's intention to keep to its pledges to set a minimum wage that makes people poor and to rate-cap any Local Authority that significantly increases its expenditure.

This is madness.

Help is on hand, however, because in our society there is a system that claims to have treatments that can cure madness. It is something that we find even more maddening than a lottery-sponsored millennium dome. Occasionally known as the psychocomplex, more often referred to as the mental health system, in this book we have simply called it psychiatry.

Information is power.

Michel F, a French psychologist and philosopher

John Sweeny, journalist of the year in 1998, said that good journalism enables the people without power to discover what the people with power know. One of the main aims of this book is to provide people who feel powerless when faced with the psychiatric system, be they psychiatric survivors, in-patients, friends, relatives or professionals within the system, with insights into what the psychiatric system is really like and ideas about what might constitute a better response to madness in our society. Armed with this information, it is hoped that people will be able to challenge, change or perhaps escape the psychiatric system. This might occur at various levels. One reader might be able to prevent electroconvulsive therapy (ECT) being given to a person who does not know about the consequences of electric shocks going through the brain. Another might become aware of and subsequently seek alternatives to 'treatments' as ways of living with, surviving or overcoming psychological distress. Perhaps another will be inspired to follow the examples of people like Pam Jenkinson and Brian Davey (see later chapters), who, when they saw the psychiatric system for what it is rather than what they imagined or hoped it to be, set up their own alternative means of providing help outside the mental health services.

Who knows what benefits information can bring?

If you know your history . . . then you would know where you coming from.

Bob M, a rastafarian, a songwriter, an inspiration

One of the challenges that this book lays down is a challenge to the idea that the psychiatric system is largely benign, and that there has been continual progress towards more humane and helpful ways of alleviating psychological distress. The chapters in this book, including the opening chapter by Craig Newnes on the history (or histories) of psychiatry, question such a view. The *stories* in these chapters offer insights into how the current system has come to be characterised by treatments that can harm rather than help, by 'experts' who seem to be on a different planet to the 'patients', by systems that sometimes crush people who are different, by categorising, monitoring, and removing people, and by coercion rather than care.

A balancing rather than a balanced view.

David C, a voice for many that have been silenced, and chapter writer in this book

David Crepaz-Keay, whilst facilitating a workshop on medication during the 'Thinking about Psychiatry' course (a course which inspired the writing of this book), used this phrase to describe the aim of his workshop. He meant that the literature, newspapers and psychiatric system were full of people extolling the virtues of psychotropic medication, and he was going to provide some balance to this by solely concentrating on the negative aspects of medication. In a similar way, this book aims to provide a balancing view to the notion that psychiatry is benign and the best way of responding to madness.

The psychiatric system gives weight to expert opinion; this book gives weight to the lived experience of people. Thus half of the chapters are written by people who have been in the system. Peter Campbell gives an historical overview of the user/psychiatric system survivor movement. Others from this movement write about their experiences and give a voice to the experiences of many others who have survived, and sometimes not survived, their involvement with psychiatric services (see chapters by Marese Hudson, Ron Coleman and David Crepaz-Keay). Alongside these accounts, the chapters from mental health workers and academics also attempt to balance prevailing psychiatric opinion that both medicalises and individualises psycho-social problems. Thus the bedrock of psychiatry, diagnosis and the medical model, is critiqued by Mary Boyle in terms of its lack of validity and usefulness as a means of describing (let alone alleviating) the misery and pain of those diagnosed as mentally ill. The idea that schizophrenia is an illness and can be treated like other medical illnesses, a view constantly repeated by psychiatrists, mental health workers, organisations such as SANE, the newsmedia, politicians, as well as by many people with the diagnosis and their relatives, is challenged by Mary and, amongst others in this book, Ron Coleman and Lucy Johnstone. People's immediate and more distal (e.g. social) environment is given much greater weight as a counterbalance to the emphasis in the 1990s on genes and biochemistry. Poverty, abuse, and sexual and racial discrimination are given far greater credence as factors in the creation of human distress (see chapters by Jennie Williams, and Nimisha Patel and Iyabo Fatimilehin). Alleviation of that distress requires changes in people's environment, whether that be their family or home environment (see the chapter

by Lucy Johnstone), their work or educational environment (see chapters by Brian Davey and Tracey Austin), their community (see chapters by Valerie Noble and Rachel Winters) or the wider, social environment (see chapters by Jennie Williams, and Nimisha Patel and Iyabo Fatimilehin).

The need for alternatives to psychiatry is clear when one reads the chapters by Marese Hudson, David Crepaz-Keay and Katy Arscott (on hospitalisation, medication and electroconvulsive therapy respectively). Some of the alternatives described in this book include the exploration of meaning behind so-called symptoms of mental illness (see the chapters by Ron Coleman on hearing voices, and Peter Hulme and Lucy Johnstone on people with a diagnosis of schizophrenia), crisis houses run separately from mental health services and not staffed by mental health professionals (Pam Jenkinson's chapter), self help and user-led initiatives (Vivien Lindow's chapter), work within communities to reduce and ameliorate the causes of psychological distress and accessing meaningful work and education opportunities (chapters by Brian Davey and Tracey Austin).

Ron Coleman emphasises the need for alliances when tackling something as powerful as psychiatry. David Pilgrim and Lesley Waldron show how mental health professionals and users of services can work together, sharing and exchanging their expertise in attempts to improve and change the current system. This chapter, like many others in the book, provides a balancing view to the notion that 'mental health professionals know best'. The final chapter (by Craig Newnes and Guy Holmes) entertains the possibility of a future that is released from this hubris; a future where people's expertise relates more to what they have learned from their experiences and the personal skills that they have in helping people, rather than their professional status. It draws together all the conclusions from the preceding chapters in an attempt to map out a radical alternative to the current mental health system. Future responses to what we tend to call madness need not be so mad.

'Nothing that goes on in the psychiatric hospital is remotely normal'

Olive B, a psychiatric survivor and participant on the Thinking about Psychiatry course

In the past five years in Shropshire, two courses ('Thinking about Psychiatry' and 'Alternatives to Psychiatry') were organised by a

mix of ex-users of psychiatric services and mental health professionals, and were attended by a mix of current and past users of psychiatric services, qualified professionals, people in training and interested others. The people who lectured and ran workshops on the courses are largely the chapter writers in this book. The bringing together of these people was intended to encourage and enable an open and frank debate, and to allow people to exchange their experiences and ideas in a way that rarely happens in the mental health system. It is hoped that on reading the book, whatever your background and whatever your views, you too will have found plenty to make you think.