

The Need for a Mental Patients' Union

Some Proposals



"An individual having unusual difficulties in coping with his environment struggles and kicks up the dust, as it were. I have used the figure of a fish caught on a hook: his gyrations must look peculiar to other fish that don't understand the circumstances; but his splashes are not his affliction, they are his effort to get rid of his affliction and as every fisherman knows these efforts may succeed." - Karl Mennenger.

[Karl Mennenger should be Karl Menninger - There was a printing error and someone wrote in e by hand. I have not traced where the quotation comes from, but, according to one biography, Menninger used the fish analogy often. See 1930]

In the past few years a number of groups have sprung up in opposition to the reactionary institutions of the mental hospital and psychiatry. Ignoring patient involvement, the impetus of these groups' radical alternatives, however, have become little more than intellectual discussion points and shop-talk for students and professionals. PATIENTS, it would seem, are seen as incapable of playing any part in fighting for such alternatives.

Almost colluding with the myth that mental patients are 'inadequate', these groups have dismissed completely the fact that patients, of whom most are

working class, together with hospital workers and nurses, are the only agents of revolutionary change inside the mental hospital.

The Paddington Day Hospital Protest has so far been the only example of realised patient power in this country. But this power was only directed at the single issue of keeping the hospital open and, as a result of its limited success, it collapsed without using its political potential.

WE strongly feel that PATIENT POWER could be mobilised effectively against the psychiatrist and the mental hospital, agent and agency of the ruling class, through a politically organised MENTAL PATIENTS' UNION.

Why is a union necessary?????

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 leucotomy (butchery of the brain), electric shock treatment - ECT (plugging brains into mains), and heavy use of mind- controlling drugs. The mental patient is a sacrifice we make whilst we continue to 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. Facts show that proportionately more admissions to mental hospitals originate from areas of poverty, bad housing, high unemployment and heavy industry - IN SHORT, WORKING CLASS AREAS. The suffering inflicted on the working class through extreme material poverty, social repression, home and work frustration etc. obviously have a tendency to result in anxiety, depression and sometimes delusions as a form of escapism.

PICTURE: CAPITALIST AT PRODUCTION LINE ADMINISTERING ECT

The working class and mental illness

In our class society, workers are treated as mere units of production rather than as human beings with feelings. Manual workers are forced at times to react as individuals against the boredom, sterility and virtual slavery of their work function within capitalism, remaining unaware and apathetic of their role as agents of social change. Alienated from their labour, appendages of mass production machinery, or aimless producers of socially useless products, trapped in the breadwinner role between family and job, it is hardly surprising that the man who has worked on a production line for 20 years could become increasingly depressed and eventually regard himself as a 'machine' or could become so divorced from the reality of his repressed existence that he starts to live, talk and think apparent 'fantasy'. At this point he is shunted to the

surgery where he can be conveniently labelled by the G.P. as 'mentally sick' and referred to the psychiatrist. But the psychiatrist ignores the social and economic cause of the 'apparent symptoms', since to recognise their importance would expose the pretensions of psychiatry which claims to locate the 'distortion' or 'irrationality', or 'sickness' within the individual. The medical profession, through psychiatry, therefore, colludes with the profits system.

In the same way, working class WOMEN are subject to this imposed insanity. Not only do some women suffer the same work conditions as male manual workers, often for lower pay, but they are expected to act as slaves to their children and husbands. The traditional women's role is that of 'homemaker', but compelled by her husband's low income, or unsupported or hounded by the S.S., she may have to go out to work. She may also be forced to work as an escape from her insulated, isolated fifteen storey council flat or the chronic conditions of rented rooms. Many women caught in this dual role feel guilty at their apparent inadequacy in the home, become depressed and unable to cope. Stigmatised by the family, school, health visitors and social workers, they soon find themselves presented to modern medicine as suitable cases for treatment!

Another road to 'mental illness' could be UNEMPLOYMENT. When workers are no longer useful to the capitalist economy (i.e. their labour value is lost), they are thrown onto the human scrap heap like useless pieces of machinery. Unemployment directly benefits capitalism, since it discourages industrial action for better working conditions and wages, KEEPING PROFITS HIGH AND BIG BUSINESS HAPPY. Meanwhile the state conveniently covers for the system by blaming unemployment on pay inflation but is left with the responsibility of keeping down the anger of Trade Unions at the increasing numbers of unemployed. So the system quickly attaches the labels of 'lazy' and 'inadequate' to some mystical proportion of the unemployed through its propaganda media - however, this method no longer suffices to dupe the more organised sections of the working class. But at the same time in increasing use, is an equally effective method which subtly stigmatises the worker (now a 'deviant' because he does not work): he is labelled 'mentally ill'. This is not difficult to do, because by this stage the unemployed worker is beginning to feel the bite, since he is not fulfilling his breadwinner role and the pressures within the family are increasing. He also feels frustration at not finding a job and humiliation and victimisation in claiming social security. However the immediacy of the family's needs makes it difficult for it to sustain the drop in living standards and they blame him for their hardship rather than the system. In this way he becomes the scapegoat for the economics of capitalism which have deliberately created the pool of unemployment in which he is trapped. Crushed beneath the mounting pressures, he becomes depressed, disillusioned and aimless. The psychiatrist does the rest!

The threat of middle class deviance to the status quo

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, the middle class must maintain reactionary values. Those members of the middle class who offend against, reject, or who 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 been thus labelled, add to the numbers conveniently dealt with by psychiatry.

Confronted by psychiatry the patient, from whichever class he comes, is thrown into the relationship of the worker versus the ruling class. The psychiatrists, agents of the capitalists, enemies of change, proceed to con the patient into the belief that it is he who needs changing.

Just as the poor are blamed for their poverty, the unemployed for their idleness, slum tenants for their housing conditions, and 'backward' schoolchildren for their 'backwardness', the patient is blamed for his 'illness'.
IT IS TIME THE PATIENT FOUGHT BACK!

Together with other oppressed groups, patients through an organised **MENTAL PATIENTS' UNION** must take **COLLECTIVE ACTION** and realise their **POWER** in the **CLASS STRUGGLE**, alongside Trade Unions, Claimants Unions, Women's Liberation, Black Panther Groups, Prisoners' Rights etc...

FULL PAGE STRIP CARTOON OF THE UNEMPLOYED WORKER'S PATH TO AN AMBULANCE

What can a union do?

1. Propagandise. By leafleting mental hospitals, day centres, hostels, industrial therapy units etc.

(A) to expose:

- the myth of voluntary treatment and admission to hospital.
- the myth of treatment, and the ways in which it is used as punishment for 'deviancy'.
- the myth of community care. How social workers act as control agents, and how industrial therapy is a source of cheap labour.
- the myth of rehabilitation. How it is a process which ensures adjustment and conformity to the system.
- the myth of psychotherapy, which can act as a subtle form of control.

(B) to inform patients about their rights, minimal though they are, e.g. the right to appeal against compulsory detention.

2. Establish a charter of rights.

- the right to representation by the Mental Patients Union in court, tribunals, and wherever the Mental Health Act 1959 is implemented (e.g. statutory admissions to hospital) and wherever required by the patient (e.g. at a ward conference).
- the right to a free second opinion by a psychiatrist of the patient's or patients union representative's choice.
- the right to refuse treatment.
- the right to retain clothing in hospital.
- the right to effective appeal machinery.
- the right to secure personal possessions in hospital without interference by hospital staff.
- the right to effective inspection of hospital conditions, food, hygiene etc. independent of hospital administration.
- the right of the patient to visitors.

3. Fight and campaign for:

- the abolition of compulsory admissions to hospital e.g. sections 25, 26, 29, 30, 60, 136 of the 1959 Mental Health Act.
- the abolition of isolation treatment - seclusion in locked side rooms, padded cells etc.
- the abolition of compulsory treatment by drugs, group therapy etc.; total abolition of irreversible treatments, electric shock, brain surgery, specific drugs etc.
- the abolition of compulsory work in hospital and outside.
- the abolition of letter and phone call censorship.
- the abolition of the right of hospital authorities to withhold and control patients' 'pocket' money.
- the eventual abolition of mental hospitals and the repressive and manipulative institution of psychiatry.

4. Set up alternatives.

E.G. drop-in/ live-in centres, controlled by patients, as retreats - free from 'treatment' and 'hierarchies'.

How will the Mental Patients Union be organised?

The Union will be organised and controlled only by mental patients and ex-patients. The union membership and voting rights will be limited to patients alone. The union must be run democratically with an effective working group elected and subject to the right of recall. Outside help will be more than welcome, but will only carry associate membership with no voting rights.

Unfortunately, there are many aspects of the problem of psychiatric repression that we have not covered. Because our pamphlet is by no means totally adequate, we can only hope that one of the functions of the union will be to look closer at the situation, producing its own pamphlets etc.

Meanwhile perhaps our brief analysis will be of use in the setting up of the union.

But in any event, the time to act is NOW - there are too many fish on the hook.

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