

SHORT GUIDE TO PSYCHIATRIC DRUGS



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WELCOME!

INTRODUCTION

This guide is the third publication in our series of short guides. A 'Short Guide to Psychiatric Drugs' follows on from ['A Guide to Personal Recovery in Mental Health'](#) and ['A Short Guide to Psychiatric Diagnosis'](#). This latest 'Short Guide to Psychiatric Drugs' was created for people taking medication. It aims to help people who use mental health services and those closest to them understand and become more active in managing their treatment.

Most people who experience mental distress consult a doctor or a therapist. The information below assumes that the consultation should be a dialogue in which the person and the physician jointly explore what will help alleviate the distress and review the successes and failures of the plan at regular intervals.

This guide deals with the subject of drugs commonly prescribed by psychiatrists and other medical professionals. It explores the different types of psychiatric drugs, their effects and what to keep in mind when you start or stop taking them.

The guide does not provide medical advice. It is intended for informational purposes only.



1. WHAT ARE PSYCHIATRIC DRUGS?

Psychiatric drugs are substances capable of affecting the mind, emotions and behaviour. They can alter the way we think, feel and see the world. Some of their effects are experienced as beneficial; producing a temporary sense of calm or wellbeing that may be preferable to the previous state of distress or agitation.

On the other hand, as with all drugs that act on the chemistry of the brain, there can be other less desirable effects that are unpleasant, impair functioning and can endanger general health.

Additionally, the adaptations made by the body to deal with the changes produced by the drug can also mean that stopping taking it can produce unpleasant effects that last for a long time, sometimes forever. Psychiatric drugs are best understood as tools that may, or may not, be helpful to persons at particular points in their lives.

BEGINNING A COURSE OF PSYCHIATRIC DRUGS IS THEREFORE NOT A DECISION TO BE TAKEN LIGHTLY AND ONE ABOUT WHICH BOTH DOCTOR AND CLIENT NEED TO BE FULLY INFORMED.



2. WHAT ARE THE DIFFERENT TYPES OF PSYCHIATRIC DRUGS?

The information below is based on chapter 4 of a [Guidance for Psychological Therapists: Enabling conversations with clients taking or withdrawing from prescribed psychiatric drugs](#).

We invite those interested in research into the effects of specific classes of drugs to read this chapter for themselves.

IF YOU ARE BEING PRESCRIBED A PARTICULAR DRUG, IT IS IMPORTANT TO FIND OUT AS MUCH AS YOU CAN ABOUT IT FROM YOUR DOCTOR AND OTHER RELIABLE SOURCES.

ANTIDEPRESSANTS

These are the most commonly prescribed psychiatric drugs, and their use continues to rise and diversify.

BENZODIAZEPINES AND RELATED DRUGS

Benzodiazepines were a class of drugs discovered in the 1960s known as (minor) tranquillisers. They are commonly prescribed for anxiety or insomnia.

Starting in the late 1980s, the Z-drugs (zopiclone, zolpidem and zaleplon) were introduced. These are chemically different from benzodiazepines but have similar effects and are now widely prescribed for insomnia.

ANTI-PSYCHOTICS

The types of drugs that are now commonly called 'anti-psychotics' were previously referred to as neuroleptics or as major tranquillisers.

Antipsychotic medication is a mainstay of treatment for people diagnosed with psychosis and schizophrenia. They are used to treat acute episodes of psychotic disturbance; they are also used in a range of other situations, particularly to calm and subdue people who are agitated or aggressive.

LITHIUM AND OTHER DRUGS REFERRED TO AS MOOD

STABILISERS

Drugs labelled as 'mood stabilisers' refer to drugs that have been licensed for, or are commonly used in, the treatment of people diagnosed with bipolar disorder or manic depression.

Although the idea of a 'mood stabiliser' implies specific effects on the underlying biological basis of mood variability, this still needs to be demonstrated scientifically.

STIMULANTS

Stimulants are a group of drugs that are still referred to by the type of effect they induce, rather than the condition for which they are prescribed. They are controlled drugs, and some, such as amphetamines and cocaine, are commonly used recreationally.

Stimulants are today mainly prescribed for what is referred to as 'attention deficit hyperactivity disorder' (or ADHD) – namely, a set of behavioural problems deemed to occur in children and increasingly in adults.

3. HOW DO PSYCHIATRIC DRUGS WORK?

Over the years in which psychiatric drugs have been used, the idea has arisen (and been promoted) that mental distress is caused by flaws or imbalances in the brain and that the drugs correct or rectify this imbalance. This narrative is part of a bio-medical or “disease” model which treats mental distress in the same way as a physical illness.

Despite years and years of research into the biological causes of mental distress, no one has yet found consistent abnormalities or markers which reliably predict or identify mental ill-health. This calls into question the whole idea of mental distress being caused by biological malfunctioning.

IN THE ABSENCE OF ANY BIOLOGICAL ABNORMALITIES, IT IS INACCURATE AND POTENTIALLY MISLEADING TO TALK ABOUT DRUGS AS CORRECTING OR RESTORING THE CHEMICAL BALANCES WITHIN THE BODY.

None of this means that the effects of psychiatric drugs cannot be experienced as beneficial or as bringing relief from painful emotions or disturbances of thought. It does, however, point to the need to weigh up the benefits and costs of their effects very carefully and in particular the long-term implications of continuing use.



4. WHAT IF PSYCHIATRIC DRUGS ARE BEING PRESCRIBED FOR THE FIRST TIME?

EMBARKING ON A COURSE OF DRUGS THAT MAY HAVE LASTING EFFECTS ON THE BRAIN IS A BIG DECISION, AND VERY OFTEN, PEOPLE ARE NOT IN A STATE TO APPROACH THAT DECISION WITH DUE CARE AND ATTENTION.

If this is the case, find someone you trust – a friend or relative – to support you in asking the right questions and doing the necessary research.

This is not necessarily straightforward, because people mostly rely on doctors' advice, and if you are in a distressed state, your friends and relatives may just be relieved that you are getting help.

However, the consequences of what happens on this first occasion of taking a course of psychiatric drugs may last a lifetime, so someone's support in finding out what these consequences might be is crucial at this stage.



These are the kind of questions that could be asked:

[] WHAT SORT OF EFFECTS SHOULD I EXPERIENCE FROM THIS DRUG?

[] WHAT SHOULD BE THE POSITIVE EFFECTS?

[] WHAT MIGHT BE THE NEGATIVE OR UNPLEASANT EXPERIENCES?

[] WHAT ARE THE RISKS TO HEALTH AND FUNCTIONING KNOWN TO BE ASSOCIATED WITH THIS DRUG?

[] HOW LONG SHOULD I BE ON THIS COURSE OF DRUGS?

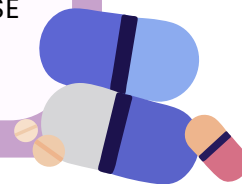
[] WHAT IF I FIND THE EFFECTS EITHER UNHELPFUL OR WORSE THAN THE ORIGINAL DISTRESSING MENTAL STATE?

[] IF FOR ANY REASON I DECIDE TO END THIS COURSE DRUGS, WILL YOU HELP ME TO DO THIS SAFELY?

Of course, the answers to some of these questions can be found on the internet, but it is important to check that your sources are reliable because there is a lot of misinformation there too.

There are links to some reliable publications and sites at the end of this guide. However, none of this type of research is a substitute for talking to the doctor doing the prescribing who is responsible for your healthcare.

IF YOU ARE UNABLE TO TALK OPENLY WITH YOUR DOCTOR AND FEEL YOU CANNOT TRUST WHAT YOU ARE BEING TOLD, THEN IT IS TIME TO START LOOKING FOR A DOCTOR WHOM YOU CAN TRUST.



5. WHAT IF I HAVE BEEN TAKING PSYCHIATRIC DRUGS FOR A WHILE?

Many people are prescribed psychiatric drugs over many years, even for the rest of their lives. Where there is a reason given for this, it is usually described as a “maintenance dose” to prevent relapse.

If you are experiencing only beneficial effects and there are no negative effects on your daily life or your general health, then this rationale is not a problem, and you probably need only to be alert to some of the well-known, long-term issues associated with the drug.

However, compared with studies of the immediate impact of drugs, there are very few looking at the longer term. This is partly because pharmaceutical

companies tend not to fund such longitudinal research and, in the case of newer drugs, they may simply not have been around long enough for the negative consequences to appear.



Here are some of the things to look out for:



The body becoming habituated to the drug and it losing its effectiveness;



Experiencing a mental state that makes normal daily life difficult, such as feeling emotionally blunted and flat, being unable to concentrate or do simple mental tasks as well as before, or feeling agitated and unable to settle down to a task;



Noticing physical changes to the body which impair function such as involuntary movement (shakes), weight gain, muscle pain, loss of energy, nausea or sexual malfunction.

If you are concerned about any of these, you should ask for a review in which you discuss the balance of harms and benefits of the drug.

However, if you are thinking of discontinuing a course of psychiatric drugs, there are some things it is vitally important for you to know and discuss with your doctor:



Most drugs prescribed for alleviating mental distress create chemical dependency – they alter the functioning of the brain and body in ways that take time to readjust to if the drug is stopped. Most adults are aware of this effect in relation to say alcohol, nicotine or cocaine, but it is exactly the same with prescribed drugs. Each drug acts differently in this respect taking a longer or shorter time for

the drug to clear the system and for the body and brain to readjust;



For many drugs, one of the well-known consequences of stopping taking them is a return to the same distressing “symptoms” for which they were prescribed but in heightened form. This can be misdiagnosed as a relapse or recurrence of the original episode.

IT IS THEREFORE IMPORTANT FOR WITHDRAWAL FROM PSYCHIATRIC DRUGS TO BE UNDERTAKEN GRADUALLY AND BE SUPERVISED AND SUPPORTED BY SOMEONE WHO UNDERSTANDS THE EFFECTS AND BEHAVIOUR OF THE PARTICULAR DRUG.

6. FINDING SUPPORT IN REDUCING OR COMING OFF PSYCHIATRIC DRUGS

The decision to cease taking psychiatric drugs should be made by the person for whom they are being prescribed – as with other forms of medical intervention.

If, having weighed up the pros and cons, you have decided to reduce or terminate your prescription, it is important to recognise that this could be difficult and that it cannot be done without support from someone who knows what they are doing.

If your relationship with the doctor who prescribed them is good, you might want to explore and research withdrawal together.

It may also be necessary to reassure friends and family that your decision is being made in full knowledge of the effects and consequences. Stopping a form of medical treatment that everyone has been told is essential to your mental wellbeing can seem perverse and hazardous.

IT IS DIFFICULT TO GIVE ADVICE IN THIS AREA THAT SUITS EVERYBODY, BECAUSE OUR CIRCUMSTANCES AND THE REASONS FOR TAKING PSYCHIATRIC DRUGS ARE ALWAYS VERY DIFFERENT.

Our physical health and our individual biological response to the drugs can vary hugely from one person to the next, and each person is also likely to have taken a slightly different combination of drugs, at different doses, for a different length of time.

IT IS IMPORTANT TO TALK TO YOUR DOCTOR (PREFERABLY THE DOCTOR WHO PRESCRIBED THE DRUGS IN THE FIRST PLACE) TO PLAN A SAFE WAY TO COME OFF.

The general advice is to take it very slowly. Rapid changes in powerful medication that affects the chemistry of the brain can be unpleasant or even risky. So, take it slowly, and take advice.

Even with expert pharmacological support, there are other kinds of expertise that can be very helpful – notably learning from the experiences of others who have gone on the same journey. Below are some resources that you may find helpful.



REFERENCES AND RESOURCES

BOOKS

Coming off Psychiatric Drugs: Successful Withdrawal from Neuroleptics, Antidepressants, Mood Stabilizers, Ritalin and Tranquilizers. Peter Lehmann (Ed) Latest edition available as an ebook from <http://www.peter-lehmann-publishing.com/books1/withdraw-ebook.htm>

Contains research findings and accounts by people with lived experience of using and withdrawing from different psychiatric drugs. An article outlining the contents of this book is available from http://www.peter-lehmann-publishing.com/articles/lehmann/pdf/coming-off_3-37.pdf

Moncrieff, J., & Stockmann, T. (2019). **What psychiatric drugs do by class.** In: A. Guy, J. Davies, R. Rizq (Eds.) *Guidance for Psychological Therapists: Enabling conversations with clients taking or withdrawing from prescribed psychiatric drugs.* London: APPG for Prescribed Drug Dependence. Available at <https://prescribedrug.info/guidance-for-psychological-therapists/>



PAMPHLET

Making sense of psychiatric medication

published by MIND in the UK. Available at <https://www.mind.org.uk/information-support/drugs-and-treatments/medication/about-medication/> Sound factual information and general advice.

FILM

Coming Off Psych Drugs: A Meeting of the Minds (on coming off psychiatric medication)

by Daniel Mackler <https://www.youtube.com/watch?v=Q5EpnVdLvKU>

75 mins. First-hand accounts of the experience of coming off psychiatric drugs. A group of users, ex-users and survivors of psychiatry meet for 3 days for training to discuss the issues and to share their stories. Made in the USA and available on YouTube with subtitles in 9 languages.

TALKS

Psych-Drugs Risks and Alternatives 4 – Robert Whitaker – October 15, 2016. Available at: <https://www.youtube.com/watch?v=3-nWj23SKC8> A scientific overview of the reasons why we need to stop prescribing and help people to come off psychiatric drugs by a Pulitzer prize-winning journalist who has been researching this issue for the past 20 years.

Psych-Drugs Risks and Alternatives 5 – Will Hall – “Harm Reduction” – October 5, 2016. Available at: <https://www.youtube.com/watch?v=0JmvGuGc17E> Will Hall is a therapist, teacher and survivor of a diagnosis of schizophrenia who pioneered what has become known as the “harm reduction” approach to coming off psychiatric drugs.



**We hope that this short
guide provides you
with information to
understand and become
more active in managing
your treatment.**





ABOUT MENTAL HEALTH EUROPE (MHE)

With 70+ organisations in 30 countries, MHE is the largest independent network working to advocate for positive mental health and wellbeing and to protect the rights of people with mental ill-health. We continuously champion social inclusion, deinstitutionalisation and respect for the human rights of people with psychosocial disabilities. We raise awareness to end mental health stigma throughout Europe.

For more information, please see:



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