# how to get off psychiatric drugs safely

How to Get Off Psychiatric Drugs Safely: A Thoughtful Guide

**how to get off psychiatric drugs safely** is a question many people wrestling with mental health medications find themselves asking at some point. Whether it’s due to side effects, a desire to regain a sense of normalcy, or feeling ready to manage mental health in different ways, the process of discontinuing psychiatric medications requires careful planning and support. It’s not as simple as stopping the pills overnight; doing so can lead to withdrawal symptoms, relapse, or other complications. This article will guide you through the essential steps and considerations to help you navigate this journey with safety and confidence.

## Understanding Psychiatric Medications and Their Effects

Before diving into how to get off psychiatric drugs safely, it’s important to understand what these medications do in the first place. Psychiatric drugs, including antidepressants, antipsychotics, mood stabilizers, and anxiolytics, work by altering brain chemistry to help manage symptoms of mental health disorders such as depression, anxiety, bipolar disorder, or schizophrenia. Because they influence neurotransmitters like serotonin, dopamine, and GABA, stopping them abruptly can cause your brain to react strongly.

### Why Medication Discontinuation Needs Careful Consideration

Stopping psychiatric medications suddenly can lead to withdrawal symptoms—sometimes called discontinuation syndrome—which may manifest as dizziness, irritability, nausea, flu-like symptoms, or a resurgence of the original mental health condition. This is why a gradual reduction under medical supervision is crucial. Understanding the potential risks and preparing mentally and physically can make the process smoother and safer.

## Steps to Get Off Psychiatric Drugs Safely

### 1. Consult Your Healthcare Provider

The very first and most important step in learning how to get off psychiatric drugs safely is to speak openly with your psychiatrist, therapist, or prescribing doctor. They can assess your current mental health status, the risks involved, and develop a personalized tapering schedule. Never discontinue medication without medical guidance, as this could lead to serious health consequences.

## 2. Create a Gradual Tapering Plan

Most psychiatric medications require a slow taper—meaning the dose is gradually reduced over weeks or months to allow your brain and body to adjust. For example, antidepressants like SSRIs often need a very slow dose reduction, sometimes decreasing by as little as 10% every few weeks. Your doctor will help design this plan based on the specific drug, dosage, and your individual response.

## 3. Monitor Symptoms Closely

During the tapering process, it’s vital to keep track of any withdrawal symptoms or changes in your mood and behavior. Keeping a journal or using a symptom-tracking app can help identify patterns and alert your clinician if adjustments are needed. This ongoing monitoring ensures that any emerging issues are addressed promptly.

## 4. Build a Support System

Getting off psychiatric drugs safely is often easier with emotional and practical support. Share your plans with trusted friends, family members, or support groups so they can encourage you and provide assistance if you experience difficult moments. Sometimes, professional counseling or therapy can complement the medication taper by offering coping strategies.

# The Role of Lifestyle Changes in Supporting Medication Discontinuation

## Enhance Mental Wellness Naturally

Reducing or stopping psychiatric medications often works best when paired with positive lifestyle changes that promote mental health. Regular exercise, balanced nutrition, adequate sleep, and mindfulness practices like meditation or yoga can help stabilize mood and reduce anxiety. These habits support brain chemistry and overall well-being, potentially making the transition easier.

## Stress Management and Emotional Resilience

Learning how to manage stress effectively is crucial during this time. Techniques such as deep breathing, progressive muscle relaxation, or journaling can reduce the risk of relapse and ease withdrawal discomfort. Building emotional resilience through therapy or support groups also equips you with tools to navigate challenges without relying solely on medication.

# Common Challenges and How to Overcome Them

## Withdrawal Symptoms and How to Handle Them

Withdrawal symptoms can range from mild to severe and may include headaches, insomnia, irritability, or mood swings. If you experience these, communicate with your healthcare provider immediately. Sometimes, slowing the taper or temporarily increasing the dosage can alleviate symptoms. Patience is key; understanding that these reactions are temporary helps maintain motivation.

## Fear of Relapse

One of the biggest concerns when stopping psychiatric drugs is the fear that symptoms of mental illness will return. Remember that relapse risk varies depending on the disorder and individual circumstances. Having a relapse prevention plan, which might include therapy, lifestyle strategies, and emergency contact protocols, provides a safety net. Staying connected with your healthcare team ensures you get timely help if symptoms re-emerge.

## Dealing with Social and Emotional Pressure

Sometimes, people around you may not understand your decision to stop medication and might express concern or skepticism. It’s important to set boundaries and explain your choice thoughtfully, emphasizing that your decision is informed and supervised by professionals. Surround yourself with those who respect your journey and offer positive reinforcement.

# When to Consider Alternative Therapies

For many, psychiatric medications are a crucial part of managing mental health, but exploring complementary or alternative therapies can support overall well-being, especially during medication tapering. These might include:

- **Cognitive Behavioral Therapy (CBT):** Helps address negative thought patterns and develop coping skills.
- **Mindfulness and Meditation:** Calms the nervous system and improves emotional regulation.
- **Nutrition and Supplementation:** Some nutrients like omega-3 fatty acids or certain vitamins may support brain health, though always consult a healthcare provider before adding supplements.
- **Exercise:** Regular physical activity boosts mood and reduces anxiety naturally.

Incorporating these can ease the transition off medication and promote long-term mental wellness.

# Understanding Your Unique Journey

It’s essential to recognize that how to get off psychiatric drugs safely is not a one-size-fits-all process. Everyone’s brain chemistry, mental health history, and medication responses vary widely. What works for one person might not be right for another. Patience, continuous communication with your healthcare team, and self-compassion are your best allies.

Remember, the goal isn’t just to stop medication but to maintain or improve your mental health sustainably. Sometimes this means going back on medication after a trial period off it, and that’s perfectly okay. Your well-being comes first, above all.

As you consider stepping off psychiatric drugs, give yourself permission to take the time you need, seek support when necessary, and stay informed. The journey toward medication independence can be empowering, but it’s most successful when done thoughtfully and safely.

# Frequently Asked Questions

## How can I safely taper off psychiatric medications?

To safely taper off psychiatric medications, consult your healthcare provider to develop a gradual dose reduction plan tailored to your specific medication and condition. Reducing the dose slowly over weeks or months can help minimize withdrawal symptoms.

## What are common withdrawal symptoms when stopping psychiatric drugs?

Common withdrawal symptoms include anxiety, irritability, insomnia, mood swings, dizziness, nausea, and flu-like symptoms. The intensity and duration vary depending on the medication and individual factors.

## Should I stop psychiatric medications on my own?

No, you should never stop psychiatric medications without medical supervision. Abruptly discontinuing can lead to severe withdrawal symptoms or relapse of your condition. Always work with your healthcare provider when planning to stop medication.

## How long does it take to get off psychiatric drugs safely?

The timeframe varies depending on the medication type, dosage, duration of use, and individual response. Tapering can take weeks to several months. Your doctor will guide you on an appropriate schedule.

## Are there any strategies to manage withdrawal symptoms from psychiatric drugs?

Yes, strategies include gradual tapering, supportive therapies like counseling, maintaining a healthy lifestyle with proper sleep and nutrition, and sometimes using adjunct medications to ease symptoms. Always discuss options with your doctor.

## Can lifestyle changes support getting off psychiatric medications?

Yes, adopting healthy habits such as regular exercise, balanced diet, mindfulness, stress management, and strong social support can improve mental health and support the transition off medications.

## What role does therapy play in discontinuing psychiatric drugs?

Therapy, such as cognitive-behavioral therapy (CBT), can provide coping skills, emotional support, and strategies to manage symptoms during and after medication tapering, reducing the risk of relapse.

## Are some psychiatric medications harder to discontinue than others?

Yes, medications like benzodiazepines and certain antidepressants can cause more intense withdrawal symptoms and require slower tapering, while others may be easier to stop under medical guidance.

## When should I seek immediate medical help during drug discontinuation?

Seek immediate medical help if you experience severe symptoms such as suicidal thoughts, severe depression, hallucinations, seizures, or any sudden worsening of your mental health during medication tapering.

# Additional Resources

How to Get Off Psychiatric Drugs Safely: A Professional Guide

**how to get off psychiatric drugs safely** is a complex and highly individualized process that requires careful planning, professional oversight, and a deep understanding of both the medications involved and the underlying mental health conditions. Psychiatric drugs, including antidepressants, antipsychotics, mood stabilizers, and anxiolytics, are often prescribed to manage serious mental health disorders. While these medications can be life-changing, many patients seek to discontinue them either due to side effects, personal preferences, or the desire to pursue alternative therapies. However, stopping psychiatric drugs abruptly or without guidance can lead to withdrawal symptoms,

relapse, or other complications. This article explores the most effective and safest strategies for tapering off psychiatric medications, highlighting current best practices and considerations.

# Understanding Psychiatric Drug Discontinuation

Psychiatric drugs impact brain chemistry in ways that can alter mood, cognition, and behavior. When these medications are used for extended periods, the brain may develop dependence or physical adaptations. Consequently, stopping these drugs suddenly can trigger withdrawal syndromes or destabilize mental health conditions.

The process of how to get off psychiatric drugs safely involves gradual dose reduction, medical monitoring, and sometimes adjunctive therapies. Different classes of medications require different tapering approaches due to their pharmacological profiles. For example, selective serotonin reuptake inhibitors (SSRIs) and benzodiazepines have distinct withdrawal patterns and risks.

## The Importance of a Tailored Tapering Plan

One of the fundamental principles in safely discontinuing psychiatric medications is individualized tapering. There is no one-size-fits-all protocol, as factors such as:

- Type of medication
- Duration of use
- Dosage
- Patient’s medical and psychiatric history
- Presence of withdrawal symptoms in past attempts

all influence how the tapering should proceed. A slow, gradual reduction over weeks or months is generally recommended to minimize withdrawal effects and allow the brain to adjust.

# Common Psychiatric Drugs and Discontinuation Challenges

Different psychiatric medications present unique challenges when discontinuing. Understanding these differences is crucial for a safe withdrawal.

## Antidepressants

SSRIs and serotonin-norepinephrine reuptake inhibitors (SNRIs) are among the most commonly prescribed antidepressants. Withdrawal symptoms, often called antidepressant discontinuation syndrome, may include dizziness, irritability, flu-like symptoms, and sensory disturbances such as "brain zaps." According to a 2020 study published in the Journal of Clinical Psychiatry, up to 60% of patients may experience some withdrawal symptoms when stopping SSRIs abruptly.

Antidepressants generally require a slow taper, often reducing the dose by 10-25% every few weeks. Some clinicians use liquid formulations or pill-cutting techniques to achieve smaller dose increments for a smoother taper.

## Antipsychotics

Antipsychotics, used primarily for schizophrenia and bipolar disorder, carry risks of withdrawal dyskinesia, insomnia, and mood destabilization. A gradual dose reduction over several months is essential, especially for long-acting injectable forms. Monitoring for relapse of psychotic symptoms is critical during discontinuation.

## Benzodiazepines

Benzodiazepines are notorious for causing dependence. Withdrawal can be severe, including seizures, anxiety rebound, and insomnia. The Ashton Manual, a widely respected guideline, recommends reducing benzodiazepine doses by about 10% every 1-2 weeks, with adjustments based on symptom severity.

# Key Strategies for How to Get Off Psychiatric Drugs Safely

## 1. Consult Mental Health Professionals

The first and most crucial step is involving psychiatrists or prescribing doctors in the discontinuation plan. Self-discontinuation without medical supervision increases risks significantly. Mental health professionals can assess the risk-benefit profile, suggest alternative treatments if needed, and monitor for emerging symptoms.

## 2. Gradual Dose Reduction

Tapering schedules should be individualized but generally follow a principle of "go slow to go safe." The slower the taper, the lower the risk of withdrawal symptoms. Some patients may require tapers

extending over months or even years.

## 3. Monitor Withdrawal and Relapse Symptoms

Close monitoring during tapering allows early detection of withdrawal or relapse signs. Patients and clinicians should track mood changes, sleep patterns, physical symptoms, and cognitive functioning. Structured scales like the Discontinuation-Emergent Signs and Symptoms (DESS) checklist may assist in systematic evaluation.

## 4. Use Supportive Therapies

Psychotherapy, lifestyle modifications, and alternative treatments such as mindfulness or exercise can support mental wellness during withdrawal. Cognitive-behavioral therapy (CBT) may help manage anxiety or depressive symptoms that emerge during the tapering period.

## 5. Address Underlying Conditions

Sometimes, underlying psychiatric conditions require ongoing management even after medication discontinuation. In such cases, non-pharmacological strategies or alternative medications with different side effect profiles may be considered.

# Potential Risks and How to Mitigate Them

Discontinuing psychiatric medication carries inherent risks that must be managed proactively.

## Withdrawal Symptoms Versus Relapse

It can be challenging to distinguish between withdrawal symptoms and relapse of the original disorder. For example, anxiety may resurface either as a withdrawal effect or symptom recurrence. Careful clinical assessment and patient education can reduce confusion and anxiety about these symptoms.

## Risk of Severe Withdrawal

Certain drugs like benzodiazepines or antipsychotics pose a higher risk of severe withdrawal effects, including seizures or psychosis. Medical supervision, sometimes including inpatient care, may be warranted for high-risk patients.

## Psychological Impact

The psychological burden of discontinuing medication should not be underestimated. Feelings of uncertainty, fear of relapse, or stigma can affect motivation and adherence to tapering plans. Support groups and counseling can provide emotional reinforcement.

# Emerging Approaches and Research

Recent research has begun exploring pharmacogenetics and personalized medicine approaches to optimize psychiatric drug discontinuation. Biomarkers may one day help predict which patients can safely taper off medications and at what pace.

Additionally, some clinicians advocate for drug holidays or intermittent dosing schedules as stepping stones to full discontinuation, although evidence remains limited.

# Practical Checklist for How to Get Off Psychiatric Drugs Safely

1. Discuss your intention to discontinue medication with your psychiatrist.
2. Develop a personalized tapering schedule with small dose reductions.
3. Keep a symptom diary to monitor withdrawal and mental health status.
4. Engage in regular follow-up appointments for assessment and support.
5. Incorporate psychotherapy and stress management techniques.
6. Ensure a stable home environment and social support network.
7. Be prepared to pause or slow tapering if symptoms worsen.

Navigating how to get off psychiatric drugs safely is a journey that balances the desire for medication freedom with the imperative to maintain mental wellness. With informed planning, professional collaboration, and patient-centered care, many individuals successfully discontinue psychiatric medications while preserving their quality of life.

## How To Get Off Psychiatric Drugs Safely

https://spanish.centerforautism.com/archive-th-113/Book?ID=HwL19-8223&title=the-great-tree-of-avalon-series.pdf

**how to get off psychiatric drugs safely: How to Get Off Psychiatric Drugs Safely** Jim Harper, 2007

**how to get off psychiatric drugs safely:** *Mental Health Survival Kit and Withdrawal from Psychiatric Drugs* Peter C. Gøtzsche , 2021-12-06 This book can help people with mental health issues to survive and return to a normal life. Citizens believe, and the science shows, that medications for depression and psychosis and admission to a psychiatric ward are more often harmful than beneficial. Yet most patients take psychiatric drugs for years. Doctors have made hundreds of millions of patients dependent on psychiatric drugs without knowing how to help them taper off the drugs safely, which can be very difficult. The book explains in detail how harmful psychiatric drugs are and gives detailed advice about how to come off them. You will learn: • why you should not see a psychiatrist if you have a mental health issue • that psychiatric drugs are addictive • that the biggest lie in psychiatry is the one about a chemical imbalance being the cause of psychiatric disorders • that psychiatric diagnoses are unscientific and that doctors disagree widely when making diagnoses • that psychiatric drugs can lead to permanent brain damage • that psychiatric drugs should never be stopped abruptly because withdrawal reactions can be dangerous • why psychotherapy and other psychosocial interventions should be preferred over drugs • why you should generally not believe what doctors tell you about psychiatric disorders and their treatment • why volunteers have found the book so important that they have translated it into French, Portuguese and Spanish Peter Gøtzsche has written a very personal account of his battle to get the institution of psychiatry to accept that its drugs are not the 'magic pills' they are made out to be. Every medical practitioner who prescribes them, and every person who takes them, should read this book and be warned. -- Niall McLaren, author of Anxiety: The Inside Story Peter Gøtzsche's new book meets patients' need to get tools on how to deal with psychoactive drugs and, above all, not to start them. Gøtzsche is very clear about the role of GPs in medicalizing grief, misfortune, opposition, and bad luck. In this he finds the American emeritus professor of psychiatry and chairman of the DSM-III committee, Allen Frances, at his side. Both Gøtzsche and Frances have repeatedly stated that psychoactive drugs should not be prescribed by GPs because they lack experience in their use. And above all, unhappiness, grief, and bad luck are not signs of brain disorders, they belong to daily life. Additionally, Gøtzsche reveals that most psychoactive drugs do not work - 'they might only achieve statistically significant differences compared to placebo, but that's not what patients need.' -- Dick Bijl, former GP, epidemiologist, and current president of the International Society of Drug Bulletins. Peter C. Gøtzsche wrote this book to help people with mental health problems survive and return to a normal life. His book explains in detail how psychiatric drugs are harmful and people are told how they can safely withdraw from them. It also advises on how people with mental health problems can avoid making a 'career' as a psychiatric patient and losing 10 or 15 years of their life to psychiatry. You will find precious material to help plan and accompany this process of liberation from psychiatry. - Fernando Freitas, PhD, Psychologist, Full Professor and Researcher at the National School of Public Health (ENSP/FIOCRUZ). Co-editor of Mad in Brazil In this work, addressed to people affected by the risk of being caught in the system of attention to mental health issues, Dr. Gøtzsche succinctly exposes, without beating about the bush, the damage caused by psychiatric medications, demonstrates that their widespread use is not based on evidence, which is mainly driven by commercial pressures that have nothing to do with the recovery of patients, and present safe ways to dispose of them, always gradually and under supervision of trustworthy people to minimize the syndrome of abstinence and successfully overcome all the difficulties that the process involves. -- Enric García Torrents, writing for Mad in Spain Learn more at www.scientificfreedom.dk From the Institute for Scientific Freedom

**how to get off psychiatric drugs safely:** Social Work Practice and Psychopharmacology Sophia F. Dziegielewski, George A. Jacinto, 2016-04-15 Praise for the Second Edition: “This is a very well-written book...My students appreciated the down-to-earth style of writing...Many of my students are deathly afraid of topics that have anything to do with biology. [They] were assured by the lack of jargon and the fact that the chapters were written in a way that they could easily understand. I look forward to the third edition!” -Nathan Thomas, LCSW San Jose State University, School of Social Work “New findings emerge daily, and new medications hit the market every year...The nature of this topic lends itself to revision at least every 2-3 years to stay current and germane to current practice standards... The case studies are a nice way to transform and integrate clinical principles with social work practice. Students have enjoyed the book as a foundational text.” -Dr. Robert Mindrup, PsyD, University of Tennessee, Knoxville, College of Social Work This comprehensive text—noted for its facility in integrating principles into practice--prepares social work students to play a key role within an interdisciplinary health care team: that of counseling clients who are taking medications used to treat common mental health conditions. The third edition has been fully revised to include new medications and reflect changes resulting from the publication of the DSM 5. Sample treatment plans, case examples, and a full glossary of medications have been updated, and the addition of a comprehensive Instructor’s Manual further enhances the text’s value. Also included is information on prescription drug abuse, expanded discussions of psychopharmacological considerations related to gender and culture, a new section on medical marijuana, pregnant women, and new content related to suicide warnings and internet availability and electronic records. The third edition also features a discussion of potential interactions with medications used to treat chronic conditions and emphasizes professional collaboration. The text is replete with guidance on common medicine-related issues social workers encounter in practice, including identifying potentially dangerous drug interactions and adverse side effects, improving medication compliance, recognizing the warning signs of drug dependence, and understanding how psychopharmacology can work in conjunction with psychosocial interventions. The role of the social worker taking into account treatment planning is stressed. The text also addresses the particular needs of children, older adults, and pregnant women and the treatment of specific mental health conditions. New to the Third Edition: • Reflects changes related to the DSM-5, the Affordable Care Act, and a multitude of new medications • Includes a restructured chapter on special populations highlighting the needs of children and adolescents, older adults and pregnant women • Presents new sections on electronic health records, telemedicine, suicide warnings, and medical marijuana • Offers enhanced coverage of psychopharmacological considerations related to gender and culture • Updates case examples, treatment plans, and extensive medication glossary • Provides a comprehensive Instructor’s Manual with PowerPoint slides, a sample syllabus, and sample tests Key Features: • Addresses the role of medication from the perspective of social work treatment • Delivers guidance on common challenges social workers encounter in practice • Encourages and empowers clients to be active in their own treatment • Emphasizes the role of the social worker in the use and misuse of medication • Identifies potentially dangerous drug interactions and adverse side effects • Explains how psychopharmacology works in conjunction with psychosocial interventions

**how to get off psychiatric drugs safely: Orthomolecular Treatment of Chronic Disease** Andrew W. Saul, Ph.D., 2014-06-01 If the word cure intrigues you, this book will also. High doses of vitamins have been known to cure serious illnesses for nearly 80 years. Claus Jungeblut, M.D., prevented and treated polio in the mid-1930s, using a vitamin. Chest specialist Frederick Klenner, M.D., was curing multiple sclerosis and polio back in the 1940s, also using vitamins. William Kaufman, M.D., cured arthritis, also in the 1940s. In the 1950s, Drs. Wilfrid and Evan Shute were curing various forms of cardiovascular disease with a vitamin. At the same time, psychiatrist Abram Hoffer was using niacin to cure schizophrenia, psychosis, and depression. In the 1960s, Robert Cathcart, M.D., cured influenza, pneumonia, and hepatitis. In the 1970s, Hugh D. Riordan, M.D., was obtaining cures of cancer with intravenous vitamin C. Dr. Harold Foster and colleagues arrested and reversed full-blown AIDS with nutrient therapy, and in just the last few years, Atsuo Yanagasawa,

M.D., Ph.D., has shown that vitamin therapy can prevent and reverse sickness caused by exposure to nuclear radiation. Since 1968, much of this research has been published in the Journal of Orthomolecular Medicine. This book brings forward important material selected from over forty-five years of JOM directly to the reader. At some 800 pages, The Orthomolecular Treatment of Chronic Disease is a very large book, but it is also a very practical book. If you want to know which illnesses best respond to nutrition therapy, and how and why that therapy works, this is the book for you. Part One presents the principles of orthomolecular medicine and the science behind them. Part Two is devoted to orthomolecular pioneers, presenting an introduction to maverick doctors and nutrition scientists in a reader-friendly way that brings the subject to life. Part Three brings together extraordinary clinical and experimental evidence from expert researchers and clinicians. The Orthomolecular Treatment of Chronic Disease shows exactly how innovative physicians have gotten outstanding results with high-dose nutrient therapy. Their work is here for you to see and decide for yourself. The Orthomolecular Treatment of Chronic Disease, subtitled 65 Experts on Therapeutic and Preventive Nutrition, is a complete course in nutritional healing for less than thirty dollars.

**how to get off psychiatric drugs safely:** *Essentials of Mental Health Nursing* Karen M. Wright, Mick McKeown, 2024-03-21 The book is a one-stop-shop for mental health nursing, providing students with a carefully developed collection of key information.

**how to get off psychiatric drugs safely:** *Unshrunk* Laura Delano, 2025-03-18 “Delano’s story is compelling, important and even haunting. . . . Her memoir evokes Girl, Interrupted for the age of the prescription pill. . . . In Unshrunk, she tells her own story, and she tells it powerfully.” —Casey Schwartz, The New York Times Book Review “An unsparing account. . . . What makes Unshrunk so valuable is not that Ms. Delano’s mental-health struggles are unusual. Just the opposite: Her experience is depressingly commonplace in 21st-century America, as are the ‘solutions’ she was offered. Yet only rarely are these struggles described with such insight and self-awareness.” —Carl Elliott, The Wall Street Journal “A must read for anyone probing the dark side of mental health treatment.” —Anna Lembke, MD, New York Times bestselling author of Dopamine Nation “A really moving and heart-rending story. Unshrunk will help and empower so many people.” —Johann Hari, New York Times bestselling author of Stolen Focus The powerful memoir of one woman’s experience with psychiatric diagnoses and medications, and her journey to discover herself outside the mental health industry At age fourteen, Laura Delano saw her first psychiatrist, who immediately diagnosed her with bipolar disorder and started her on a mood stabilizer and an antidepressant. At school, Delano was elected the class president and earned straight-As and a national squash ranking; at home, she unleashed all the rage and despair she felt, lashing out at her family and locking herself in her bedroom, obsessing over death. Delano’s initial diagnosis marked the beginning of a life-altering saga. For the next thirteen years, she sought help from the best psychiatrists and hospitals in the country, accumulating a long list of diagnoses and a prescription cascade of nineteen drugs. After some resistance, Delano accepted her diagnosis and embraced the pharmaceutical regimen that she’d been told was necessary to manage her incurable, lifelong disease. But her symptoms only worsened. Eventually doctors declared her condition so severe as to be “treatment resistant.” A disturbing series of events left her demoralized, but sparked a last glimmer of possibility. . . . What if her life was falling apart not in spite of her treatment, but because of it? After years of faithful psychiatric patienthood, Delano realized there was one thing she hadn’t tried—leaving behind the drugs and diagnoses. This decision would mean unlearning everything the experts had told her about herself and forging into the terrifying unknown of an unmedicated life. Weaving Delano’s medical records and doctors’ notes with an investigation of modern psychiatry and illuminating research on the drugs she was prescribed, Unshrunk questions the dominant, rarely critiqued role that the American mental health industry, and the pharmaceutical industry in particular, plays in shaping what it means to be human.

**how to get off psychiatric drugs safely:** *Essentials of Mental Health Nursing* Karen Wright, Mick McKeown, 2018-02-20 This ground-breaking textbook gathers contributions from service users, expert practitioners and leading academics to help students develop the core knowledge and

skills they need to qualify as mental health nurses. Focusing in particular on helping students apply person-centred, compassionate and recovery-focused care, service-user voices and practical case studies are integrated throughout the book. Students are also given a rounded understanding of the key debates they will face in practice through the exploration of both bio-medical and psycho-social approaches. Key features include: Voices and case studies from real practising nurses and students help students apply knowledge to practice. Critical thinking activities, debates, and 'What's the Evidence' summaries help students develop higher level critical thinking and evidence based practice skills. Further reading and free SAGE journal articles facilitate independent learning. Online Multiple-Choice Quizzes and Flashcards make revision simple and fun. The free interactive ebook gives students the freedom to learn anywhere! Online resources: free quizzes, case studies, SAGE journal articles and more, which can be used for flipped classroom activities to make teaching more interactive.

**how to get off psychiatric drugs safely: Social Work Practice and Psychopharmacology, Second Edition** Sophia F. Dziegielewski, 2009-12-07 Why do social workers need to know about mental health medications? How can social workers best assist clients who are taking medications? What is the social worker's role as part of the interdisciplinary health care team? Answering these questions and more, this comprehensive text discusses the major medications used to treat common mental health conditions and offers guidelines on how to best serve clients who are using them. This new edition provides guidance on many issues that social workers will encounter in practice, including identifying potentially dangerous drug interactions and adverse side effects; improving medication compliance; recognizing the warning signs of drug dependence; and understanding how psychopharmacology can work in conjunction with psychosocial interventions. Complete with case examples, assessment tools, and treatment plans, this book offers practical insight for social work students and social workers serving clients with mental health conditions. New to this edition are expanded discussions of child and adolescent disorders, engaging discussions of how new drugs are created, approved, and marketed, and a new glossary describing over 150 common medications and herbal remedies. Important Topics Discussed: Treatment of common mental health conditions, such as depression, anxiety disorders, schizophrenia, and dementia Taking a comprehensive medication history Understanding medical terminology Avoiding drug misuse, dependence, and overdose

**how to get off psychiatric drugs safely: Psychiatric Drugs** Jim Read, 2009-08-14 Over 60 million psychiatric drugs are prescribed in England every year. This lively and provocative overview provides the most complete examination to date of the lived experience of taking psychiatric drugs. The book examines the consequences of long-term psychiatric drug use from the perspectives of people who have taken them and tried coming off them. It draws out the tensions between patients and professionals about medication and offers examples of how to resolve these constructively. Based on extensive UK research, this book includes exploration of: - Current practice in the use of psychiatric drugs - The varied experiences of people who take them - The debate over effectiveness - What service users perceive as both good and bad practice by health professionals - The different experiences of people from black and minority ethnic communities Timely and topical as well as clear and accessible, this book is essential reading for students, educators, practitioners and service users in the fields of psychiatry, mental health, social work and counselling.

**how to get off psychiatric drugs safely:** Inscription, Diagnosis, Deception and the Mental Health Industry Craig Newnes, 2016-04-30 The Psy complex governs us all by inscribing, diagnosing and interfering in our lives. This volume takes historical, sociological and psychological perspectives in exploring the complicity of patients, professions and governments with Psy and attempts by all three to constrain the industry's activities.

**how to get off psychiatric drugs safely: Forbidden Knowledge** Terence H. Young, 2023-02-21 Terence Young exposes the pharmaceutical industry secrets and cultural myths that thwart our safe use of prescription drugs.... Everyone should read it before their next visit to a doctor. — DR. NANCY OLIVIERI, MD, physician and professor When it comes to drug safety, Big Pharma holds all the power, and it's time for patients to take it back. Tens of millions of patients in

North America take prescription drugs, but the safety of these drugs is often based on medical myths. We are led to believe that if a medication isn't safe, the government would never allow it on the market and that doctors would never prescribe a drug that isn't proven effective. Who controls these narratives? And do they always have the best interests of patients in mind? In an in-depth study of the enormous influence the pharmaceutical industry has over our health, drug safety advocate Terence Young explores how those with the most to gain financially are also those who wield all the power in health care — and withhold the knowledge that is critical to the safety of patients. Forbidden Knowledge reveals the truth you need to know about prescription drugs and what to do about it. It will empower you to partner with your doctor to talk openly and plainly about medications to help avoid serious adverse drug reactions. This is your survival guide to Big Pharma.

**how to get off psychiatric drugs safely:** Resources for Extraordinary Healing Emma Bragdon, 2013-02 Sixteen million Americans (5% of our population) are crippled by serious mental illness according to the National Institute of Mental Health. A lead article in Reuters News in August 2011 reported that 40% of people (201 million) in the European Union are mentally ill or have brain disorders. The numbers of mentally-disabled-from tots to seniors- needing supplemental income supplied by their governments is swelling at an alarming rate. In the USA it's 6 times what it was in 1955. Can one recover from serious mental imbalance? How? These questions are increasingly important to emotionally disturbed people and the governments supporting them. It's crazy, but top research psychiatrists now admit We still don't know the cause of most mental illness; indicators show it is not a 'broken brain' that can be fixed by medications. Resources for Extraordinary Healing exposes a new paradigm about the causes of mental disturbances and maps pathways to full recovery. An effective model of care from Brazil that has been developed since the 1930s is described. The treatment addresses biological, psychosocial, and spiritual issues- not separately, but together. The collaborating healthcare team is made up of medical doctors, psychiatrists, medical intuitives and spiritual healers. Trained volunteers bring compassionate understanding and companionship. It is more cost-effective than our system. Compelling stories point to accessible resources in the USA that are similar to what Brazil offers. Contact information is well organized, making this book an excellent guide and an inspiring reference for patients, their families, psychotherapists, psychiatrists and healthcare providers. It will be of value anywhere people seek information, compassionate care, and illuminating perspective on recovering mental health.

**how to get off psychiatric drugs safely:** *Withdrawal from Prescribed Psychotropic Drugs (New and updated edition)* Peter Lehmann (ed.), Craig Newnes (ed.), 2022-10-10 Doctors, including psychiatrists, prescribe antidepressants, neuroleptics (antipsychotics), mood stabilizers, tranquilizers and psychostimulants all over the world, and, in most cases, without providing information about the risks of taking them and problems when stopping, for example, adverse effects, tolerance formation, bodily and psychological dependence and withdrawal symptoms. Nor they tell people about ways to avoid or minimize the risks. +++ This volume presents a collaboration of users and survivors of psychiatry (ex-patients), professionals, researchers, lawyers, and academics around the world committed to helping people understand the potential harm (including drug dependence) that prescribed psychotropic drugs can cause and how to safely reduce or stop taking them. The chapters include individual accounts of people who discontinued their prescribed psychotropic drugs, information about withdrawal groups, research data (especially about antidepressants and neuroleptics) and a commitment to safe withdrawal that will offer hope to many people; those who want to help and those who want to withdraw. +++ Contributions by Volkmar Aderhold, Paulo Amarante, Peter Breggin, Tatiana Castillo-Parada, Mary Ellen Copeland, Anna Emmanouelidou, Fernando Freitas, Jim Gottstein, Peter Groot, Swapnil Gupta, Marina Langfeldt, David Richman, Olga Runciman, Jann Schlimme, Trudy Slaght, Jim van Os, Robert Whitaker, Martin Zinkler and many more.

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in the “revolt against psychiatry,” including radical practitioners, lawyers, reporters, activists, psychiatric survivors, academics, family members, and artists. People in dialogue with the author include Indigenous leader Roland Chrisjohn, psychiatrist Peter Breggin, survivor Lauren Tenney, and scholar China Mills. The single biggest focus/tension in the book is a psychiatry abolition position versus a critical psychiatry (or reformist) position. In the scope of this project, Burstow considers the ways racism, genocide, Indigeneity, sexism, media bias, madness, neurodiversity, and strategic activism are intertwined with critical and antipsychiatry.

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**how to get off psychiatric drugs safely: Institutionalized Madness** Arnoldo Cantú, Eric Maisel, Chuck Ruby, 2024-12-04 Institutionalized Madness takes a critical, wide-ranging look at the ways in which psychiatry and the psychiatric “mental disorder” paradigm are embedded within various institutions. It examines how the specialty of psychiatry and its accompanying controversial menu of “mental disorders”, or “mental illnesses” are omnipresent throughout various facets of everyday life. Issues that will be explored include how psychiatry and the law interact, such as in the areas of guardianship, informed consent, and expert testimony in courts. Other topics covered will be psychiatry’s influence on “Big Pharma,” the role of psychiatric diagnosis in schools (e.g., the provision of school-based services, such as Special Education support), the interplay between psychiatry and government (such as the mandated use of psychiatric diagnosis in healthcare), and more. In short, this volume attempts to bring to the surface the many differing ways in which psychiatry and mental illness/disorder rhetoric can or do touch our lives, whether we are aware of their influence or not. Institutionalized Madness is the sixth Volume of the Ethics International Press Critical Psychology and Critical Psychiatry Series.

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ended up in psychiatric hospitals. Beyond suffering and pain, these person's stories show a spirit and courage which led them to become advocates or artists. Many of the authors are well known and part of a national and international movement, advocating for rights of those in the psychiatric system. This work also includes a handful of professionals who may not have been hospitalized, but have found effective methods to help those in distress. Read this work if you want to see what happens in intense psychological experiences, and how the path to healing has been discovered.

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