This belgian website endeavours telling to everybody who is interested ("everybody whom it may concern") what should be known today

about some of the most severe chronic mental illnesses such as, for example, what psychiatrists call "schizophrenia". Bipolar disorder and unipolar depression (mood disorders) also will be evoked, although more incidentally. The articles to be found on this website were intended chiefly for belgian french speaking readers. Some of them were translated in english, however, in order to allow possibly interested persons from other countries to know what this website is about, and to show to all that the situation of mentally ill persons in Belgium is far from being as rosy as officials of this country usually claim it to be. We offer these readers our apologies for the poor quality of the english translations.

We will not claim proposing an apparently highbrow and pretentious definition of mental illnesses by using involved but empty language. Everybody can understand (that's our purpose!) even if only the obvious is merely pointed out: chronic mental illnesses to be evoked here are the result of faulty precocious development of this enormous and exceedingly intricate biological machine that is our brain.

Everybody can understand when it is said that such faulty development should entail faulty functioning of the brain, affecting mainly our higher mental functions (those which developed last during species evolution). These are the functions which make everyone of us what he /she is, they enable us to live, to perceive, to feel, to think, to act and to react (to behave) in a consistent way. In short, they are the features which are evidence, for all of us, of our belonging to mankind.

Psychological or psychiatric pseudotechnical jargon will be avoided, since it is quite unnecessary and usually useful only for muddling issues, not for enlightening them (at least when used by most of our french speaking psychiatrists!)
We will try providing explanations available from today's neuroscience findings, which should enable us to have a better understanding of how different our brain is from all our other organs (*this is of paramount importance because brain structure and functioning are systematically overlooked, especially by our psychiatrists*). In doing so, we will be led to debunk a number of generally accepted ideas still current in the public at large about chronic mental illnesses (ideas which some of our so-called "professionals" seem very keen indeed on keeping alive). We thus intend to demystify these ideas.

- **To demystify** should not be mistaken for making the mental illnesses less fearsome or less frightening.
- **To demystify** does not imply that all explanations are already available, that neuroscience already should be able to provide answers to all our questions.
- **To demystify** has nothing in common with dreaming up imaginary explanations in order to put one's mind at ease when facing the unknown, as a frightened child might do when surrounded by the night's darkness. Neither is it thinking up fancy, childish and simplistic explanations or, on the contrary, convoluted constructs conveniently suited to circumstances of the moment, such as those one would think up to answer the unexpected, embarrassing questions from a curious child. Nor is it contriving spurious explanations intended to hide the fact that the true answers are not known.
- **To demystify** means to say and to explain what we reasonably think is known, but it also means that we say what is not known as well (we should recognize where our knowledge stops). It is to tell what scientists think is plausible and why they think it is so; it is also to tell what scientists have good reasons to dismiss or what they have good reasons to believe should be unlikely.
- **To demystify** is to honestly take on one's functions, one's knowledge, but it also means that one should be able, in a responsible way, to acknowledge the gaps in one's own knowledge. It is to act and to treat other persons as adult and responsible humans. To

demystify is to show to everybody the respect he/she deserves, by providing him/her with the means (the knowledge) to judge and to decide by him-/ herself, to freely make choices with full knowledge of facts. It is to inform other persons correctly, in order that the adults that they are will not think they are ignorant children, as some would perhaps have them believing.

On this website, *there will be no talk about those disorders that humans inflict on themselves*: addictions to various socially admitted drugs such as alcohol and tobacco, nor about such disorders as arising from the use of much more immediately toxic drugs such as cocaine, heroin, crack, etc., which very rapidly become impossible to dispense with because they alter metabolism for a very long time or even permanently.

On this website, *properties deemed specific* of every individual psychoactive medication (neuroleptics, antipsychotics, antidepressors) available in Belgium will not be reviewed. Indeed, it is felt that predicted effects on symptoms, as described in the explanatory leaflets provided by the pharmaceutical firms, *are just an illusion which is misleading all: lay persons, general practitioners and psychiatrists alike*. Every mentally ill person is unique and constitutes a special case. To put it in another way, one could say that there is no well-defined mental disorder that would, always and with any certainty, predictably benefit from a given specific medication (such as insulin for diabetes, for example): there are only individual cases. Effects (beneficial or not) of a given medication on this ill person or on another one are never predictable with any degree of certainty. There is no medication which would be definitely good against this given "illness" whereas it would be definitely bad against that other one. Some medication will prove good - or bad - for Mr or Mrs so-and-so, ***only*** because they found out by trying it out.
The most recently available medication will of course be highly vaunted by the pharmaceutics company that developed it and markets it. This in no way ensures that it will be more effective on the illness of Mr or Mrs so-and-so than another, possibly older product. That's why we won't try flooding readers with a stream of names of medications, with the lengthy descriptions of the biochemical as well as "psychotropic" properties of their molecules. This would not help them in any way. Let us leave that to those who have the experience of such matters (or who are supposed to): neurologists, "biological" psychiatrists and pharmacologists.
We will also leave that to those who mistake browsing through lists of medications for understanding of their contents, those who cannot distinguish between quoting ill-digested readings and actual knowledge, but who seem to believe that the former should be enough to enhance their credibility and their image in the public's eye.

Unlike what you often may find on numerous other websites, we will not hint at fancy promises of the impending discovery of neuroleptics which would be better than those available today because they should be devoid of bad side effects. No presently available neuroleptic medication is specific enough (*of what, by the way?*) to be devoid of side effects and, automatically as well as by nature, any side effects cannot be anything but a nuisance.

Today, nobody has the slightest idea about what specific brain structure a psychotropic medication should target in order to suppress or to merely but significanty alleviate psychotic troubles. Therefore, claims of better specificity of this or that medication are just either wishful thinking or scams, you are to choose the most likely of these two possibilities.

On this website, we will more especially endeavour to make clear what the features of chronic mental illnesses necessarily entail for treatments and care available nowadays. Such consequences of characteristics specific of chronic mental disorders are very different from those resulting from other, so-called physical diseases. That is rarely quite clear to public health policy makers.

Although causes and mechanisms of chronic mental disorders are still unknown, they have to be very concrete (material), notwithstanding all claims to the contrary. Hence, although available treatments provide no cure, although they can only alleviate some of the signs and symptoms of the disorders, they should be very concrete as well (*i.e. medication*). With very few, quite

unpredictable exceptions, and even when these medications are effective, their results will not be entirely satisfactory and they will have some drawbacks.
In quite a number of cases of medicated patients, the patients will need some additional care as a consequence of the only partial or inadequate results of the medication. This should not consist of some arbitrary or fancy so-called "psychotherapy" as described in manuals, it should consist of caregivers providing guidance and support custom-tailored to the needs of every individual case (giving to such care the name of *psychotherapy* doesn't make it more effective though some "therapists" may find it gratifying to themselves or impressive to gullible persons).

Still other consequences very logically result from all that has been said above. When you think about it, these consequences should be obvious, but those in charge of "mental health" do not seem to be yet aware of them, however. Possibly, that's why there is not much talk about it, even on the web!
Among other examples, deciding what their problems are by merely observing the ill persons (observation is almost the only tool available), i.e. detecting what is O.K. and what is amiss with them requires that "professionals" (psychiatrists, psychologists, caregivers etc.) continuously spend quite a lot of time with their patients, perhaps during days and weeks or even months on end.
Such enduring and sustained close observation is also required in order to assess the effects of medication, to recognize what it improves, what it possibly worsens, what it fails to change.
Watchful and continuous observation of the patients (living at their sides) is also the only means allowing to decide whether learning of social behaviours ("skills") is still possible or if motivation and abilities are too altered to use them for practical purposes.

To force a mentally ill person who has lost the required abilities, to behave in society in the same way as a well and healthy person would do, is akin to forcing a paraplegic person (unrecognized as such) to run across the highway during high traffic (thus, we will see if he/she can do it without getting crushed).
That's no therapy, that's not care, that's inflicting on the person a sadistic and criminal torture under the pretense of socially rehabilitating him/her.

True care consists, first in administering to every patient the medication which proves to be best suited to his/her individual needs, second in providing ill persons with places, living quarters and living conditions taking their handicaps into account. Forcing mentally ill people to adapt to society though we are not able to provide them with the means to do so (*even worse, our will to help effectively might be lacking!*), you may not call that treatment nor looking after them. There is only one fitting word for that: to torture.

Providing adequate care thus implies spending much time, having numerous motivated and qualified personnel available, all involving heavy public expenditures. Political leaders do not seem eager to tackle the problem.
In this country, everything that concerns "mental health" is swollen with quite a lot of hot air. The purpose of this website is to help people to see through all the usual baloney.