

# Big Pharma's "Stop the Stigma of Mental Health" Campaign. The Role of "Patient Advocacy Organizations" (PAO)

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*Here is a little known but extremely relevant fact: The first campaign to "Stop the Stigma of Mental Illness" was launched many years ago by the psycho-pharmaceutical industry (Big Pharma) that makes tens of billions of dollars annually by selling unaffordable, often highly addictive, brain-altering drugs that are then promoted by psychiatrists and family physicians as being necessary for the rest of the drug-taking patient's lives.*

Why doesn't that surprise anybody? The norm for all capitalist enterprises is to make money by hook or by crook.

With a seemingly altruistic agenda of understanding and compassionately dealing with unfortunate people that are somehow different than the rest of us, the fact is that the campaign is all about marketing a product rather than ending the "stigma" of so-called "mental illnesses".

The campaigns have been going on for decades under different guises and each one (see a partial list of some of them at the end of this column) has been started and funded by greedy, sociopathic multinational pharmaceutical corporations that primarily want to maximize their profits by getting more and more patients labeled as having mental illnesses (of unknown cause), which will ensure that many of them will be placed on potentially-dangerous, dependency-inducing psych drugs.

The primary propaganda targets of drug company advertising are prescribing doctors and nurse practitioners. The secondary targets however are the obedient, drug-swallowing folks who are sitting in front of the boob tube, most of whom naturally feel sad or nervous from time to time and who are somehow willing to swallow whatever drug is prescribed to them.

It is a simple three step process that begins with a prospective patient passively watching an attractive female actor on TV, to then wanting to get a diagnosis for whatever disorder the actor was supposed to have, and then finding a health caregiver to prescribe whatever drug the actor on TV was "cured" by taking.

The same TV drugs and TV "disorders" are also subtly and cunningly promoted in non-paid TV programming that avoids discussing any of the negative aspects of the Big Pharma drugs (or vaccines) from which the media outlets had accepted large amounts of advertising money that always keeps unwelcome truths from coming out, thus complying with the old rule that says that "whoever pays the piper calls the tune" (meaning that TV and radio broadcasters never report anything that might offend the program's paymasters and

advertisers and that interview hosts try not to invite courageous truth-tellers or whistle-blowers on to their shows).

Among the first Big Pharma front groups that promoted "mental illness de-stigmatization campaigns" were the [National Alliance on Mental Illness \(NAMI\)](#) and [Children and Adults with Attention Deficit Disorder \(CHADD\)](#). Some of the deep-pocketed founding sponsors of NAMI, CHADD and some of the other so-called PAOs included Abbott, Bristol-Myers Squibb, Eli Lilly, Glaxo, Janssen, Merck, Novartis, Pfizer, SmithKline Beecham, and Wyeth-Ayerst Labs.

So next time you see an advertisement or a commentary article in your local newspaper or television station from an obvious PAO or some psychiatrist group that is promoting another "stop the stigmatization of the 'mentally ill'" campaign, understand that the group is very likely a front group for a multinational psycho-pharmaceutical company that actually only wants to sell more product.

Such blatant PAO promotions are no different than the "Just Get Your Damn Flu Shots" campaigns every fall and winter that are sponsored by some fake PAO. They also are just paid-for advertisements from some of the Big Vaccine corporations and their partners in the CDC that have vested interests in unloading their supply of seasonal vaccines to an unsuspecting public.

The target audiences for seasonal influenza shots will not be informed how high are the Numbers Needed to Vaccinate (NNV), which is the number of people that have to be vaccinated in order for just one vaccinee to benefit.

And the target audiences will also not be informed how low are the Absolute Vaccine Effectiveness (AVE) ratios for any given vaccine. (The AVE compares the number of vaccinated patients that didn't get the viral infection with the number of patients that also didn't get the infection but didn't get vaccinated.)

And the target audiences also won't be informed that the 3 flu viruses that have to be prematurely chosen for the coming year's influenza season are highly likely to be just another one of the many vaccine mis-matches that have occurred over the years - and therefore ineffective in preventing the flu.

Below are some of the facts about how Big Pharma corporations have created and paid for the "de-stigmatization campaign PAOs for the so-called 'mentally ill'". A U.S. Senate investigation revealed that in just two years (2006-2008) Big Pharma companies funded NAMI to the tune of \$23 million, representing three-quarters of its donations. And one of the major Big Pharma corporations actually "lent" one of its high-ranking officials to NAMI during its formative years in order the "harmonize" its strategies with the company.

Creating The Perfect Marketing/Lobbying Machine: Big Pharma's Funding of "Patient Advocacy Organizations"

Mental health-type PAOs are groups operating under the guise of advocacy for the so-called "mentally ill". In reality they are just Big Pharma front groups whose major functions are to influence public opinion by offering "expert opinions" on mental health issues, to keep mental health and so-called mental illnesses at the forefront of media coverage, to "support" patients who are already mired in the mental health system and to lobby legislators to pass legislation at both the state and federal levels. Big Pharma's deceptive

PAO campaigns affect large segments of the population, from normally inattentive and active kids to normally sullen and over-indulged teen-agers, to America's stressed-out and traumatized military, to tired pregnant women and stressed-out nursing mothers and their babies, to the sad and neglected elderly in nursing homes, etc, etc, etc.

The job of the PAOs is to convince target audiences that normal variations in mood, emotions and behaviors are actually abnormal mental health conditions that need psychiatric evaluation and prescription drugs forever.

Is the new NAMI-Spawned "Make it OK" Campaign Serving the Interests of Big Pharma?

Most potential psychiatric patients (all of us) are unfamiliar with the pro-drug mental health PAOs that include NAMI, CHADD, NAMI's recent spin-off "Make It OK", and the myriad of bipolar, anxiety, depression or ADHD "support groups" that are all over the internet, but these groups need to be exposed for the deceptive front groups that they actually are.

Presenting themselves as innocuous PAOs is disingenuous, but the concept is quite seductive to the propaganda targets and altruistic helping volunteers, many of whom have a sincere desire to help a loved one or a family member who might have emotional or mood problems or are already struggling with the toxic or addictive effects of their cocktails of psych drugs.



Source: Hudson Hospital

PAOs are also very successful influencers of legislators, the media and the American public and have been very successful in getting laws passed that benefit the sociopathic drug industries that fund them, under the guise of helping the patients they claim to represent and from whom they reap enormous profits.

One would expect that any organization claiming to be advocates for the rights of patients would have as primary goals the full disclosure of all drug risks, the right to refuse treatment, and the right to know that psychiatric labels are not medical conditions that can be confirmed by any known lab or radiological test. But they are not advocates for the rights of patients at all.

One would expect that such altruistic-sounding PAOs would also provide patients with factual information about alternatives to Big Pharma's unaffordable, poorly-tested, non-curative and sometimes lethal drugs (alternatives such as the many effective and potentially curative non-drug treatments that are affordable, non-addictive, non-harmful. But they don't provide that information.

One would expect that an honest patients' rights group would never endorse something as absurd and obviously dangerous as giving electroshock to pregnant women, nor would they condone schools requiring children to take a psychiatric drug as a condition of attending school. But they do.

One would think that an honest PAO would never be opposed to the FDA issuing warnings that antidepressants are known to cause some patients to become manic, more depressed, sleep deprived or have new thoughts of committing suicide and homicide. But they have

opposed such warnings.

One would think that an ethical PAO would never object to the FDA issuing warnings that so-called “ADHD” drugs are essentially amphetamine-based drugs and therefore highly addictive and even deadly. But they have objected to such warnings.

The following information is excerpted from one of the most effective Big Psychiatry and Big Pharma whistleblowing organizations in the world, the Citizens Commission on Human Rights International ([www.cchr.org](http://www.cchr.org)). CCHR’s website is full of unimpeachable information exposing the members of the multinational psychiatry and pharmaceutical industry for their many illicit activities. Check out some of their powerful videos [here](#).

### The Unholy Alliance Between PAOs And Big Pharma

In the late 1970s and 1980s, prominent American Psychiatric Association (APA) psychiatrists, directors and researchers with the National Institute of Mental Health (NIMH) were in need of more government funding, so they devised a plan to create a “growth of consumer and advocacy organizations” with the intention of getting these groups to help lobby Congress for increased funding for psychiatric research. Several groups emerged first on the scene during that period, including the National Alliance on Mental Illness (NAMI’s first name), CHADD, Anxiety Disorders Association of America (ADAA), National Depression & Manic Depressive Association (NDMDA), now called Depression and Bipolar Support Alliance (DBSA), and National Alliance for Research on Schizophrenia and Depression (NARSAD).

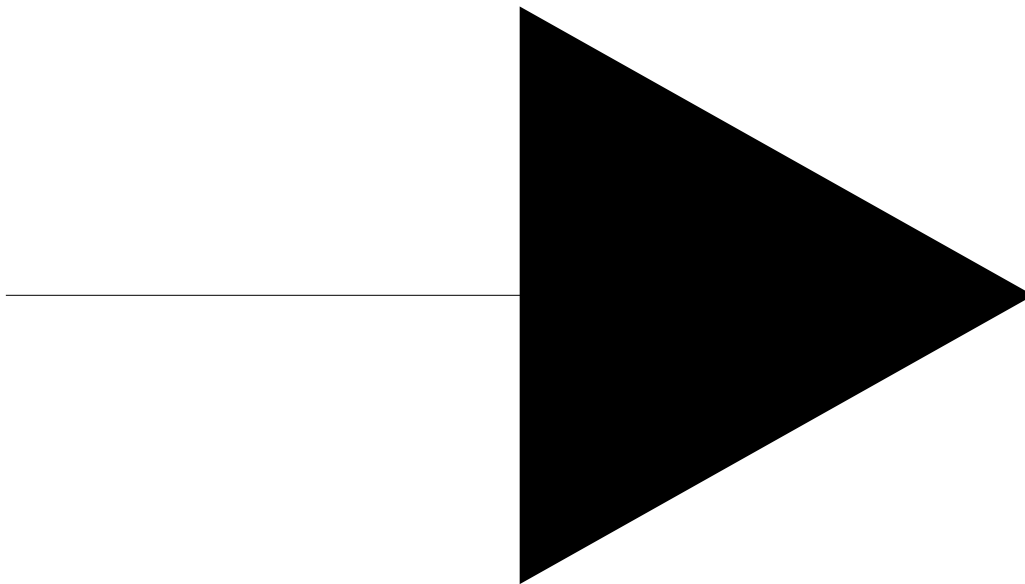
In an incestuous relationship, many of these groups were formed by the *directors* or *researchers* from the **National Institute of Mental Health (NIMH)**, the very organization that needed mental health advocacy groups to make demands on Congress for increased funding. All of them had board or advisory board members with financial ties to Big Pharma. The majority of them were heavily funded by Big Pharma. So this turned out to be a brilliant marketing/lobbying strategy: set up patient’s rights groups to lobby for the funding needed for Big Psychiatry and Big Pharma while claiming to be “advocates” for the mentally ill.

Perhaps this explains why these groups – claiming to be patients’ “rights” groups – would so vehemently oppose such important mental health reforms as:

- Black box warnings to highlight how antidepressants can cause suicide in children and young adults.
- ADHD drug warnings that the psychostimulants being given to millions of children should carry warnings that the drugs could cause heart attacks and strokes.
- A federal law prohibiting school personnel from forcing parents to give their children mind-altering psychiatric drugs as a requirement for their inherent right to education.
- Better informed consent rights.
- Banning the use of ECT on pregnant women, and instead endorse its use.

Rather, these groups—while raking in millions of Big Pharma dollars each year—frenetically lobby Congress and state governments to channel billions more taxpayer’s dollars into mental health programs that benefit the industry that funds them — not the patients they claim to represent. Among the issues these groups have supported include forced drugging

of patients, endorsement and promotion of psychiatric drugs documented to be dangerous and lethal, mental health screening of all school children, drugging and electroshock treatment for pregnant women. And that is just the tip of the iceberg. These groups have also done all they can to suppress and/or minimize any workable alternative non-drug method (e.g. [Soteria House](#), a proven and workable non-drug treatment for those diagnosed “schizophrenic”/psychotic) that threatens their multi-billion dollar psycho-pharmaceutical empire.



Source: Springer Studios

It is for this reason, and the disingenuous nature of many of these groups, that we are exposing their conflicts of interests because a patients’ rights group should be dedicated to patients—not the vested interests of the psycho/pharmaceutical industry. Big Pharma admits that it gets more bang for its buck from funding these front groups than it does from spending money on Direct-To-Consumer marketing (DTC).

Josh Weinstein, “a veteran pharma marketer” writing for the trade magazine *Pharmaceutical Executive*, in an article titled, “Public Relations: Why Advocacy Beats Direct-To-Consumer marketing said: *“I have witnessed that the most direct and efficient tool for driving long-term support for [drug] brands has been, and continues to be, a well-designed, advocacy-based public education program....”*

- “Unlike DTC, advocacy-based promotion brings with it a cadre of allies...This factor grows in importance as the pharma industry becomes more of a political target,” Weinstein says. In such a situation, advocacy groups “can be counted on to speak out for [the company]” and “the media will view them as more objective sources than industry spokespeople.”
- The pharmaceutical industry magazine *Pharmaceutical Executive* published a report by PR expert Teri Cox called “Forging Alliances, Advocacy Partners.” According to Cox, partnering with advocacy groups helps drug companies to “diffuse industry critics by delivering positive messages about the healthcare contributions of pharma companies to legislators, the media, and other key stakeholders.” And they help influence the decisions of policy-makers and

regulators.

- Jeffrey Winton, vice-president of global public relations for **Pharmacia** is even clearer about the role of these groups. “Gone are the days when companies just handed out big checks to groups with no discussion afterward,” says Winton. “Now, we seek opportunities with groups that not only help them achieve their goals and objectives, but also *help us move our business along.*”
- According to Dr. Peter Breggin, psychiatrist and founder of The International Center for the Study of Psychiatry and Psychology (ICSPP), the psychiatric-pharmaceutical company “advocacy” groups hold national meetings that bring together drug advocates to talk directly to consumers. They also put out newsletters and other information that praise medications. Sometimes they actively suppress viewpoints that are critical of drugs—for example, by discouraging the media from airing opposing viewpoints.”

The psychiatric-pharma cartel is able to conceal its covert advertising and uses these groups to bolster its poor reputation.

- Sharon Batt of Dalhousie University in Halifax, Canada, studied the behavior and funding of advocacy groups after years working herself in advocacy, where she noticed a general pattern. Organizations that accept pharmaceutical funding, she says, “tend to advocate for fast-track review and availability of drugs, greater insurance coverage, and they somehow see ‘direct-to-consumer’ advertising as a benefit to patients.” On the other hand, groups that maintain financial independence, she says, “emphasize safety over speed and are critical of direct-to-consumer advertising.”
- Weinstein adds: “working with advocacy groups is one of the most accomplished means of raising disease awareness and enhancing the industry’s image as deliverer of new and tangible value to patients.”

Government agencies such as NIMH, CDC, FDA and NIH should not have its officers or employee researchers sitting on the Boards or acting as advisers to any of these groups. All of these groups can and must disclose their pharmaceutical funding (of their own accord, not due to the fact that they are under Senate investigation as many of them currently are) they should also require complete disclosure of any vested interests of their board members and advisory committees. When you read each of their histories as we have provided, you will understand why.

And while several of these groups are now under Senate investigation for huge amounts of their previously undisclosed pharmaceutical funding, CCHR wants to provide the general public with more information about these psycho/pharma front groups, including some of the key players who formed them, advise them or sit on their boards.

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<http://www.globalresearch.ca/author/gary-g-kohls;>

[http://duluthreader.com/search?search\\_term=Duty+to+Warn&p=2;](http://duluthreader.com/search?search_term=Duty+to+Warn&p=2;) or at

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