

PSYCH VICTIMS

**THE EVERYDAY PSYCH VICTIMS PROJECT
CATALOGUES VICTIMIZATION BY THE "MENTAL
HEALTH" FIELD EXPERIENCED BY MILLIONS OF
PEOPLE DAILY.**

BE THE CHANGE!

The Only Anti-Mental
Health Publication

Giving Psych Victims A
Voice...

ANTE'S STORY OF CHEMICAL CASTRATIONS AT THE MENTAL HOSPITAL

My friends, I don't know even how to start my story. Sorry for my bad english. You are all here probably cause of depression, you took that terrible pill and end up with PSSD but my story is different, I got sexual dysfunction because of antipsychotics, risperidone. I was young healthy boy who played football and loved girls, only two important things in my life. And one day my hell started, I got twitches of muscles and eyelid, as time was passing my symptoms were even worse, my legs start to weaken and one day I almost collapsed. I google it and found that might I have multiple sclerosis or even ASL (Stephen Hawking) and I decided to take my own life to end fear and suffering. But I failed and my sister called police and they come to my home and forcefully drive away to mental hospital and they lock me up there. They done some tests like CT of brain and EEG and find nothing so they said that is all in my head and psychological problem, not physical, not some disease like MS and they give me risperdal. By the way, I read all threads in this general forum in two weeks. (RIP Dark) So, I was in biggest mental hospital in Croatia with all kind of lunatics and I was scared. But that is just beginning of this hell. I was in room with 3 guys and all of them were taking antidepressants and told me that they have sexual problems like no erection, etc. So I was scared even more. I was there for 2 months so I had plenty of time and was trying to collect information about drugs that they were giving to us like candy. Can you believe me that 80% of people I talked to had some sexual dysfunction like no erection, loss of libido, desire or retrograde ejaculate. So this is lie or misinformation on this forum that you are tiny tiny number of unlucky people who got this terrible disorder, a PSSD. That happened this year between april 1. and 25. of May. To continue, I came home finding out that I can not feel pleasure, no sperm and so weak erection and when I watched porn, sex was looking like disgusting thing and I was seeing people like things because I had no fucking emotions. Later on I find all info and read dr. Peter Breggin books on psychiatric drugs and how they work (especially AD and AP). Now I'm in bigger deeper shit than I was before when I thought that I had MS or ALS. I wish I'm dead now. So, I stayed in contact with some patients from hospital and one of them told me that SAFFRON TEA helped him to regain libido and to maintain erection. Poor guy almost killed himself because of this months ago. He was on Zyprexa and Zoloft. Maybe it will help us, I asked local herbalist and he said that saffron tea is excellent for eyesight and for erectile dysfunction, also working acts as aphrodisiac. Even on youtube I find it is good for PSSD. There is saffron capsule also to buy. I researched a lot last 3 months I found out that there is not only problems with hormone and neurotransmitters but with shrinkage of the brain studied with MRI. DR Peter Breggin also talked about that. we are in deep shit if some cells, or receptors just died. When you cut hand of human beings, new one will never grow in future. I think we are in that kind of problem. Maybe this tea will work, just suggesting I'm no expert. In the end is terrible to know that we are living in world where Eli Lilly, Johnson and Johnson and Janssen make billions dollars based on human health and life and destroying them. It is not only about PSSD, it is diabetes, short life span, addiction to drugs, even more depression after discontinuation, rapidly decreasing sperm count and so on. I cant believe how some reasonable human being can defend them and said that problem is genetic or LUCK.

I am touch in some of the guys and we are talking on a regular basis every week. They told me that they have still persistent problem with erection and loss of lust, desire and so on. It is PSSD then. One of the guys quit cold turkey. I told you guys it is not 0.5% of us. Number is much much bigger and some people especially girls, women can not realise this disorder. They think is from depression

From Daryl Brown at <https://pssdblog.blogspot.com/2018/10/antes-story-of-chemical-castrations-at.html>



SAY NO TO PSYCHOLOGY IN MEDICINE

Psych rotations are required for nursing students. The MCAT to enter medical school added psychology in 2015. Say NO to this intermingling.

These fields will also use psychology to label:

- Social Workers
- Teachers
- Security Guards
- Police
- Red Cross and Disaster Responders
- EMTs/EMS
- Religions
- and more...

Compare the wild past to today... once upon a time, people could act out on stage as entertainment. Now look at today's stories.

A facial expression means instability!

UK heavyweight champion: I'm afraid to dance in my car!

Kanye West: I like trump (hauled off stage by body guards).



It's brutal out there. But remember, if there was more freedom, we could freely goof off, say what we wish, and entertain people.

Do the above examples seem at all scientific? They aren't. They're merely controlling.

Should those in physical pain from diseases be then drugged with antidepressants? NO.

Should people be tied to their beds? NO.

Of course, then people criticize the people (such as celebrities) who have been psyched for not relaxing or having fun. Well, what do you expect? Their psych is right around the corner, waiting for them to make a "mistake."

But, back to the mingling in medicine.

In 2013, there was a Stanford Medicine X conference where a patient with I believe COPD (breathing issue) complained that it's degrading and demeaning to patients to then try to put them onto psychotropics when they are having natural reactions to physical issues. Laypeople or victims should have a larger voice in medicine.

Yet.... what has happened for the past 5+ years?

All I hear is more psychology interference and noise.

If you became a nurse, and forced onto a psych rotation, would you say no?

Would you say no to psych drugs being handed out like candy at free clinics?

Being AntiPsych is one of the most freeing of experiences. Even if you were involved in psych before, you can reverse train to be "normal" again. We'll keep trying here at EPVP. Don't just post experiences on social media!



"A DOSE OF MELLARIL FOR MISOGYNISTS

ARE YOU SERIOUS, SANDOZ PHARMACEUTICALS? WHY WOULD YOU GIVE HOUSEWIVES TRANQUILIZER MEDS AND CLAIM THAT IT CAN MAKE THEM MORE PRODUCTIVE AT HOME? KNOW THAT WOMEN CAN DO ALL THE WORK WITHOUT THE HELP OF YOUR "MENTAL HEALTH" DRUG. MELLARIL ARE PRESCRIBED FOR PATIENTS WITH PSYCHOTIC DISORDERS. IT CAN TREAT PATIENTS WHO EXPERIENCE DELUSIONS AND HALLUCINATIONS. PLUS, WOMEN SHOULDN'T BE PORTRAYED AS COMPLACENT WIVES WHO WOULD DO WHATEVER THEY'RE TOLD. THEY ARE NOT CRAZY.

This drug ad shows oozing patriarchal misogyny and nobody can help but hate it. Their ad shows a hand reaching out to a housewife. They painted the woman's face with sadness and resentment. It appears to be almost delusional. The ad creators certainly need to get a dose of their own medicine."

Gratefully Seen at: <https://www.lifestyle-a2z.com/vintage-ads/25/?xcmg=1>

Of all of the changes in society, feeling sympathy for psych victims and knowing how "mental health" (The LifeStyle A2Z writer even put it into quotes!) is used to abuse victims is the next step...

Psych drugs are often done to keep people "in line."

In this case, it's to force the woman to continue doing household chores.



The extent to which the ambulatory or discharged psychiatric patient can be reached therapeutically depends in large part on the efficacy and acceptability of maintenance medication.

Mellaril (thioridazine) helps reduce many of the psychological hazards of the uncontrolled environment, smoothing interpersonal relationships and facilitating the process of adaptation.

Equally important, Mellaril (thioridazine) is notably well tolerated, relieving symptoms and helping to restore function without seriously diminishing drive and alertness. In addition, the extrapyramidal stimulation that is often a concomitant of most phenothiazine therapy is rarely seen with thioridazine.

This balance of efficacy and patient acceptance makes Mellaril (thioridazine) a maintenance drug of choice — no matter which agent may have been employed in the hospital setting.

Indications: Anxiety, tension and agitation in pediatric, adult, and geriatric patients. Psychomotor hyperactivity in psychotic patients.

Side Effects: Jaundice has not been observed. Occasional drowsiness, dryness of the mouth, nasal stuffiness, skin eruption, nocturnal confusion, galactorrhea, amenorrhea, orthostatic hypotension, inability to ejaculate in the male, pseudoparkinsonism. Pigmentary retinopathy has been reported in doses in excess of 1600 mg. daily given over long periods of time. Leukopenia, agranulocytosis, photosensitization, and convulsive seizures are extremely rare, but are possible complications of all phenothiazine administration.

Contraindications: Any severely depressed or comatose state.

a new standard in tranquilization

Mellaril[®]
(thioridazine)



STOPPING RESTRAINTS LIKE PILLORY & STOCK TORTURE

Are restraints behind closed doors like pillory and stock torture? Pillories and stocks were used for humiliation and torture until the late 1800s.

According to Wikipedia: "Stocks are restraining devices that were used as a form of corporal punishment and public humiliation."

"The stocks consist of placing boards around the ankles and wrists, whereas in the pillory the boards are fixed to a pole and placed around the arms and neck, forcing the punished to stand.

Some consider the stocks an example of torture and cruel and unusual punishment.

[citation needed] Victims may be insulted, kicked, tickled, spat on, or subjected to other inhumane acts."

What brave people to outlaw this inhumanity.

Imagine how difficult it must have been to outlaw or culturally stop the public humiliation and restraining of people like this.

Can you imagine how these people who were victimized like this for small taboo acts would feel for their lifetimes?

Being coerced, shoved, and forced to do what you don't want to, at the hands of the law or legal coercion, is a horrible experience.



They do stocks and the pillory today, but it's not with wood. It's with locks, ties, nylon, and other acrylics. They do it for psych victims... people who are forced into the non-legitimate and never-questioned "mental health" system of courts. They're ridiculed, laughed at, stigmatized, and ignored.

If only more people knew about and QUESTIONED the humaneness of restraining people or hiding them away from sight.



CHANGING "MENTAL HEALTH" POLICIES - REMOVING COERCION

Feb 21, 2019

Mental Health Policy Change Suggestions - 2019
(Some of these overlap into different protections)

Information and Consent Protection

Problem: People are not informed that they are put under a psychological evaluation when questioned by teachers, EMT/EMS, police, in ERs, and so on. This means the victim may say something that could cause an involuntary hold.

Solutions:

Required to inform people that they are being put into a psychological evaluation
Similar to informing someone being arrested (Miranda's law) that anything they say can be used against them
Patients should not be required to sign any forms while involuntarily held
They cannot be coerced into signing away their refusal or lack of consent if requirement to sign is removed for acknowledgement of procedures
Inform that they do not have to go to or be forced to attend community meetings or community treatment, or outpatient treatment, after involuntary inpatient holds if there is no legal order
Inform of the full extent of adult guardianship or conservatorship, loss of independence, when considered and informed of alternatives and of advising/management services
Patient should be able to deny telling evaluators their name, insurance information, personal information, IDs, and address and withholding such information should not be used to claim "grave disability."

Advocacy Protection:

Problem: Patients are often without outside family, friend, or other support to get out of psych ward stays.

Solutions:

Every 5 people in a hospital must have a non-mental health field advocate (or mental health advocate) - who tries to get person out of involuntary hold, e.g.
Must encourage and work on outside communication, career, school, and independent support.
Must allow outside mail, phone, and internet access

Non-Coercion, Normalizing, and Independent Living Protections:

Problem: Current mental health industry is riddled with coercion, abuse, and dependency. It dehumanizes and degrades by refusing to treat patients as normal people.

Solutions:

Cannot force people/patients out of their initial clothing

Should not punish patients out of their clothing

Should not strip patients

Only if patient as previous record of using clothing against themselves should there be any requirement for them to remove their clothing

Cannot force catheters

Cannot do this either in ERs, general hospitals, or psych hospitals

Cannot do this when patient can stand up, is conscious, can go to a restroom, or if they refuse catheter

Problem: Numerous patients are medically raped this way, which humiliates them and makes them act out - causing more "diagnoses."

Cannot use restraints on ambulances, chairs, beds, or gurneys (to any object or to themselves)

No restraints in ERs

Cannot force feed - such as with tubes

If they are not eating and starving, then remove from psych hospital and send to general hospital.

Gravely disabled criteria cannot be used to force patients beyond "danger to self or others"

Cannot have "levels" of obedient patients

People should not be transported in police cars without reasonable assumption of a criminal offense, and should be told that they can refuse transport by police car

More Independent Living:

Required to aid patients legally, economically, socially, and educationally to not be harmed or life disrupted. Patients must be aided to become more independent.

E.g.: Patient should be asked about any outside obligations: such as court appointments, rent/utilities/other necessary bills due, county appointments such as for welfare, bank issues, school requirements, living needs, and employment requirements.

Required to present patients with regular information on school, employment opportunities, transportation opportunities, and housing opportunities

Required to work with patients to get impounded cars out of towing yards

Required to help with excuses for school or work

Required to help to move patient from conservatorship/adult guardianship to independent living if patient is physically able

Cannot lock up patient's items into lockers or away from patient unless a weapon or at higher levels of danger

Patients should have access to their cell phones, wallets, and money at all times

Suggestions for financial advisors, and other advisors, not conservatorship

Should be able to request online classes, education, financial advice, and consulting while in psych wards

Patients should be able to be released to themselves (not always to another person), when they can prove economic, scholastic, or career responsibility

No option currently to be released without a "caregiver" of some sort or relative

Not required to open access to relatives without permission from patient.



Policy

A policy described
government, private
statement of Inter
organiza

Psych History Protections:

Problem: Psychological history is preventing patients from independently moving on from diagnosis, and is causing widespread discrimination with force or misunderstanding.

Solutions:

Employers cannot ask for psych history unless it is volunteered
Hospitals, EMS, police, cannot use previous psych history against person - unless it is volunteered and wanted to be by person
Cannot ask if previously been in a psych hospital or previously diagnosed during ER/EMS/Police interactions
Cannot force person to state previous or current medications
Schools cannot ask for previous psych history
Living and rental facilities cannot ask for psych history
Records from psych facilities should black out names
Psych records can be expunged after 3-5 years (similar to how crimes can be expunged).

Drug, Chemical, Allergy, and Medication Protections:

Problem: Patients cannot refuse drugs (even before a judge signs), cannot state allergic or adverse reactions to prevent further drugging, and often, can be polydrugged to cause long-term or immediate problems. People of all ages, even children, can experience this. Refusing pills can also cause sexual violations of humiliation during injections.

Solutions:

Cannot Polydrug (over 2 drugs at a time) a person
If not all ages, then certainly children should not be polydrugged
Problem: Cannot tell which adverse effect is caused by which drug when polydrugged.
Cannot suddenly increase dosage over a certain threshold at once
Must present withdrawal pamphlets and information
Should provide "prescription commercial" disclaimers on information packets, posters, or ingredient boxes to hand out or be available
Cannot tranquilize or drug a held person before a judge signs off (this can happen in ERs)
Cannot drug to quiet a person
unless actual violence occurs
Do not pull patient's pants down to humiliate patient to take pills instead of injections
This can be done in non-sexual ways. Vaccines are mostly in the arms
Must be given list of side effects with each drug given.
Cannot state to patients that they *have to* take a drug for their entire lifetime
Cannot force illegal drug addicted patients on to psych drug substitutes
No psych drugs as substitute
Should be able to state allergies, adverse reactions to drugs and not take drugs
Should not be drugged while restrained

Moreover:

Should be allowed to refuse drugs
Should be allowed to take vitamins instead of medications

Outside Communication Protections:

Problem: Patients are often isolated in psych wards, and required to listen to the program provided. This causes alienation, and an inability to adjust to independent living. It further can disrupt lifestyle, cause economic and legal problems, and prevent outside advocacy. It's dehumanizing.

Solutions:

Patients should be able to be visited at anytime (not a set time - is this a hospital or a prison?)
E.g., cancer or non-psych patients can be seen at any time, not a set time. This causes further isolation and alienation.
Required to aid patients legally, economically, socially, and educationally to not be harmed or life disrupted. Patients must be aided to become more independent.
E.g.: Patient should be asked about any outside obligations: such as court appointments, rent/utilities/other necessary bills due, county appointments such as for welfare, bank issues, school requirements, living needs, and employment requirements.
Must make effort to not disrupt this due to holding a person.
Transportation capabilities should be preserved
Must be required to give internet and technology access.
(Problem: in the USA, patients do not have internet access or any access to computers. This is degrading and archaic. Even prisons may have computer labs).
Emails: should be able to send and receive emails
Must update phones in psych wards to be like normal phones of today:
No pay-phone appearing phone booths
Historical appearing phones creates a harmful environment of 'the psych ward' versus being out in society
Should be able to have wireless phones
Should be able to use phone without asking staff to call out (this significantly reduces complaints and calls to the 'outside')
Cell phones: Patients should be able to keep their cell phones and have access to them.
Only remove cell phones if they use it to harm themselves physically
Patients should be able to obtain cell phones as gifts
Patients should be able to buy cell phones.
Cell phones should not be locked up - at any time
Cell phone chargers available.
Patients should be allowed to have private phone, internet, email, mail, and other technological conversations.
Mail should be able to be sent and received
Faxes should be able to be sent and received (though usually this already applies).
Visitors should be able to walk around the ward, including visit patient where they are staying (as in regular hospitals).
Patients should not be punished for what they say on phones or communication systems
Patients should not be punished or retaliated against for calling 911, fire, police, or other emergency systems while in a ward.
Patients should not be punished or retaliated against for making complaints.
Hospitals could provide wifi to psych patients...
Should be able to openly communicate to outside people if given permission by patient to give information to advocates ? Patient not required to give name before permission given, can ask patient for permission to all or select people.
(problematic when outside people want to help a person and unable to say anything)
Visitors should be able to go to patient's rooms and through facility (as in regular hospitals, or is this a prison with a visiting room?)

Protection from Sexual Violations by Facilities:
Problem: Patients in psych facilities are frequently sexually violated.

Solutions:
Sexual harassment and abuse training required for all "mental health" facilitators
Universities and workplaces often already do this. Unknown for psych facilities.
No forced nudity of person, removal of clothing, or stripping
Underwear must be average, not laced
Inspections should ask patients (not only staff) about sexual violations
Inspections should look for sexual violations, not just performance
No forced catheters or violating procedures
No humiliation to force pills instead of injections. No sexually violating injection sites.
Cannot strip a patient to force them to shower while involuntarily held
Should not watch patients while showering
Should allow bathroom and restroom access
Should not restrain if they need to go to the bathroom and release
No conversion therapy

Patient Defense Protections:

Problem: Mental health uses its own court system, and actually is harder to get out of than criminal proceedings. Hence, many patients only have psych histories, and no criminal histories.

Solutions:

If possible: Use protections from criminal system into mental health court system from years of civil rights activism.
Merge mental health courts with civil, criminal, and family court systems (not segregated or harder).
Do not allow judges to go to hospitals for involuntary proceedings - must go to regular courthouse
Hospitals cannot have their own separate court rooms
Patients can use their own written testimony against a professional's testimony and also that of witnesses or advocates
Can also speak testimony or use spoken testimony from outside advocates or witnesses (not required to be employed by hospital)
Can use recommendation letters as defense
Character, volunteering, work experience, and previous history can be used to provide defense from involuntary holds, conservatorship, forced diagnoses or forced "danger to self or others" labels, or gravely disabled labels
Witnesses and statements by outside supporters can be used to prevent these also
Letters written by outside doctors, professionals, etc to release patient can be used as defense by patient
Do not need to be mental health professionals, can be of any field.
Letters, objections, and more to release patient by people, organizations, and other objectors can be used by patient as evidence to be released and/or treated less coercively
Should be able to have outside witnesses during intakes, psychological evaluations, etc
Should be able to deny official psych evaluation without being asked if they want outside representation/support

Protection from Isolation (mostly non-communication-based):
Problem: Isolation is frequently still used as punishment and/or to break down patients to qualify to be held longer.

Solutions:
No isolation rooms
No isolation rooms used for punishment
No isolation while restrained
Should be able to request closer placement to family members or trusted friends to different facilities

Record and Defense Protections:
Problem: Therapy or notes written by patient is usually not included in official medical records that are used to involuntarily hold patients... (all hearsay by staff interpretation)...
Therapy and activity session paperwork is included in medical records that are written on by patient
Notes and letters written by patient can be included in medical records
Psych records can be expunged after 3-5 years (similar to how crimes can be expunged).

Inspections and Patient Voices:

Annual checks with interviews with patients (not staff) on how facilities are run and any complaints
Inspections should take into account the "normalcy" of the facility to the everyday world.

Environmental Protections:

Must be required to let patients out at least twice a day optionally outside.

Chemical sensitivities and allergies should be taken seriously or at least into consideration

Noise, light, and other disturbances should be taken into consideration

Facilities should use updated architecture, non-disturbing pictures, and normal surroundings

Inspections should take into account the "normalcy" of the facility to the everyday world.

E.g., pipes shouldn't appear broken, wall alarms should be in average amount, patients should not be harassed by colors or research, lights shouldn't glare, no 'pay phones'

Question: Would being in this facility feel like being in a hotel/normal situation, or like being segregated from "normal" society?

No significant separation of the nursing station to patients with barriers, microphones, and locks

Protections in School:

Problem: Discrimination and coercion by schools who discover psych history or who assume psychological issues (pre or post diagnoses).

Solutions:

More protections for students who are labeled or not yet labeled.

Cannot be kicked out (suspended, expelled, etc) of school without proving violence to others may occur otherwise

Cannot be kicked out for danger to self

Cannot be forcibly put into "mental health" treatment unless with reasonable idea of violence to others

Allowed to refuse psychological evaluations

Allowed to refuse psychological tests

Allowed to refuse physical tests (such as weigh-ins)

Do not have to inform school of psych history, drugs, or records.

Cannot be forced out of campus housing for "danger to self" (only if to others with evidence)

Advocacy for students to not be removed from colleges or schools

Not forcing evaluations for low weight and less coercion about assumed eating disorders

No forced or coerced physical or psychological evaluations with threat of removal from campus or class if refuse

Require integrated classes (UK issue? But likely happens in USA in areas) for diagnosed students and non-diagnosed

Parents and Students:

Cannot take away children from parents if they do not drug or medicate or psychologically treat children at school's recommendation/coercion

Schools cannot require or coerce parents to medicate or psychologically evaluate or treat their children

Parents stating students do not need to be evaluated should be taken seriously, not only taken seriously or allowable if parents wish for treatment or drugging



Rights to Choice:

Problem: Patients are unable to request alternative treatments, different professionals, different hospitals, different medications, and choices.

Solutions:

Should be able to request non-mental health professional accommodations

Alternatives

non-MH MDs, doctors, health professionals

Should be able to request different treatments, hospitals, locations, professionals, medications (or lack thereof).

Should not be forced to attend therapy sessions, activities, etc and/or not let this be used as a punishment for less cafeteria access or used to hold a patient for more days

Research, Accountability, and Public Information:

Problem: There is not a clear record of the number of psych hospitals, psych wards, behavior facilities available to the public. There is not a clear record of the number of people under conservatorship or on community treatment orders. There is not a clear amount of how many people are going into involuntary holds.

Solution:

Required to report numbers of Americans under conservatorship, on community treatment/assisted outpatient treatment orders, involuntarily held, and the number of psych wards in America publicly each year.

Humanization:

Problem: The system can dehumanize and make a person feel abnormal, rather than normal due to how they are treated.

Solutions:

Danger to others should be separated from danger to self

Danger to oneself is different from danger to others

Danger to others cannot be assumed without historical evidence

Moreover:

Disability, not "danger" criteria

Protections from/in Electricity-Based Procedures and/or Psychosurgery:

Should be informed of side effects (such as on memory) for electricity or surgery based procedures - even "commercial-like"

This is required for other surgeries and procedures that are in different fields

Should be able to deny procedures



No Excessive Use of Psychological Evaluations:

Problem: Psychological evaluations are used in a subjective, rather than objective or scientific, way. It can vary per person, location, situation, or culture.

Solutions:

Should not coerce psychological evaluations for:

- Complaints of crimes
 - Religion or spiritual beliefs (or lack of)
 - Political views
 - Non-violent anti-government views
 - Sexual harassment or abuse victims
 - Domestic violence victims
 - Natural disaster victims
 - Non-violent complaints against officials or businesses
 - Nudity
 - Social media content
 - Anonymous accusations
 - Coworker disagreements
 - Anti-technology views
 - Natural health or anti-vaccine views
 - Sexuality
 - Spending money
 - Complaining about living conditions *such as a renter*
 - Hoarding
 - Culture
 - Forms of facial expressions
 - Dancing or movement
 - Complaints against relatives
 - Stealing and non-violent crimes or accusations
 - Not turning in work at school, being late, absenteeism.
 - Fantastical essays...
 - Art
 - Excessive emailing or unwanted contact
 - Being homeless
 - Traveling
 - Physical problems
 - Runaways
 - By controlling husbands/wives/spouses, relatives, or non-relatives
 - Without evidence
 - Without violent history...
- Appearance: weight, eye color, tattoos, hair style, height, ethnicity, hair color etc... - (Problem: low weight or subjective interpretation of low weight can cause psych holds, including by colleges)
- Videogaming - excessive use is subjective
- Internet use - excessive use is subjective
- Gambling or lottery use
- Etc....

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