

# MindFreedom Principles

**We in MindFreedom envision a world where many useful, humane, empowering and competing models replace the dominance of the bio-medical model—where the resultant flourishing of services, groups, philosophies, and products allows for a genuine freedom to choose. In order to be listed in our planned directory, all individuals, groups, and agencies must agree to uphold certain principles. These principles set them apart from traditional services.**

## ON PSYCHIATRIC DRUGS



Our practitioners, groups, and agencies. . .

- Respect the rights of people to make an informed choice about psychiatric drugs and treatment. This includes making available to people unbiased information on the risks and side effects of any treatments and services.
- Offer support and encouragement for people to discuss the side effects of psychiatric drugs. If necessary, they will offer to advocate for them with the prescribing physician.
- Never pressure people into taking psychiatric drugs OR into getting off them. Services are never contingent on a person being “med-compliant” (i.e., “I/we will only treat you, offer you shelter, or allow you to participate in the program if you are on/stay on your medications.”).
- Respect the right of people to want to discontinue using psychiatric drugs. If it is within their scope of practice and the person desires it, they will aid the person getting off drugs to taper off the drugs in the safest way possible. If it is not within their scope of practice, they will proactively seek resources and practitioners who will aid them in this process.

## ON THE BIO-MEDICAL MODEL OF “MENTAL ILLNESS”

Our practitioners, groups, and agencies. . .

- Do not tell people that they suffer from irreversible genetic and biochemical abnormalities. Instead, they believe that recovery, growth, and change are extremely probable, especially given the right conditions.
- Understand and are highly sensitive to the effects and implications of diagnosing someone with a psychiatric disorder.
- Do not use psychiatric diagnoses as the primary way of understanding and relating to people.

- Are willing to have an open, collaborative dialogue about the diagnosis if one must be given for insurance or other purposes.

## **ON FORCED TREATMENT**

Our practitioners, groups, and agencies. . .

- Recognize and uphold the rights of people to conduct their lives free from coercive treatments.

## **ON HONORING OUR KNOWLEDGE**

Our practitioners, groups, and agencies. . .

- Collaborate with people they serve on the desired outcomes from the service or product.
- Allow people to make their own choice as to when to leave the service or discontinue using the product.

Our agencies. . .

- Grant the people whom they serve an active role in shaping agency policy.

## **ON DISCRIMINATION**

Our practitioners, groups, and agencies. . .

- Do not discriminate on the basis of race, gender, age, religion, sexual preference, disability, etc.

## **ON RESPECT**

Our practitioners, groups, and agencies. . .

- Prevent the sexual, physical, verbal, or emotional abuse of people served.
- Preserve the mental and physical integrity of people served.

### Related content

- [Choice in Mental Health Care Campaign Committee](#)