

I sought help, I was harmed

By Benjamin

It was unbearable. A searing pain in my chest, but no wounds could be seen. A cutting pain in my head, as though my brains had been cleaved into two. For five days, I had been unable to sleep. I strung a towel around the ceiling fan, anchored my chin on the cotton noose, and heaved a sigh of relief as the torture would be over soon.

I kicked the chair.

Krakkkk!

I found myself on the floor. The fan had dislodged from its anchors and fell instead.

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Six months ago, November 2017, I was in my final semester of college. I had little choice but to cram more modules in order to graduate on time. It was a hectic period as I had to tackle not just academics, but also a search for employment.

I had worked hard for my GPA, which was close to the perfect score. I could not bear to see my four years of effort aiming for a first class go to waste because of a single module, which I would have lost given that the expected grade for one of my modules, based on the continual assessments, was a C. On top of that, I was also faced with the prospect of leaving university without a job offer, a prospect just as bad. I wanted out - drop a module, delay graduation - something that would stop the horrors of waking 9am in the morning and studying till late into the night with little respite.

A chance encounter with a professor along the corridor led to a seemingly innocuous conversation that would devastate my life.

"I recommend going to the counselling centre," he said. "They will know how to help you."

I trusted the professor. He had mentored me on several projects. And so, out of curiosity I went to the centre, knowing none the better. I signed up for counselling, thinking it was the normal thing to do. I knew nothing about the mental health profession. What was the difference between a counsellor, psychologist and psychiatrist? The sessions seemed helpful, and gave an outlet to talk about my stressors.

On the third session, the counsellor, W, gave me a strange advice. "Go to the clinic," W instructed. "He has something for you."

"For what?" I replied, clearly puzzled.

"You will know when you see him." It was clear that W had everything arranged.

I sat down in the patient's chair in the consultation room. "W told me you have something for me. What is it?" I asked quizzically.

Just like that, with barely any information, I was handed 10 pills of 0.5mg Lexotan, which the GP said to use when I was "feeling really bad" and that it would "help (me)" and was useful for helping with sleep. There was no explanation of what it was and its properties, nor was there any warning about the concept dependency and withdrawal, which I had little or no concept of prior. It seemed as harmless as Panadol. But it was not. I only found out much later that it was a benzodiazepine, a psychiatric drug used to treat anxiety and often marketed as sleeping pills.

I paid a hefty S\$25 for the prescription and S\$28 for the consultation. The doctor had recommended it, the counsellor, and by extension, the school had pushed the drug at me. I had no reason to suspect anything and every reason to consume the prescription, which I did.

I began taking a pill every other night as I had was very tense and had difficulty sleeping in time to wake for morning classes. I quickly ran out and went to the GP for a refill, thinking it was a wonder drug. He did so without hesitation and without giving any caution, prescribing another 10 pills. This time, I used it sparingly and all-in-all stopped 11 days after the first dose.

The next day, I was sitting on the couch and started thinking about exams, I began convulsing in anxiety and suffered panic attacks. They felt like seizures, as though I had been jabbed in the stomach with a taser. At night, I could not sleep and would feel horrible anxiety, a constant surge of adrenaline coursed through my body. My brain felt like it was doused in acid. Had I come down with some sort of neurological illness? Could it be the pills?

I was frightened. I was confused. I called W, and he assured that drug cannot be the cause of my panic attacks.

My parents found a psychiatrist in private practice and he began probing my life for signs of distress. Apart from the exam paper in three days, there was little that would have flagged myself as someone in distress. I brought up the topic on the pill but was dismissed as having not taken them for long enough. I filled in a survey that would repeatedly probe odd questions, such as "How often do you having feeling of worthlessness in the past week?". By no means was I feeling very good about myself, having been shivering in bed for days without sleep. After looking at my survey and tallying the scores, I was suddenly "sick" with "anxiety disorder" and "depression" and given an anti-depressant Lexapro and anti-psychotic Olanzapine, which was supposed to

“make me think clearer”. I tried a single pill of the Lexapro, and immediately I felt tremendously ill. My brain felt numb. Even so, the panic attacks, convulsions and insomnia did not resolve.

As I laid in bed, I googled Lexotan, and it all made sense. I finally learned that it was a benzodiazepine, arguably the most difficult drug to break dependence from, and I was in withdrawal, which involved rebound anxiety and rebound insomnia.

My final exam was disaster as I could not pick up the pen without getting panic attacks and feeling those convulsions in my stomach. I left the exam hall just after it had started, essentially forfeiting the entire paper.

In that withdrawal state, the worry from the entire exam debacle was amplified. Thoughts were spiralling out of control. I felt inexplicable rage and needed to break things. My head felt strange and would pulsate when I knocked on it. I had to go to the hospital.

As I laid on the bed in the A&E, that inexplicable rage required me to shake the handrails repeatedly. I could not stop. The nurses came, held me down and I was injected with something.

When I came to, I was in a ward and hooked up to a drip. It was no ordinary ward; it was a psychiatric ward. I wanted to walk through the exit of the ward. It was sealed shut with a magnetic lock. I wanted to leave but could not leave. Each day, I would be pressured to some white pill, which the nurse would say was lorazepam, which I would later know was a benzodiazepine. I felt normal. The convulsions stopped and I was able to sleep again.

During the consultation, with consultant psychiatrist Dr L, I brought up the lexotan and emphasised that it had to be withdrawal. Dr L dismissed me categorically, saying that once the drug had left the body it should not have

any further effect and that I had not been on benzos for long enough to become dependent. He insisted that patients that came to him with benzodiazepine dependence were usually on the drug for years and not weeks as I had. Instead, he started focusing on the event that unfolded and insisted I was suffering from a "acute stress reaction". I felt gaslighted and ignored. Worse of all, I was in a dilemma. Without a doctor that would properly treat my withdrawal and to give the right advice, I was essentially left alone.

After five days of being trapped inside the ward, I was discharged. I was given just four pills of lorazepam. While I was able to sleep again, the sleep intervals were short and very difficult. Every time, I was about to approach sleep, my heart would palpitate and I would suffer hypnic jerks. When I did sleep, they would always be plagued with horrible nightmares. I was bed bound for weeks as I could not sit still due to a condition known as restless legs syndrome. My legs had to constantly move. I had strange sensory distortions, where sounds would be very loud. I developed tinnitus, which persists to this day. My heart would palpitate alarmingly without stimulus. I was constantly fearful for no reason.

The only relief I got was at one point when I took a mere quarter of a pill of lorazepam. In an instant, all the symptom ceased. I was able to go out of the house for a stroll. It confirmed that I was indeed in benzodiazepine withdrawal.

I would follow up with Dr L. I tried to convince him that I was in benzodiazepine withdrawal, but he was always dismissive. Doctors did not even recognise my situation, much less help me. However, I could not sever the relationship with him as he was the only source of potential prescriptions that could potentially resolve my symptoms.

The internet was my only solace, where I perused the works of Professor Heather Ashton, who developed the Ashton protocol for getting off

benzodiazepines. It was too late for me to consider a taper since I was already off all the drugs, but it was a valuable source of information and hope. But the prognosis was poor. Acute benzodiazepine withdrawal could last months to a year, and a portion of sufferers would enter protracted withdrawal symptoms that could extend to years. I joined a forum called Benzobuddies that was filled with other patients that were similarly prescribed benzodiazepines and were harmed. Many were suffering in depths of withdrawal and were looking for solutions. There were also horror stories of people dying by suicide, unable to bear the constant torture of benzo withdrawal. But there were also stories of recovery. They gave me solace. They gave me hope.

The severe symptoms lasted a month and started tempering down two months off. I would, however, have this peculiar brain ache that would flare up whenever I felt any sense of urgency.

It was five months off, May 2018, when the ache flared up and chest pains came in. I had developed a new "wave" of symptoms.

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As I picked myself from the floor, I clawed at my sternum, trying to dig into the flesh. If only I could just stop the pain.

I decided to go to the A&E. I told the counter staff that I was experiencing severe pain and explain that it was due to the benzodiazepine withdrawal. When I was examined by two emergency ward psychiatrists, they explained that the ward at the hospital was full and that they recommended sending me to IMH. I was hesitant but was not in a state to argue.

The IMH ward was decrepit, with strange characters ranging from petty police cases, suicide attempters, enlistees trying to feign mental illness to

avoid NS and elderly dementia patients that were bedbound. Care was severely lacking. There was barely any medical attention compared to the general hospital. I was experiencing severe pain and knew something was very wrong. It became clear I was not receiving the urgent medical care that I needed. It was there where things got a lot worse. After 4 days without sleep and the second day in the ward, I began to feel like I was about to seizure. All a sudden, my face, groin and abdomen went numb. The only comparable experience would be a stroke. I also developed difficulties urinating and my breathing felt shallow; I could not get a full breath of air. While sensation quickly returned to my face and abdomen, the remaining part never recovered, and I live with that to this day. I cried for medical attention, but my pleas fell on death ears. To the nurses, I was just "anxious". I also could not leave on my own free will, as is the norm in mental health institutions.

I needed to get out and find proper medical attention. I only saw the doctor after three days from admission, and I immediately demanded to leave. My parents were overseas, so my uncle came and acted as guardian to sign me out. At home, he cared for me.

By then, I had gone nearly a week without sleep. Things started feeling bizarre. My body began feeling like it was not mine, a phenomenon known as derealisation and depersonalisation. There was a period where I was in delirium, which was frightening, but temporary. I was being tortured within my own body as the damage to my brain continued from the drugs that were taken half a year ago.

When my parents returned from their holiday, I could not leave the bed. My mother pressured me to go back to the public hospital ward.

I was suffering severely, like a bad trip that would not end. If not the supposed "experts" – doctors, who could I turn to? Yes, I was suffering so much that

self-euthanasia seemed like the only way forward. Yet, somehow, I knew that I would be dismissed and maltreated if I submitted to the psychiatrists again. It was a catch-22.

But I wanted to survive. And so, back to the psychiatric ward of the general hospital I went.

The junior doctor under Dr L heard what I had to say and initially seem empathetic. I was started on anti-depressant Paxil and anti-psychotic Olanzapine without any explanation of my diagnosis or the effects of the drugs. Olanzapine was a known sleep aid and I managed to regain the ability to sleep again. First two hours, then four, then return to the usual 6-7 hours over the course of a week.

It was only a week later that I found out what label they had given me – “psychosis”. I felt betrayed. I was harmed by doctors, and now, not only were they not recognising that I had been harmed, but all the symptoms that I had confided in them had been deem nonsense and hallucinations. I protested and remained adamant that benzodiazepine prescription from the GP was the cause.

The conditions in the ward were incredibly oppressive. It became clear that if I was not going to cooperate, I would not be let out. Somehow, the doctors kept a veneer of care and concern despite being clearly nonchalant.

It was only months later that I realised the reason why Dr L would continually deny that benzodiazepines had harmed me. Firstly, he had administered lorazepam, a benzodiazepine during my first admission, which would mean an admission of wrong. Secondly, the psychiatric profession has been in a state of organised denial worldwide that their drugs cause dependency and all sorts of harmful effects, least they get sued. Lastly, I was a very borderline

case of short-term use, which according to medical literature, was acceptable. He was essentially practicing “defensive medicine” to protect himself and the other medical professionals involved from medical liability.

Regardless, the torment had only begun. Dr L decided to put me on Abilify. A supposedly newer and more effective anti-psychotic. The next month was utter hell. I lost the ability to focus and was somehow unable to stop moving. I would pace and pace around the ward incessantly. I began to lose strength in my hands, becoming barely able to pick up a spoon to feed myself. I didn't know what was happening, and no one – not the nurse, not the doctors – detected it despite my complaints.

But, I knew I could not live like this. I had to end my life.

A chance came when I had a homestay of five days. I opened the grills of the window in my room and sat on the ledge. I look down and pondered, what death would be like.

At the moment I was going to slide off the ledge, my father unlocked my door and grabbed me from the window. So for the second time, I tried, but failed to take my own life.

It was only on returning to the hospital that the Dr L identified that had developed the side effects of anti-psychotics known as akathisia and parkinsonism. Even then, it was never explained to me. I only learned of this months later when I requested for a memo on a separate condition at a polyclinic.

Akathisia is an iatrogenic condition that is experienced as a state of inner restlessness, sense of discomfort and nervousness. It is a common pathway to suicide from psychiatric treatment. It was used as a form of pharmacological torture by the Soviets in the Gulags.

Back at the ward, I was administered the antidote for akathisia via injection, and instantly it was resolved. Curiously, my breathing difficulties and urinary issues went away as well. Dr L could not explain why that happened. It became clear that the science behind psychiatry was seriously lacking,

I was forced to stay another month and to comply with drug therapy. They never helped, and fortunately did not worsen my situation either. When I discharged, I immediately stopped taking these drugs that I knew were harming me.

The chest pains and tingling in the groin by then were bearable. I stay in bed for many months, waiting and waiting for the pain to heal.

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How did I, a university student with excellent grades, facing normal everyday stressors, end up attempting suicide after seeing a school counsellor. I was not suicidal at all before walking into the mental health system. In this day and age where we normalise “help seeking”, my story runs counter to the narrative that it prevents suicide. How can it be that we are poisoning the most vulnerable in society? Could it be that the mental health system causes just as many suicides as it prevents?

I nearly died because I went to the counsellor. I nearly died because I saw doctors. I nearly died because I sought help.

