Senate Select Committee on Mental Health
Parliament of the Federal Commonwealth of Australia
Canberra ACT 2600

Thank you for the opportunity to make this submission to the Senate Select Committee Inquiry on Mental Health.

My submission addresses the following issues relevant to the Terms of Reference of the Inquiry:

- the objectives of the National Mental Health Strategy in context of a non- pharmaceutical drug intervention strategy

- modes of care in the context of the *United Nations Resolution* 98B on the *Protection of Persons with Mental Illness and the Improvement of Mental Health Care*, adopted by the Australian Government on 17 December 1991. Principle 1 of the UN Resolution addresses "Fundamental freedoms and basic rights" states: *"All persons have the right to the best available mental health care which shall be part of the health and social care system."*

- the place of medical accrediting bodies in the context of the role of the private and non-government sectors in the provision of mental health services

- the need for a higher research priority of a non-pharmaceutical drug intervention strategy in mental health research funding and programming

- opportunities of reducing the effects of iatrogenesis with usage of a non-pharmaceutical drug intervention strategy

- the potential of a new mode of delivery of mental health care which is available and in need of proactive assessment and review to be accepted as part of the Australian health care system.

1. Personal Background

I was diagnosed with schizophrenia in early 1973 and prescribed psychiatric medication for 10 and half years. I had various side effects from my medication. Following research by my wife, Jan, I decided to use an intervention strategy which was a biochemical model endeavouring to reduce the symptoms of mental illness. It involved the effects of foods and chemicals on my health, and required fasting, single food challenges, allergy and sensitivity testing, dietary control, the use of micronutrients, and minimising exposure to toxic chemicals. And, certainly, exercise! The intervention was more than, but included, 'megavitamin therapy".

My physical and mental health is excellent for a 65 year old person, in spite of an assessment and diagnosis of schizophrenia, and resultant medication between December 1972 and 1984. I am not the only person to have experienced such benefits from this type of intervention strategy.

My medical team, including my psychiatrist, expressed their concern about the changes I wished to make to my treatment in 1984. My wife and I were informed that I would most likely end up in hospital if I did not continue with my medication. Thankfully, I have managed my schizophrenia successfully since 1984 without resorting to, and being dependent upon, psychiatric medication.

We don't profess to know exactly <u>how</u> the intervention worked. But importantly, the model did work to the extent that I am now a fully functioning individual in society, doing voluntary work on a ComSuper invalidity pension, without the use of pharmaceutical psychiatric drugs. I have been honoured with an Australian Centenary Medal, a Paul Harris Fellowship from Rotary International, a life membership of the Mental Health Foundation (ACT) Inc, and awards from the Canberra Schizophrenia Fellowship and Woden-Canberra Rotary for my work in community mental health.

I have provided details of my personal and family history at Attachment A about the intervention strategy I applied. I hope it is helpful to the Select Committee's considerations. My personal success story is but one, but not the only one, for this type of treatment. My experience, especially the use of nutrients, has not been part of the conventional, orthodox approach of the medical accrediting body; the RANZCP, or the medical fraternity.

I hasten to add that more information and research has become available since my intervention strategy was applied. This includes the role of the gut in intolerant reactions, the importance of fish in the diet, and a study undertaken in 1999, that tested a few of the nutrients that I used. This study is a model that could be built upon to more fully research the approach we used.

My frustration has been the relatively minor interest shown in investigating what Jan and I did to bring about an effective change in my health, in treating a serious mental illness. I have made presentations at Federal, State & Territory and international mental health forums. I have made numerous representations to a host of organizations and individuals. The 'mantra' most often used is that no 'efficacy' has been proven and the approach does not fit the criteria of 'evidence based medicine'. There are views other than those of the RANZCP about the efficacy of the approach.

A nutritional approach to treating schizophrenia is addressed in the RANZCP Position Statement #24 (PS#24) titled *Orthomolecular Psychiatry*. However, while my intervention strategy was more than a nutritional approach, PS#24 is impeding the acceptance of the alternative or complementary model that I consider could be very beneficial to Australia1s National Mental Health Strategy and public health care system.

2. RANZCP Position Statement #24: "Orthomolecular Psychiatry"

The Royal Australian & New Zealand College of Psychiatrists (RANZCP) General Council has, *inter alia*, the responsibility of providing guidelines to its Fellows about what interventions may or may not be used. As its website says:

"The *RANZCP is a Fellowship of Psychiatrists working together with and for the general community to achieve the best attainable quality of psychiatric care and mental health. The College represents more than 2,500 fully qualified psychiatrists in Australia and New Zealand, known as 'Fellows' of the college, and approximately 800 doctors who are training to become psychiatrists."*

It is one of three major medical accrediting bodies which have advised the Commonwealth Department of Health about "orthomolecular medicine" and "orthomolecular psychiatry". The other two bodies are the Royal Colleges of Physicians and Pathologists. Another important medical body is the Royal Australian College of General Practitioners which assists general practitioners in their provision of primary care mental health services to the Australian community. These organizations are important reference bodies for Governments.

The RANZCP General Council has adopted, since April 1988, a Position Statement #24 (PS #24) titled *Orthomolecular Psychiatry*. It basically addresses the 'megavitamin therapy' aspect of orthomolecular psychiatry. The document is reviewed every three years, the last occasion being February 2005. PS#24 is a most significant, albeit controversial, document which may be accessed on the RANZCP website at <http://www.ranzcp.org/publicarea/posstate.asp>. It concludes with the following paragraph (10):

"*There is no scientific substantiation of the therapeutic efficacy of orthomolecular psychiatry in the treatment of psychiatric disorders. The College is therefore opposed to the use of orthomolecular practices other than as part of appropriately designed and ethically approved clinical trials.*"

The RANZCP PS#24 requires double-blind, placebo controlled, clinical trials conducted with ethical protocols.

The General Council of the RANZCP says in paragraph 5:

"orthomolecular therapists have failed to substantiate their claims of therapeutic efficacy for mega-vitamins and other orthomolecular therapies in schizophrenia."

And in paragraph 6:

"*Attempts to undertake controlled trials of orthomolecular therapies have ceased in recent years and any popularity for the use of such therapies rests primarily on clinical conviction and preference rather than on data which can be consensually validated by clinicians and researchers alike"*

For the information of the Select Committee I have prepared some brief background comments about RANZCP PS#24 (Attachment B)

Orthomolecular psychiatry is more than 'megavitamin therapy'. It includes fasting, single food challenging, possible elimination of foods, dietary monitoring (including rotation of foods), testing for chemical sensitivities, minimising exposure to toxic chemicals, and taking supplementary nutrients (vitamins, minerals, amino acids).

In PS#24, the RANZCP General Council refers to a clinical trial by Vaughan and McConaghy who tested a megavitamin and dietary model for treating schizophrenia. The Council says that "*the study failed to demonstrate any therapeutic effect*". Refer to Attachment B for reasons why Jan and I consider the clinical trial was unsuccessful in demonstrating benefit.

3: Is The Psychiatric Drug Approach The Best Intervention Model?

Sadly, the National Mental Health Reports over the years indicate there is still a predominant drug culture in psychiatric medicine. The major intervention strategy for mental illness is the use of PBS psychiatric drugs. Consequently there are major costs to the Federal Government, especially with the increasing cost of the psychiatric drugs. I refer the Select Committee to Attachment D of my submission.

Because psychiatric drugs treat symptoms not causes, continuous use is required.

From my personal experience and the observation of others there are a number of problems associated with the long term usage of psychiatric drugs. These include excessive weight gain, various side effects associated with tardive dyskinesia, and incomplete resolution of the psychiatric symptoms. Symptoms may be blocked but there is feeling of not really being 'well'. Consequently patients can be reluctant to comply with their medication requirements and relapse is common.

As more become aware that psychiatric drug interventions are not the 'magic bullet', and are very expensive, a more holistic approach to mental health care is being encouraged with the use of different cognitive interventions, including psychotherapeutic and innovative psychological approaches. There has been the use of art, sculpture, drama, music and creative writing as therapies. Thankfully, too, there is more awareness now about the role of poverty and lifestyle choice, exposure to toxic chemicals, and of events in people's lives that affect mental health outcomes. A start has been made to assist the confidence and self-esteem of people undergoing rehabilitation by gaining employment, even commencing small businesses to create employment opportunities for people with a mental illness (e.g. a Canberra coffee shop and eatery).

There are some complementary interventions which received attention during the Twentieth Century, including chiropractic care (*Mental Health and Chiropractic: A Multidisciplinary Approach* .Ed. Herman S. Schwartz, Sessions Publishers, NY 1973). As indicated already, the pioneering work of clinical ecologists and those working on the effects of foods and chemicals on health, and the use of supplementary nutrients, have created new insights into biological aspects and the impacts of the environment on mental health outcomes. People like Randolph, Mackarness, Hoffer, Pauling et al (see Attachment E). Rachel Carson1s monograph, *Silent Springs*, published in the last Century played an important role in highlighting to the global population the effects of toxic chemicals on health outcomes.

In Australia there is still room for more attention being given to those biochemical approaches which are making use of the body's own biochemical mechanisms rather than using foreign substances such as drugs. More balance is required in the biochemical models being applied. The role of foods, chemicals and supplementary nutrients requires proactive attention as a biochemical intervention.

Medical research is stuck in the biochemical approach of the drug treatment paradigm. While this continues, safe and effective treatment regimes using nutrient and food and chemical avoidance regimes are not being fully investigated. The present system seems more interested in proving such treatments do not work than finding out how they do work when they work. To change this mental set will, I fear, require intervention such as leadership by Government, although Government has been part of the problem with regard to conflicts over acceptance of Dr Reading's situation and orthomolecular medicine in the context of Medicare protocols (see Attachment B)!

Psychiatric research funds are used by researchers on a vast array of diverse projects. Where public funds are being used, the pecking order of research priorities requires detailed assessment. I am curious as to whether the research effort of pharmaceutical companies in testing for psychiatric drugs takes up a proportion of public mental health research resources. It seems that wherever there is anything to do with mental health these days the pharmaceutical industry is providing sponsorships and promoting drug approaches.

But just as interesting is the foray of the pharmaceutical companies into the taking over of Bullivants and Golden Glow, two companies which had a high profile in the manufacture and processing of supplementary nutrients. These companies were taken over by Fauldings which in turn has been purchased by Mayne. Given the controversial issues about the 'efficacy' of supplementary nutrients it will be of some interest as to the position of Mayne in the research and marketing of supplementary nutrients, especially for mental illness and achieving optimum population health outcomes. Will Mayne promote their supplementary nutrient products at mental health conferences, seminars and congresses, and in providing assistance to the operations of mental health support groups? Marketing opportunities are rarely missed by pharmaceutical companies.

Perhaps the Select Committee may be able ascertain information during its inquiry about the role of the pharmaceutical companies in Australia1s mental health research program. Many research organizations, including universities, receive funding from the pharmaceutical industry. Would Mayne be interested in an intervention research model involving an examination of the effects of foods and chemicals on mental health, with the ingredients of supplementary nutrients being important to the research model?

Given the *National Mental Report 2004* reference to the increase in the costs of psychiatric drugs and amount of Federal outlays on PBS psychiatric drugs, would the Senate Select Committee be prepared to recommend more proactive research into the role of foods and chemicals on mental health and general health outcomes along the lines of the intervention model I applied. After all the intervention model I applied is valuable as an illness prevention strategy, as well as an intervention and rehabilitation strategy!

The Federal Government is now proactive about wanting to encourage greater dignity and self-esteem to people on Disability Support Pensions by getting them into the workplace. If this policy objective is to be achieved, one important factor will be watched with interest. If the Government is serious, Jan and I would recommend that it enter a dialogue with the medical and health authorities about ways and means of investigating the role of foods, chemicals and nutrients in mental health outcomes. Our experience is that changes in these factors - encouragingly supported - have made a dramatic difference to the mental state of me, a person diagnosed with schizophrenia.

Proactive research targeting is very relevant to a more holistic approach to treatment intervention strategies. A higher priority to non-drug intervention strategies is warranted. If research models were acceptable to the medical accrediting bodies, then results may realise dividends for all.

There are many complementary therapies available to help people manage their mental health. These therapies have a place in a holistic approach to achieving optimum community mental health. It makes sense for Governments to encourage holistic approaches in implementing public policies and programs to achieve health objectives.

On coming to power the Federal Coalition Government convened an Alternative Medicines Summit in 1996 at the Old Parliament House. What outcomes have been achieved since that initiative? Has there been an acceptance that complementary and alternative therapies have a relevant place in Australia's health and social care system? And does the 'mindset' include awareness, indeed recognition that a

biochemical approach to mental health care includes more than psychiatric drug intervention? Is there balance? If not, why?

In 2004, I received the following view from Professor Ian Brighthope FACNEM MB BS DAgrSci, President of Australasian College of Nutritional & Environmental Medicine Inc.; Chairperson, Complementary Health Care Association of Australia; and Secretary, Orthomolecular Medical Association. I hope that the Senate Select Committee will share his vision. Professor Brighthope has over 35 years experience in orthomolecular medicine practice and principles. He wrote as follows:

"Mental health and psychological disorders will remain problematical and unsolvable until we accept the fact that the symptoms of mental illness are ' Not all in the Mind'.

There are many reasonable psychosocial explanations for the plethora of psychological and psychiatric symptoms and syndromes described in the literature.

However, there are more fundamental causes which are well documented.

Chemical and food intolerances, nutritional imbalances and micronutrient deficiencies are the basic causes of psycho symptomatology. We must never forget to get the basic building blocks right - even for psychiatric disorders. It is not until one experiences the observation of complete resolution of an acute psychosis in a patient within a few hours of an IV infusion of vitamins, minerals and amino acids that one can truly appreciate the power of these substances. Or perhaps try convincing an alcoholic undergoing the D.T.s that it's all in the mind. It's not. It's chronic alcohol poisoning, drug withdrawal and massive vitamin deficiency (thiamine in particular).

We all need to look at Mental Health in a very different way if we are going to advance this disaster area."

Professor Brighthope's statement should encourage Government to discern the relevance of it to Australia's health care system and what might be done in consultation with health authorities to achieving optimum outcomes for population health. *And if* the RANZCP was proactive in providing a holistic approach to psychiatric medicine then Professor Brighthope's view must be relevant to it. It should also be noted that, in addition to the above positions, he is the Managing Director of Nutrition Pharmaceuticals Pty Ltd.

If the esteemed bodies of RANZCP and ACNEM were willing to 'push the boundaries' and enter a formal dialogue, if not already occurring, to examine intervention strategies of relevance to their charters, that could be of assistance to many in different areas of medical science and health, including carers and consumers. And such a dialogue should also interest Governments given their constitutional and statutory roles for health, including the NMHS.

There is already evidence in some research trials - and anecdotal - that there are more effective ways of treating some people with a mental illness using nutritional and chemical avoidance procedures.

All that can be done should be done to test claims made and ensure an allocation of research funds with ethical protocols to assess the intervention strategy. Along the way the experience and expertise of those familiar with the approach should be encouraged to participate in research projects. All this is very important to achieving balance in the biological models applying to mental heath care and to achieving a more holistic approach for the prevention and treatment of psychiatric disorders - a basic right arising out of the NMHS and UN Resolution 98B, which is fundamental to the framework of the NMHS.

4. Rights And Available Treatments

Given the medical heritage of orthomolecular medicine, from the time of the American clinical ecologist, Theron Randolph, it is surprising more interest has not been shown by Australian medical accrediting bodies in this medical intervention other than wishing to reject it! One may be excused for thinking there are other agendas, especially given the prevailing psychiatric drug culture!

The rejection of an available treatment model such as orthomolecular medicine may be interpreted as preventing the full application of consumer rights under the terms and conditions of the National Mental Health Strategy and the *United Nations Resolution* 98B on the *Protection of Persons with Mental Illness and the Improvement of Mental Health Care*, adopted by the Australian Government on 17 December 1991.

There appears to be too much negativism towards the orthomolecular approach in Australia by many in the medical fraternity and by some public servants. This is encountered at conferences and in the media. The ideas and language of PS#24 is, sadly, impeding investigation of what may be a very legitimate approach to mental health strategies, including the treatment of mental illness.

The cultural mores of the medical fraternity are becoming a significant barrier (frustration) to fully embracing Principle 1 of the UN Resolution 98B, which the Australian Health Ministers' in 1992 considered was an important framework for the National Mental Health Policy and Plan. While UN Resolutions are not binding upon member states, Principle 1 of the UN Resolution, under the heading *Fundamental Freedoms and Basic Rights*, states:

"All persons have the right to the best available mental health care which shall be part of the health and social care system."

While available, the complementary intervention I have used and described in my submission (see Attachment A) is excluded from mainstream psychiatric medicine by the RANZCP General Council. The intervention strategy is an available mental health care model but not forming part of Australia1s health and social care system due to RANZCP PS#24.

Apart from my personal experience and advocacy, a perusal of some of the references provided at Attachment E may arouse curiosity as to why the biochemical intervention approaches of nutrition and environmental medicine have difficulty in being fully embraced in Australia1s health and social care system.

Issues surrounding RANZCP PS#24 are important to most of the Terms of Inquiry of the Senate Select Committee. Issues and conflicts need to be resolved to progress the matter (note Attachment B in this context) to assist the achievement of an optimal holistic medical health care system in the Federal Commonwealth of Australia. There are some serious issues with regard to the medical science paradigms and the focus of RANZCP PS#24 of relevance to those in the Federal Government who rely on the advice of medical accrediting authorities in the provision of mental health services and benefits.

5: The Role of Government

Firstly, and importantly, Governments, of course, do not prescribe clinical interventions. Their role is to take the advice of its medical and health authorities, including the medical accrediting bodies.

Medical interventions, to be part of the public health care system, including Medicare services, need to be approved by the appropriate medical accrediting body, which approves the interventions their Fellows use in their daily practice. Note the circumstance of Dr Reading remaining a Fellow RANZCP in the light of the RANZCP General Council decision about PS#24 (note Attachment B). Fellows are not permitted to use the orthomolecular approach in their general practice otherwise they lose their privileges.

Governments have responsibilities to their electorate (including on matters put to the electorate in elections), upholding their constitutional responsibilities, implementing United Nations Covenants (which are binding upon member Governments) and intergovernmental agreements, and doing all things necessary for good governance.

Governments influence health outcomes in a number of ways, such as:
- policies and programs
- resource allocation priorities
- decisions affecting Medicare funding
- protocols for inclusion of services in Medicare

- funding for medical science research and educational institutions
- use of resources and physical infrastructure to assist medical research
- regulation of goods and services
- facilitating constructive dialogue to progress some hard, leading edge issues.

Government regulations on complementary or alternative therapies are always a matter of interest and debate. The role of the Therapeutic Goods Administration (TGA) is relevant to the nutritional and environmental medicine approach. It would have views about "efficacy" and "clinical evidence based medicine", and the protocols for the supply of goods and services, in progressing the way forward for many complementary interventions. The TGA is an important "stakeholder" in any holistic health and social care system.

Governments can create a positive environment for conversations in various areas of mutual interest to Governments and "stakeholders". In issues of import to mental health outcomes, Governments, by facilitating meetings to progress various matters, can create dialogue between regulatory bodies, medical and health bodies and professionals, education and research institutions, and carers and consumers.

The Senate Select Committee would be aware that Governments have been involved in providing public facilities, equipment and staff for clinical trials in the mental health care system. For instance, Government resources have been used to assist the clinical trials for the psychiatric drug, Clozapine. This involved 12 or more Australian psychiatric institutions (and public patients). And monitoring is still occurring as result of that clinical trial, including side effects detected from the use of the drug.

Given the role of medical accrediting authorities in the health and social care system, and of their protocols, and the objectives of Governments to improve health care and population health outcomes, I encourage the Select Committee to consider how Governments may best progress issues surrounding RANZCP PS#24, nutritional and environmental medicine approaches as they impinge on mental health care.

Clearly research and evidence of "efficacy" will be a "bottom line" for the regulatory and accrediting bodies in any formal dialogue between "stakeholders". Governments assist psychiatric research in many ways. The precedents for this are ever present. It is this area that Governments may be of valuable assistance in further examining the claims made for the complementary or alternative biochemical model.

Dr Harvey Whitford, when Director of Mental Health, Commonwealth Department of Health, wrote to me on March 30, 1998, saying that:

"*Clinical research trials are usually established by clinicians with the support of the Health Authority in which they work, or by pharmaceutical companies and may be funded through the National Health and Medical Research Council.*"

But there are issues about the allocation of Federal Government funds to mental health research.

A significant Government research instrument is the National Medical & Health Research Council (NHMRC).

As mentioned in Attachment C, the NHMRC is the biggest source of public funding for mental health research. In a 2002 document '*Research priorities in mental health*', the Australian National University Centre for Mental Health Research, highlighted that

"the 8.9% of NHMRC funds spent on mental health research is small when compared to the 19.1% contribution of mental disorders to disease burden in Australia, but similar in magnitude to the 9.8% contribution of mental disorders to health system costs".

The National Mental Health Report 2004 (Table A-39 p105) estimates that just over $9M in 2001/02 (current prices), was allocated to mental health research by the Federal Government: a measly 0.8% of Federal mental health funding!! So disappointing as more and more money is expended on PBS drug

therapies and associated Medicare psychiatry consultancy services by the Federal Government. This is of great concern.

Governments have a legitimate concern to ensure the best foundations for the health and wellbeing of the people. If not, additional recurring costs due to poor health outcomes impact on a Governments' choices in their resource allocation. Optimal illness prevention and intervention strategies can help Governments in their stated concerns about mental health issues and outlays. Their role in research funding becomes even more important in this context if a more holistic approach to medicine and health is to be embraced by Governments. What happens now with Government resource allocation affects the present and future generations.

If the Federal Commonwealth jurisdictions are serious about implementing the objectives of the NMHS, all potential treatments should be investigated and assessed thoroughly with an open mind. If Governments are prepared to be serious about holistic approaches in achieving population health objectives then the orthomolecular medical principles should become a part of the thinking and the process.

To satisfy the prevailing medical culture, research funding and discriminatory protocols to fast track the research requirements sought by the medical accrediting bodies, will be an essential consideration for the Senate Select Committee.

6: Evidence Based Medicine & Efficacy Issues Associated with the Nutritional & Environmental Medical Approach

The requirement for proof of 'efficacy' means that people are being discouraged from using a treatment that may do no harm but may or may not be beneficial. The argument is that it encourages people to not use medical treatment shown to work. It also means that a possible beneficial treatment is not being explored by individuals, even though the only harm is to their pockets (in this context, supplementary nutrients also attract GST revenue for Governments!).

A label of 'efficacy' has a certain 'power', some may say a 'stigma'! If 'efficacy' is unproven for an intervention strategy, in the eyes of the medical authorities it is seen as being of no benefit. Why not let people take responsibility for their own health and encourage them to try a model which has shown success through anecdotal evidence? BUT by all means label the strategy as 'efficacy not yet proven'.

Use of language can mean much in community relationships. It can be stifling to some people (even in the medical profession) to produce the mantra that a treatment model is not 'evidence based medicine'.

If research priorities at present are directed to the use of medical drugs, and not towards considering the correction of biochemical problems through optimising the nutrients available to the brain and body, then Australian research is lacking innovation. I hope the Senate Select Committee will ascertain where public mental health research funds are being targeted as advocated earlier in this submission.

Are resources being allocated to support research into non-pharmaceutical drug approaches that investigate the full nutritional state of individuals, and the impacts of food allergy and toxic chemical sensitivity on their emotional health and wellbeing? Are there researchers prepared to do the work required? The RANZCP General Council considers the onus for undertaking orthomolecular research rests with the advocates of this treatment model and also claims '*attempts to undertake controlled trials of orthomolecular therapies have ceased in recent years'* (see Attachment B).

If the RANZCP claim is correct, why? Is there a Catch 22 somewhere? It is as though "this is the way we play the game and if you don't play to our rules then things stay as they are and you are excluded. And if you have no players so be it. And it won't matter if you have credentials which reveal they could be within the rules because they don't fit our criteria. So if you want to be in, play the game our way, otherwise your excluded!"

I believe that medical accrediting bodies have a responsibility to give more priority to examining the positive claims that are made about the nutritional and environmental medicine issues in conjunction with advocates. And I feel that Governments can assist the process in various ways and that it is their

interests to do so.

It seems to me to be stupid to not examine the orthomolecular model thoroughly as I am confident it is a very effective form of treatment. It is important that the Federal Commonwealth ensures that Principle 1 of the UN Resolution 98B not compromise from their own perspective and certainly not from the consumer perspective. A treatment is available which is well worth the energy, time and money to explore rigorously 'efficacy' and 'evidence based medicine' issues. All that can be done should be done to encourage the medical accrediting bodies, medical researchers and Governments to more proactively assess its inclusion within the Medicare protocols and the NMHS.

The medical accrediting and research bodies have a responsibility to review the evidence available in consultation with those who have information to share.

When considering the adequacy of various modes of care for people with a mental illness there are some questions requiring an answer. With regard to medical accreditation and Medicare protocols, are these being used to exclude treatments that do not meet the current paradigm?

In the area of prevention and intervention, are the best available treatments being used to assist people improve their mental health? Are there potentially better treatment regimes that are not being utilised? If so, why not? And what are they?

Is there something wrong with research programs that focus on reductionist techniques and the use of drugs, result in a failure to see other potentially very effective strategies?

On July 28,1998, Prof. David Copolov, then the Director, Mental Health Research Institute of Victoria, advised me in a letter, in the context of my inquiry as to the possibility of the Institute researching the effects of foods, drinks and chemicals on mental illness, that

"One of the Institute's primary goals is to identify, at the molecular level, the fundamental biological substrates of mental illness. We have a number of exciting research projects underway in this regard. Should we be successful in this research, either fully or partially, we will be in a position to further elucidate the relationship between mental illness and a wide variety of environmental factors, including food, drink and chemicals. As you will appreciate this task is arduous, but our progress so far has been encouraging."

"At a policy level the Institute works extremely hard to increase the quantum of psychiatric research being conducted across the board in Australia..... the Institute would, in principal, be supportive of all new high quality initiatives in psychiatric research. Unfortunately, however, there are significant constraints on funding for psychiatric research.....most of our projects are investigator-initiated and our investigators are fully engaged in pursuing other lines of enquiry."

On 9 September, 1998, Professor Copolov further advised:

"From the research perspective, the Mental Health Research Institute has a strong interest in the influence of environmental factors on mental illness. As I stated in my earlier letter, our aim is to identify at the molecular level, the fundamental biological substrates of mental illness. This would allow us - more precisely and universally than has been possible hitherto - to clarify the relationship between mental illness and a variety of environmental factors, including nutrients and chemicals. Our 'targets' in this regard are Alzheimer's disease as well as schizophrenia."

Professor Copolov considers that each nutrient needs research to understand what that nutrient is achieving for person with a mental illness. While medical researchers do like to examine single variables to find what each individual nutrient is expected to do in the body, my intervention strategy contained a bundle of variables interacting as I went about my dietary discipline with a collection of supplementary nutrients. And as well, while improving my immune system, I was aware of the need to protect my body from toxic chemicals and eliminating some foods.

I would hope that different approaches, based on anecdotal evidence, which achieve beneficial outcomes that are much better for the individual concerned than continuous medication with pharmaceuticals, would receive a research priority. And would think the claims should be of a positive

interest to Governments, the Health Insurance Commission, the Therapeutic Goods Administration, the medical accrediting bodies, hospitals and support group agencies!

When one considers the total intervention strategy I have personal knowledge of I am not sure how well double-blind, placebo controlled studies could accommodate the model. And I am certain that researching only one variable, a single nutrient, is not the way to go!

The holistic approach does create issues for medical researchers. And probably those advising on medical accreditation of the intervention strategy applied. However, it is reasonable to question whether the existing medical science paradigm is helping psychiatric medicine as much as it could. I agree, though, that the existing paradigm has produced some very interesting research, consistent with my intervention strategy.

A recent example was the positive effect of fish in the diet of a group of people diagnosed with schizophrenia. Clinical trials showed the health of people diagnosed with schizophrenia improved with more use of fish oils. I myself used a diet high in fish during my recovery period.

In 1980 Dr Reading submitted information to the medical accrediting bodies about 558 persons (of his 1230 patients) who had various medical conditions treated using his medical approach relating to the effects of foods and chemicals, and using supplementary nutrients. The percentage of clients who responded as showing an improvement in the various medical conditions being treated was significant - ranging between 74% -94.9%.

The RANZCP and other accrediting bodies were not satisfied with the efficacy of the intervention and required double-blind, placebo controlled trials to confirm ‘efficacy’.

Putting a number of factors together may have a synergistic effect far beyond that of any single factor. Nothing we did was ‘rocket medical science’! It was simply a case of replicating, as far as was possible, what had been done in one or two successful cases and asking questions like, “Does this produce the desired outcome?” and “Does this shift the individual out of a state of schizophrenia?” We do not need to know how the process works in order to test whether it works. Jan and I know the approach works. As to how or why it works, is another issue.

I hope the Senate Select Committee notes what the RANZCP PS#24 has to say about the type of research presented and the clinical trials it requires (Paragraphs 7, 8, 10). Requirements for a double-blind, placebo controlled studies, with ethical protocols, whoever has the responsibility of mounting, does present difficulties. The orthomolecular approach is quite holistic, with many variables interacting at the same time. One is not researching the efficacy of one single variable, and, if so, studying one nutrient in isolation can have very limited benefits. With nutrition therapy there is a bundle of nutrients working collectively together.

The classical scientific approach to testing nutrient efficacy is far from ideal. The reason for this is that nutrients act by a different mechanism to medical drugs. Most medical drugs are designed to block or impede a process. In a metabolic pathway it only takes a block at one point in the pathway to do this effectively. It is a little bit like throwing a spanner in the works. It does not matter too much which moving part it hits to have a fair chance of stopping the engine.

If on the other hand one wants the engine to run in an optimal way, one has to grease every single moving part. Just one rusty part can stop the engine working in the same way as the ‘spanner in the works’. Using nutrients is like greasing the moving parts. Greasing one part does not make much difference unless there is only one part that lacks grease. This is seldom the case.

If one nutrient is in short supply, it is highly likely that a number of nutrients are short. Nutrients don1t work in isolation. They work as part of team. It only takes one team member to be below par for the team to not play well. But it is seldom that only one team member is the problem.

Consequently, scientists who try to test efficacy by testing individual nutrients are missing the point. Unless one optimises all nutrients that are involved in the pathway, and any related pathways, it is unrealistic to expect significant results.

The first question that should be asked about a person's health is: "Do patients have improved outcomes if all the nutritional aspects have been optimised?"

If there are people who have responded really well to orthomolecular treatment and yet this is not repeated in a test situation one must ask: "What critical elements may have been left out?"

Clearly finding an approach to satisfy the type of research model sought by those discerning the acceptability or otherwise of evidence brought forward for consideration, would require a commitment from advocates and a need for resources. How might researchers be encouraged to follow such a course which may reveal 'win-win' outcomes for many? Especially when people are searching for biochemical and environmental causes to treating their symptoms that will decrease their dependency on PBS prescribed psychiatric medications.

Is it that such an approach is in the too hard basket? I concede it would be a difficult project to manage but how serious are we about developing good mental health outcomes. And how can orthomolecular medical principles be applied to psychiatric disorders, by Fellows of the RANZCP, if RANZCP PS#24 remains unchanged?

I believe that the Australian medical and health system requires specialists educated and trained in the orthomolecular medical principles for psychiatric disorders. And that allied services staff would require training in a reformed medical system. It is pleasing, in spite of RANZCP PS#24, that the RANZCP Fellows may attend post-graduate classes hosted by academic institutions, such as Melbourne's Swinburne University Graduate School of Integrated Medicine under Professor Avni Sali (Note Attachment B). The RANZCP General Council has to be satisfied that efficacy is revealed in clinical studies so that its Fellows will be permitted to use the intervention model

The following suggestions are offered to the Senate Select Committee

To invite the Federal Government to:

a) convene a conference with people familiar with orthomolecular medical principles and their application to psychiatric disorders to discern their claims and the benefit to the Australian health and social care system;

b) be a facilitator in resolving conflicts surrounding RANZCP PS#24 and what constitutes orthomolecular medical principles in the context of what constitutes 'evidence based medicine';

c) engage, in whatever appropriate manner, the RANZCP and other medical accrediting bodies, to discover ways and means of satisfying medical authorities about the place of the biological intervention models involving nutritional and environmental medicine in Australia's health and social care system. The purpose would be to achieve 'win-win' outcomes for all concerned, including in the longer term help resolving conflicts amicably and creating new understandings to the benefit of Australia's health care and social system.

d) acknowledge what already exists from various clinical trials and clinical and anecdotal evidence about the relationship between foods, chemicals and nutrients, and the issues surrounding the evidence submitted

e) investigate what is required to satisfy the medical accrediting bodies, including the suitability of the prevailing medical paradigm of double-blind, placebo-controlled, clinical trials for investigation of the nutritional and environmental medicine approach. Are there other acceptable methodologies to test the orthomolecular medical principles as an intervention model in psychiatric medicine and for acceptance in the Australian health and social care system?

Research

With regard to research, I encourage the Senate Select Committee to examine the funding for mental health research, especially in the context of the importance of the NMHRC to possible research projects addressed in this submission. As indicated, there are issues for Governments about the allocation of resources to assist the research thrust sought by the medical accrediting authorities and

regulators to satisfy inclusion of the orthomolecular medical approaches within the Australian health and social care system.

As for guidelines/protocols for the National Health and Medical Research Council in giving a research priority to the outcomes agreed upon at such a conference that would be a matter for the Government to address in consultation with the NMHRC.

I shall be most grateful if the Senate Select Committee is willing to consider positively the issues raised in this submission.

Thank you again for the opportunity to place views before you.

Doug McIver

Australian Centenary Medal (community mental health)
Honorary Life Member, Mental Health Foundation ACT Inc
Member, MHF Australia (Victoria)
Member, Canberra Schizophrenia Fellowship Inc
Member, Mental Illness Fellowship Victoria
Member, SOMA Health Association of Australia Ltd
Member, Gawler Foundation
Recipient of award from Canberra Schizophrenia Fellowship Inc (awareness & fundraising)
Recipient of award from Woden-Canberra Rotary (services to community mental health)
Paul Harris Fellow, Rotary Foundation of Rotary International (for furtherance of better understanding and friendly relations among peoples of the world)

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