Supplementary Submission to the Senate Select Committee on Mental Health by Bio-Balance Health Association Inc.

This submission was prepared on behalf of Bio-Balance Health Association Inc. by John Skelton, inaugural Vice-President of the Association, a retired clinical and occupational psychologist with research experience who also has 25 years' experience as a family carer of a person with chronic schizophrenia. The submission has been authorised, after review, by the Management Committee of the Association.

THERE MUST BE A BETTER WAY

The aim in treating mental disorders is to promote recovery. All the evidence from the ongoing national crisis in mental health clearly indicates that our mental health services are failing to achieve this aim - at least for most people with severe mental disorders such as schizophrenia, bipolar disorder and major depression - with major consequences for consumers, their families and the community, which were outlined in our previous submission (Submission #378).

Our earlier submission identified the heavy reliance of 'mainstream' psychiatry on psychopharmaceutical drugs of very limited effectiveness, which has prevailed for the last half-century, as a major factor in the crisis. An eminent researcher has expressed the situation with regard to schizophrenia in the following terms:

"Almost fifty years after the first anti-schizophrenic drug, chlorpromazine, was produced we have made virtually no further progress in controlling schizophrenic symptoms. Drugs, on average, still improve symptoms by only 15-25 percent, leaving 75-85 percent of symptoms unresolved. The side-effects of Parkinsonism, TD [tardive dyskinesia] and agranulocytosis have been drastically reduced, but new side effects of weight gain, sedation, diabetes and cardiac problems are still there and may have worsened. There has not been much change in tax paying, nor in employment at levels commensurate with the underlying abilities of the patient. Despite billions of dollars of expenditure, we have not made that much progress."
(David F. Horrobin, *Evidence-based medicine and the need for non-commercial clinical research directed towards therapeutic innovation.* Experimental Biology and Medicine, 2002, 227(7), 435-437)

Treatment outcomes

The National Mental Health Strategy has been in operation since 1993 but we still have no empirical evidence concerning the treatment effectiveness of our mental health services, although all States and Territories are now committed to implementing treatment outcome assessment procedures. It should be noted, however, that the procedures being introduced appear to be all based on clinician (or in some cases consumer) rating scales, which are necessarily subjective in nature - participants in the treatment process could hardly be considered dispassionate observers - so that we are still likely to lack outcome measures based on objectively verifiable criteria.

Australia is not alone in this crisis, however. The mental health systems of most other Western nations, based on the same treatment model, are in a similar state of crisis. It is instructive, therefore, to look at the treatment outcomes, assessed largely in terms of objectively verifiable criteria, achieved in one large US mental health service where treatment procedures are closely akin to our own:

"On October 27, 2000, King County in Washington State, by a vote of 11 to 1, passed a very unusual ordinance.[2] This directed psychiatrists working in the state mental health system to make their patients well [i.e. to aim at recovery] *and to report annually on how successful they had been in achieving this goal. The ordinance defined exactly what was to be considered a mental health recovery. Such a former patient had to be able to meet four criteria. They must have become well enough to engage in volunteer work, or be employed full or part-time, or be engaged in culturally appropriate activities, or be pursuing educational or vocational opportunities. Secondly, a recovered mental patient had to be living independently or in supported housing. Thirdly, they must have been discharged from the county's publicly funded mental health system or, at most, be receiving only infrequent maintenance services. Lastly, when tested they must be able to score 81 or more on the Global Assessment of Function Scale. This scale measures such things as aggression, ability to communicate, and level of personal hygiene.*

"It is now some 3 years since this ordinance was passed and the required initial report on the efficacy of the system has been issued,[3] covering the period January 1 through December 31, 2001 King County, Washington is not a rural backwater. It is one of the most progressive counties in the US, the location of Seattle. So what did the residents of King County get for the more than $90 million they spent on mental health in 2001? According to the first mandated report, 7,831 mental patients, mainly schizophrenics and patients with major depression, were treated during the year. Of these, 6,949 (88.7%) showed no change, 597 (8%) displayed some improvement, 285 (4%) regressed, and four (0.05%) recovered. Put another way, if you suffered from schizophrenia, major depression, or other mental illness in King County during 2001, your chance of a full recovery was less that one in one thousand. That is, the residents of the Seattle area are paying over $22 million for each mental health recovery. In Medieval times, victims of the bubonic plague had a far better chance of recovery than this. Treated with hot onion, fig, and treacle poultices or partially plucked pigeons to draw off poisons from their swollen lymph nodes, they were much more likely to completely recover than schizophrenics receiving the best treatments that modern psychiatry has to offer.[4]" (pp.209-210) .....

"It is clear from the cure rate admitted to by the King County mental health system that psychiatry is failing badly. A new approach is obviously essential; one that recognizes the holistic nature of mental health and, therefore, of necessity our answers to its problems." (p.212)

REFERENCES

2. Safe Harbor. Alternative Mental Health On-line. King County, WA, Ordinance Requiring Psychiatrists to Make People Well: Passed October 16, 2000. Ordinance 13974.
http://www.alternativementalhealth.com/articles/article_KingsCounty.htm.

3. Safe Harbor. Alternative Mental Health News Issue 28, November, 2002. County Mental Health System Achieves Almost No Recoveries. ezine@alternativementalhealth.com.

4. Braum, L.L. (Ed.) (1979). Plague or pestilence or pest. Funk and Wagnall's New Encyclopedia, 19, 166-16

(Harold Foster, *What Really Causes Schizophrenia* (Trafford Publishing, Victoria BC, Canada, 2003), pp. 209-210 and p. 212)

NOTE: The King County Second Annual Report: Recovery Model (for 2002), which includes precise definitions of the "recovery categories" mandated by the King County Ordinance and which reports results very similar to those reported for 2001, is available at http://www.alternativementalhealth.com/articles/kings

If treatment outcomes for Australian mental health services are similar to those recorded in King County – as seems likely from such evidence as is available – we certainly have deep cause for concern. It is crucial in the interests of public accountability that objective data on treatment outcomes be made available here.

It is strongly recommended that objectively verifiable criteria of recovery similar to those utilised in the King County reports be incorporated in the treatment outcome measurement procedures of all State and Territory mental health services and that annual reports on treatment effectiveness based on these procedures be made publicly available.

Treatment options

The evidence from the King County reports strongly suggests that we need to look beyond simplistic recommendations such as "more funding" and "more beds" (although both are urgently needed in all Australian mental health services) for solutions to the current crisis. We need to explore the potential of other treatment models to provide better treatment outcomes for people with severe mental disorders - in essence, we need a new treatment paradigm..

Our previous submission drew attention to the significant benefits that can result from complementing conventional psychopharmaceutical drug treatments with individually prescribed nutritional supplements designed to rectify biochemical imbalances affecting brain functioning identified by appropriate pathology testing. The results that have been achieved in follow-up studies by the Health Research Institute's Pfeiffer Treatment Center (HRI-PTC) in the USA using these techniques indicate the potential capacity of this complementary treatment approach to produce significant improvements in treatment outcomes in a high proportion of cases. This form of treatment is now available on a limited basis in Australia as a result of Bio-Balance Health Association initiatives and deserves to be made more widely available as a treatment option.

We strongly recommend that a number of medical practitioners in each State and Territory be trained in HRI-PTC techniques; that pilot programs be introduced incorporating this type of complementary treatment along with currently conventional treatments for mental disorders; and that treatment outcomes from these pilot programs be evaluated in comparison with treatment outcomes from conventional treatment techniques alone.

Cost-effective and clinically effective treatments

David Horrobin wrote, in the journal article quoted previously (*Evidence-based medicine and the need for non-commercial clinical research directed towards therapeutic innovation,* Experimental Biology and Medicine, 2002, 227(7), 435-437):

"The escalating costs of the health care system will bankrupt both states and individuals. These costs largely arise because we are spending vast amounts on marginally useful treatments that ensure that patients return to the health care system again and again. The only way this will change is if we find dramatically effective treatments that remove patients from the health care system altogether. And the only way to make such discoveries will be to test greater numbers of scientifically much more diverse approaches to treatment. That, I believe, is the ethical imperative of all involved in medical research. And because the introduction of highly effective treatments is the only possible basis for a dramatic reduction in costs, it happens to be a financial imperative as well."

Nowhere is this statement more relevant than in the field of mental health. The deinstitutionalisation policy introduced in Australia in the early 1980s (despite the prior history of failure of the policy in the USA) was based on what psychiatrists and administrators are now

coming to realise is the naive assumption that antipsychotic medications alone would make people with severe mental disorders well enough to enable them to live independently in the community.

This policy has certainly produced massive profits for the pharmaceutical companies that manufacture the drugs and that have also provided most of the funding for research into mental disorders over the last half-century - thus largely determining the direction psychiatric research has taken over that period. At best, however, only some 10-15% of people with psychotic disorders have become well enough to achieve the goal of independent living since the introduction of the policy. The vast majority of such people continue to be condemned to a life of suffering, hopelessness and dependence. Many of those without family support end up on the streets; in grotty boarding-houses or shelters for homeless people; often drug-addicted; possibly raped; in and out of jail; and some 10 per cent commit suicide. The situation has spawned a large army of family carers, mental health workers, hospital staff, other community workers and volunteers who provide the support necessary to enable those who are fortunate enough to stay out of jail to just survive from day to day. All this at huge cost in taxpayers' money, family and community stress and trauma, and wasted or lost lives.

Despite poor levels of treatment effectiveness and massive costs in money and suffering, there appears to be little interest on the part of 'mainstream' researchers or practitioners to go beyond currently conventional treatment methods and explore the possibilities of other treatment options for which evidence of treatment effectiveness already exists but which do not fit the prevailing paradigm. With regard to schizophrenia, for instance, to quote from Harold Foster's book *What Really Causes Schizophrenia* (pp.5-6):

"As Horrobin has pointed out [in *The Madness of Adam and Eve: How Schizophrenia Shaped Humanity*, London: Transworld Publishers, 2002]:

> *'Schizophrenic patients have been ill served by the narrow ultra-specializations of the second half of the twentieth century. Each has seen the illness from its own very limited perspective. [Give a child a hammer and everything becomes a nail.] Those inclined to psychological and psychoanalytical levels of explanation have blamed dysfunctional families for the disease. Those interested in a broader sociological picture have blamed society as a whole. Those interested in drug action have blamed the neurotransmitter function. Almost no one has taken any interest at all in the whole-body manifestations of the illness, which careful clinicians in the first half of the century had noted. Almost no one has attempted to integrate what is known in a coherent and integrated fashion.'*

"As a consequence of this domination of the schizophrenia research agenda by narrow specialists, the recovery rate from the illness is no better today than it was a century ago, yet like so many of our other mysteries 'the truth is out there.' "

To quote again from *What Really Causes Schizophrenia* (Executive Summary, page vii):

"How difficult is the schizophrenia jigsaw? How complex is the puzzle? In "The Madness of Adam and Eve" [London: Transworld Publishers, 2002] Horrobin points out that:

> *'While in familial and personality terms the problem is devastating, in biochemical terms the problem cannot be very serious. After all, the young person functioned near normally for fifteen, twenty-five or thirty-five years before becoming ill. Moreover, all schizophrenic patients vary in the severity of their illness, often, as documented earlier, becoming near normal while the body temperature is elevated. The fundamental biochemical problem, therefore, cannot be too serious and must be reversible.'*

"This is an extremely intelligent and encouraging characterization. It seems fair to ask, however, if the problem is so biochemically simple, why have thousands of doctors and scientists spent countless billions of dollars, over more than 100 years, in endless unsuccessful attempts to discover the etiology of schizophrenia?

"The logical answer to this question must be that they are trying to hammer jigsaw puzzle pieces into spaces where they do not fit."

In *What Really Causes Schizophrenia*, Foster undertakes a comprehensive analysis of the accumulated research evidence from all sources - historical, genetic, biochemical, biomedical, geographical.- much of which has been ignored or rejected by researchers and practitioners wedded to the prevailing theoretical paradigm and the psychopharmaceutical treatment model they have espoused. He proceeds to fit the pieces of the research jigsaw together where they fit and constructs "the ideal treatment for schizophrenia." (pp. 213-230).based on the research evidence. It is worth noting that the HRI-PTC treatment techniques previously described in our submission fit well within Foster's treatment model.

In our view, the continuing crisis in mental health warrants nothing less than a fundamental review of the structure of mental health services, beginning with a critical examination of the theoretical basis on which they are constructed. We strongly recommend that additional research funding be provided through the National Health & Medical Research Council for the specific purpose of urgently commissioning comprehensive reviews of research findings in all major fields of mental health, beginning with the research evidence on the causes and treatment of schizophrenia reviewed in *What Really Causes Schizophrenia* by Harold Foster.

Recommendations

1. That objectively verifiable criteria of recovery similar to those utilised in the King County reports be incorporated in the treatment outcome measurement procedures of all State and Territory mental health services and that annual reports on treatment effectiveness based on these procedures be made publicly available.

2. That selected medical practitioners in each State and Territory be trained in Health Research Institute's Pfeiffer Treatment Center techniques; that pilot programs be introduced incorporating this type of complementary treatment along with currently conventional treatments for mental disorders; and that treatment outcomes from these pilot programs be evaluated in comparison with the treatment outcomes from conventional treatment techniques alone.

3. That additional research funding be provided through the National Health & Medical Research Council for the specific purpose of urgently commissioning comprehensive reviews of research findings in all major fields of mental health, beginning with the research evidence on the causes and treatment of schizophrenia reviewed in *What Really Causes Schizophrenia* by Harold Foster.

4. That additional Government funds be provided by Commonwealth, State and Territory governments to adequately support the current structure of mental health services pending the introduction of more clinically effective and cost-effective treatment methods following the comprehensive reviews of the theoretical and clinical bases of mental health services recommended above.