

## ***Submission to Productivity Commission Inquiry into Mental Health Issues***

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### ***INTRODUCTION***

There are many factors at work in the creation of mental health problems - family environment, including health & education of the parents; poverty; poor diet & nutrition; genetic heritage; socio-economic variables; school, education & workplace environment issues, including bullying; isolation and discrimination; poor living & residential environment, including exposure to pollution & chemical toxins (e.g. hydrocarbons/petrochemicals/vehicle exhaust emissions) ; lack of accommodation, employment, friends; significant stress circumstances (e.g.trauma incidents/events)

I wish to address the importance of medical intervention strategies that address food and chemical intolerance, diet and nutrition. I consider these matters are relevant to two or three areas of the Productivity Commission's Terms of Reference.

I was diagnosed with paranoid schizophrenia during the summer of 1972/73. I was prescribed medication for nearly 11 years, however I was discomforted by medication side effects, inter alia, excessive weight gain and various tardive dyskinesia symptoms.

Thanks to my wife, Jan, I learnt about a complementary (alternative) biochemical intervention which focused on discerning adverse reactions to foods and chemicals which caused various health symptoms, including those associated with mental illnesses. I began to use these medical principles from the summer of 1983/84 but still taking minimal doses of my prescribed medications. I eliminated alcohol (indeed, for a decade, while I continue to avoid beer). From 1985, I applied the principles more rigorously and with much self discipline. I eliminated my prescribed medication, and introduced fasting for single food challenges to assess any food intolerances.

Based on literary research I eliminated, immediately, cow's milk products and products including wheat. After fasting, I conducted single food challenges using the Coca pulse test as an indicator of sensitivity to the particular food being challenged. If there was a change of up to 16 pulse points (based on the Coca research findings), after a two hour testing session, I eliminated those foods. Accordingly, with this methodology I eliminated certain foods and introduced a modified diet, which included rotating foods. I also had other testing procedures for assessing food allergy and chemical sensitivity. I took care, as much as possible, to avoid exposure to toxic chemicals. To assist my nutritional levels, with my changed diet, I took supplementary nutrients (vitamins, minerals, amino acids) as part of my intervention strategy. Importantly, I also increased my exercise regime.

From my personal experience, medical practitioners - experienced in the fields of food intolerance, chemical sensitivity, diet and nutrition - should be part of an integrated approach to mental health intervention strategies. Their expertise would be valuable in offering approaches to people in need of mental health support and care.

The place of the complementary biochemical approach that I applied from 1985, is important to achieving a holistic, integrated, public health care service. It should not be underestimated in mental health assessment, diagnosis and intervention strategies. Adverse reactions and sensitivities to foods and chemicals can cause mental illness symptoms.

I am delighted, as are my immediate family, relatives and friends that I am as well as I am, as I approach my 80th year, with no display of the diagnosed psychiatric symptoms, including paranoid hallucinations, that were previously of concern to myself, family, work & community colleagues, friends and the medical teams! I am very grateful.

I have done much community work during my life, including since the evolution of my improved mental & physical health in 1991. I was humbled, and grateful, to receive an Australian Centenary Medal in 2001 for my community mental health work. And, as well, to received a Victorian Premier's Seniors Award in 2012 for Healthy & Active Living Excellence. As well, I am recipient of awards from community organisations for my service, and advocacy, with regard to population health (e.g. tobacco cessation strategies) & mental health policies, programs and services.

### ***Senate Select Committee on Mental Health - 2005 Submission & Presentation***

My wife, Jan, and I presented submissions (Nos. 317 and 317A) to the Senate Select Committee on Mental Health in 2005. As well, we were invited to attend the Select Committee to make a presentation about our submission. I hope the Productivity Commission may be interested to obtain a copy of our submissions. We both consider our submissions, and presentation, would be helpful to the Productivity Commission's Inquiry. The detail in the submissions may provide insights into the intervention strategy applied. And, as well, very useful reference material in the appendices.

Importantly, the 2006 Final Report of the Senate Select Committee recommended that the Australian Government should allocate more financial resources to researching alternative and complementary medicine treatments to assist improved mental health care and wellbeing.

What progress has been made in implementing the Senate Select Committee's recommendation? What Government resources have been allocated to medical and health research organisations, and other appropriate organisations, to assess the efficacy of this intervention strategy?

Where are the Government health authorities, and the medical accrediting bodies at, in terms of their acceptance of the efficacy of the medical intervention strategy addressed in the McIver submissions and presentation to the Senate Select Committee?

Note the references made in this Productivity Commission submission, as well as to the Senate Select Committee, to those who have recognised the relevance of food allergies, chemical intolerances, diet, and nutrition (including supplementary nutrients) in an integrated, holistic, biochemical approach to achieving individual optimal mental health and wellbeing outcomes, and significant benefits to population health and wellbeing.

### ***Research and awareness of the medical intervention strategy***

As has been written and spoken about, mental health symptoms indicate a biochemical disturbance in the brain which may be associated with a response by the immune system. For many years there has been international research & evidence, literature & conversation about adverse reactions to foods and chemicals causing symptoms associated with mental illnesses.

It has been pleasing that Professor Felice Jacka (Principal Research Fellow, Deakin University School of Medicine & Honorary Research Fellow, Department of Psychiatry, Melbourne University) has been researching the interaction between diet and risk for mental health problems with the purpose of developing an evidence based public health message for the primary prevention of common mental health disorders.

Professor Jacka has personally experienced the reality of the relationship between diet, nutrition and mental health. And, consequently, highlighted, like others before her, the potential for prevention and treatment of people experiencing symptoms associated with a range of mental illness classifications.

As well, in 2015, Melbourne's Professor Andrew Scholey (Professor of Brain and Behavioural Sciences, Swinburne University), maintained that nutritional medicine should be one of the mainstays of treatment for psychiatric conditions. He considers that there is a growing body of evidence that early diet, and the diet of the pregnant mother, can affect the development of psychiatric disorders in the later life of the child.

Prof Scholey, a member of the *International Society for Nutritional Psychiatry Research*, which published a viewpoint in the *Lancet Psychiatry*. Prof Scholey noted in the journal article that the current drug-focused model of psychiatry has achieved only "modest benefits". In his opinion there is "compelling evidence for nutrition as a crucial factor in the high prevalence and incidence of mental disorders". And that diet "is as important to psychiatry as it is to cardiology, endocrinology and gastroenterology".

In Professor Scholey's view "*Interactions between diet and other aspects of the environment with an individual's genetic predisposition and microbiome can have very profound effects on expression of mental health. We're only just beginning to get a grasp on the interactions but there's emerging evidence that people who adhere to the so-called Mediterranean diet, with lots of fresh leafy greens and oily fish, seem to be protected in some degree against psychiatric disorders such as depression and anxiety.*"

Clinical trials have supported the use of omega-3 fatty acid supplements for conditions such as bipolar and major depression as well as post-traumatic stress disorder. Other nutrient-based supplements for which there is "convincing evidence" for neurochemical modulatory activities are S-adenosyl methionine, N-acetyl cysteine, zinc, B vitamins and vitamin D.

Prof Scholey says there has been an explosion of research in nutritional psychiatry, particularly in Australia. "*There is a lot of good work going on here. Jerome Sarris at the Melbourne Clinic has done some excellent research on kava and anxiety disorder. Paul Amminger and Felice Jacka are also doing important work in this field. My take is that people have anecdotally always known about the effect of diet on the brain, but it's only in the past 10 years or so that high quality research is emerging to try and understand the mechanisms linking diet and cognitive health.*"



As well, the work of William Walsh PhD has also been significant in examining the biochemical links of foods and chemicals on mental health symptoms. He was associated with the former USA Carl Pfeiffer Treatment Centre prior to his establishment of the Walsh Research Institute : <https://www.walshinstitute.org>

The Pfeiffer Medical Centre, the successor to the Pfeiffer Treatment Center, is an outpatient facility for children and adults specializing in the evaluation and management of biochemical imbalances, which may be associated with the symptoms of developmental, learning and behaviour disorders or anxiety, depression or mental illness. Its innovative approach is using vitamins, minerals and other nutrient supplements to treat biochemical imbalances that has helped thousands of patients lead a more productive and rewarding life. Note the information at: <http://www.hriptc.org/index.php>

Walsh has valuable experience for those interested in learning about complementary biochemical methodologies to help people with behavioural, learning & attention deficit disorders, autism spectrum disorders, and illnesses such as: depression, post-partum depression, schizophrenia, bipolar disorder, mild to moderate alzheimer's disease, and parkinson's disease. He has been, *inter alia*, training Australian medical professionals about his intervention strategies.

The Bio-Balance Health Association (BBHA), based in Queensland, has been a supporter of Walsh's work: [www.biobalance.org.au](http://www.biobalance.org.au) The Association made submissions (Nos. 378, 378A, 378B) to the Senate Select Committee on Mental Health in 2005. Hopefully the Productivity Commission may be able to obtain copies of the BBHA submissions.

The Productivity Commission would be well advised to ensure familiarity with the medical literature of, at least, Linus Pauling, Theron Randolph, Richard Mackarness, Carl Pfeiffer, Abram Hoffer, Robert Buist, Chris Reading and Sherry Rogers when coming to understand the importance of complementary biochemical approaches to the prevention, diagnosis and healing of symptoms associated with the international mental illness classifications. Dr. Sherry Rogers monograph was about her battle with depression and personally learning about the role of toxic chemicals as a cause of her symptoms.

Fellows of the Australasian College of Nutrition & Environmental Medicine (ACNEM) would have relevant information to share about prevention and diagnostic approaches that do not require prescribed psychiatric medicines. I'm aware that Professor Ian Brighthope (former ACNEM President) was very experienced, as a General Practitioner, in applying the nutritional approaches and recognising the effects of food and chemical intolerances on human health. He has been a consultant to Australian governments. He now has the business named *Nutrition Care*" ([nutritioncare.com.au](http://nutritioncare.com.au)).

The Fellows of the Australasian Integrative Medicine Association (AIMA) practice integrative health care. It is a peak medical body representing doctors and other health care practitioners who practice integrative health care approaches.

The AIMA online information (<https://www.aima.net.au>) contains the following information:

*"Integrative medicine is a philosophy of healthcare with a focus on individual patient care. It combines the best of conventional western medicine with evidence-based complementary medicine and therapies. Integrative Medicine reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic approaches, health care professionals and disciplines to achieve optimal health and healing. It takes into account the physical, psychological, social and spiritual wellbeing of the person with the aim of using the most appropriate, safe and evidence-based treatments available."*

### **Relevant considerations**

The use of pathology tests to discern food and chemical intolerances are important diagnostic tools for the medical professions. Results assist in determining appropriate medical intervention strategies, including the monitoring of a person's diet and nutrition due to evidence based food allergies and chemical intolerances. It may require significant changes to a person's diet and, consequently, the need to administer supplementary nutrients.

Medical research, and anecdotal reports, that a person's food allergies and chemical intolerances are important factors causing the symptoms of a person's health and wellbeing was profound. Especially as there was a belief that Pharmaceutical Benefits Scheme (PBS) subsidised psychiatric drugs did not treat the causes of symptoms. The drugs provided opportunities for a person to achieve some stability while coping with their symptoms, albeit there were often known side effects from their medications. Side effects from pharmaceutical psychiatric drugs can be most uncomfortable (e.g. shaking of hands, tardive dyskinesia, "zombie" like symptoms, tiredness, weight gain).

Looking forward, would it be of significant interest to the Productivity Commission, and other Federal Government agencies, to collect data that enables a comparison between the costs associated with the intervention strategies using prescribed pharmaceutical medications and the costs of those alternative/complementary intervention strategies that are based on changed dietary intake, that includes the use of supplementary nutrients (while noting that a Federal Goods & Services Tax (GST) is imposed on these nutrients).

I would think there would be interest in information provided by psychiatrists / general practitioners/ clinical ecologists/ nutritionists/ naturopaths et al about the costs related to prescriptions of supplementary nutrients to assist their clients' mental health and wellbeing! Alas, too difficult to achieve.

### ***Supplementary Nutrients, the Federal Goods & Services Tax & the Pharmaceutical Benefits Scheme - a consumer's dilemma?***

Where are the Australian Government's medical and health authorities at in their consideration of the efficacy of supplementary nutrients? As mentioned in my introduction, I have consistently used supplementary nutrients since 1983/84. I had cut back on my prescribed psychiatric medications as I transitioned to eliminating them completely. Since 1985 I have not used the PBS subsidised psychiatric prescription drugs. I have saved the Government any costs associated with my decision to eliminate psychiatric medications. As well, I have contributed to the Federal Government's GST revenues with the use of my supplementary nutrients to assist my nutrition levels with changes in my diet, and to improve my health and wellbeing!!

There is also wisdom in acknowledging recognised benefits, in various ways, for those person's who have preferred to avoid PBS drugs in preference for a non-pharmaceutical drugs alternative (or complementary) approach to achieve better health outcomes. Such benefits are difficult for economists to estimate in \$ terms.

Even allowing for individual differences, it has been well documented for many years that foods and toxic chemicals can cause symptoms of individuals presenting with a suspected mental illness. There may be no need to prescribe PBS psychiatric medications IF a person was able to address the matters raised during diagnostic assessment with a changed diet and avoidance of foods & toxic chemicals causing significant health issues for the person.

A point worth making is that there is acceptance that psychiatric medications do have some benefit, for instance assisting persons to "stabilise" in the early stages of the intervention to address their diagnosed mental health condition. This indicates that mental health symptoms involve biochemical processes. Nutrient levels also affect biochemical processes. Accordingly, there would be the expectation that mental health symptoms can also respond to the levels of nutrient intake. A nutritional diet that meets the needs of a person (sometimes, including additional supplementary nutrients) is a valuable ally for any person!

### ***Costs & benefits of medical teams assisting clients using alternative or complementary medical intervention strategies? Information in National Mental Health Reports?***

It should be clear that health outcomes, using the non-pharmaceutical approaches, require accredited medical teams, with a knowledge of the nutritional and dietary biochemical approaches required. Disciplines would involve not only psychiatrists and medical general practitioners, but also nutritionists, pathologists and clinical

ecologists. There are costs associated with the medical specialists who conduct their diagnostic and intervention strategies in order to achieve better health outcomes for their clients.

What information can be gathered about the the role of nutritionists, clinical ecologists and pathologists in assisting the health and wellbeing of people presenting with mental health symptoms? They would have a significant role in the diagnostic assessment process that includes taking account of food allergies and chemical intolerances as well as the medical intervention process.

The *National Mental Health Report 2007* (p163) indicated that the PBS psychiatric drug outlays by the Federal Government were estimated to be \$625.9M in 2004/05. There would be benefits in transferring a significant proportion of these outlays to the complementary approach I applied.

The *National Mental Health Report 2010*, the 11th Report of the National Mental Health Strategy (Commonwealth of Australia 2010), at Table A-46 (page 163), includes an estimate of Australian Government expenditure on mental health services, for the selected years 1992/93 to 2007/08, at current and constant prices (\$000s).

Table A-46 in the 2010 Report recorded the following expenditure in constant prices for Year 2007/08:

Medical Benefits Schedule - Psychiatrists	\$240.5M
Medical Benefits Schedule - General Practitioners	\$133.4M
Medical Benefits Schedule - Psychologists/Allied Health	\$176.9M
Pharmaceutical Benefits Scheme	\$701.7M

It was estimated that \$1,919.3M was the total estimated Australian Government expenditure on mental health services for 2007/08. Note that the expenditure on psychiatric medications subsidised through the Federal Government's Pharmaceutical Benefits Scheme (PBS) - \$701.7M.

In my view I consider it significantly important that the information contained in Table A-46 should be updated annually and included in annual national mental health reports by whichever organisation has the responsibility for gathering and reporting the data. I hope the Productivity Commission follows up on this suggestion.

Interesting to note that the comments about the PBS outlays in *2013 National Mental Health Report*, published on the Australian Health Department's online site, at [http://www.health.gov.au/internet/main/publishing.nsf/Content/B090F03865A7FAB9CA257C1B0079E198/\\$File/pt21.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/B090F03865A7FAB9CA257C1B0079E198/$File/pt21.pdf)

*"The Australian Government's spending on mental health increased from \$701 million in 1992-93 (28% of national mental health spending) to \$2.4 billion in 2010-11 (35% of national spending). This increased share was due to a combination of growth in new activities and programs and increases in existing services. Figure 7 shows that in the early years of the National Mental Health Strategy, the main driver of growth **was expenditure on psychiatric medicines subsidised through the Pharmaceutical Benefits Scheme (PBS)**. Increased spending on subsidised pharmaceuticals accounted for 49% of the growth in Australian Government expenditure under the First National Mental Health Plan and 82% under the Second National Mental Health Plan. The impact of psychiatric medicines on Australian Government mental health*

*spending reduced markedly under the Third and Fourth National Mental Health Plans, dropping to 26% in both of these periods. This was due to a combination of factors, including the fact that several commonly prescribed antidepressants came off patent during this time, allowing new generic products into the Australian market. The costs of these products fell below the PBS subsidy threshold, or required significantly less Australian Government subsidisation than the patented products. Additionally new programs funded under the COAG National Action Plan began to be rolled out between 2006 and 2008, including the introduction of new Medicare-funded 'talking therapies' provided by psychologists and other allied health professionals. Each of these factors moderated the previous role of the PBS as the main driver of Australian Government mental health spending."*

Whether PBS subsidised psychiatric drugs, or generic products, are being prescribed by psychiatrists and other medical practitioners, the question remains as to how well are the Federal Government's medical and health authorities, and the medical accrediting organizations (especially the *Royal Australian & New Zealand College of Psychiatrists*) acknowledging the efficacy of the intervention strategies to which I have referred.

What broad acceptance and awareness is there, in 2019, about the role of adverse reactions to foods and chemicals when assessing a person's mental health symptoms? And, significantly, the need to increase population awareness of the beneficial effects of positive nutrient levels for optimal health and wellbeing?

### ***Benefits of testing for food allergies & chemical toxins? Protocols?***

Consider the:

- the relevance of my submission in the context of the objectives of the existing National Mental Health Plan, agreed to by the Federal, States & Territories Governments, and the recommendations of the 2006 Final Report of Senate Select Committee on Mental Health;
- *general population affected by mental illness*. What can be done to encourage people to present themselves (& family members) to medical practitioners, hospitals, accredited practitioners for pathology testing to assess food allergies and chemical intolerance? Purpose to help diagnosis & intervention strategy. Preventive health & healing strategy. Cost/benefits? Protocols? Promotion?
- *encouragement to psychiatrists & accredited medical practitioners to recommend the use of pathology tests*. A preventive health, diagnostic and healing strategy. Costly but helpful to better population health outcomes? Protocols?
- *Youth Justice & Corrective Services Centres*: Consider the protocols and human rights issues relating to have testing done by accredited medical practitioners to helpfully assess personal food allergies and chemical toxins of the "prisoners". I refer the Productivity Commission to the monograph of Alexander Schauss titled "*Diet, Crime and Delinquency*" (Parker House, California 1980 ISBN 0 0939764 008). As the Director of the American Institute for BioSocial Research, Schauss was in the forefront of research in biochemical and environmental effects on deviant behaviour. One case study of Tony and exposure to lead poisoning (p33) which led to the Court re-assessing its judgment and the need for a more appropriate intervention strategy to assist Tony's health & wellbeing, following a visit to his residential environment and realising the toxic chemical environmental effects on his health, which resulted in pathology testing to assess the toxins in his body. What are the human rights relating to people who may benefit from pathology testing but do not wish to participate? Problems re mandatory protocols?



- modes of mental health care in the context of the *United Nations Resolution 98B on the Protection of Persons with Mental Illness and the Improvement of of Mental Health Care*, adopted by the Australian Government on 17th December 1991. Note that Principle 1 of the UN Resolution addresses "*Fundamental freedoms and basic rights*" and states " *All persons have the right to the best available mental health care which shall be part of the health and social care system.*" Is the Australian mental health care system providing services that cover the matters I have addressed in this submission? If so, good! If there is any doubt about any aspect of the diagnostic and medical intervention, which I have outlined in my submission, being applied in the provision of Australian mental health services, would the Productivity Commission be willing to follow up with the Government's medical and health authorities, and the medical accrediting bodies, to ascertain its present position on accepting the efficacy of the approach?

## **CONCLUSION**

I thank the Productivity Commission for the opportunity offered to present this submission.

*Doug McIver*

Australian Centenary Medal 2001 (mental health)  
Victorian Premier's Seniors Award 2012 (Healthy & Active Living Excellence)  
Recipient of community awards (health & mental health)

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