

1 Executive summary

The draft report provides a comprehensive view of the status of mental health services and tactics to reconfigure the mental health system. Recommendations include research into the therapeutic value of services to inform policy making. Assumptions that underpin psychiatric care and controversies that surround it aren't discussed. There is scant information about the the cost of psychiatry and particularly the costs of medication in the mix of services. There are recommendations to increase the number of psychiatrists without assessment of its efficacy.

Are psychotropics worth the cost? It appears that the PBS absorbs approximately \$500M in costs for psychotropic medications. It is an open secret that clinical research to justify the safety and efficacy of prescription psychotropics is weak and yet the number of prescriptions for these powerful drugs is increasing and with it measurable harm, including shortening of life.

Intellectual disability is a blindspot I will be making a submission to the Disability Royal Commission regarding the long term administration of antipsychotics to people with intellectual disability, a group that has been explicitly excluded from clinical studies to determine their safety and efficacy. In the section setting out the training requirement for psychiatry, there is no mention of intellectual or developmental disability, yet there is a definite overlap between the presentation of low executive function and psychosis. It is well known that low executive function can mimic schizophrenia, yet psychotropics are considered to be appropriate regardless of intellectual capacity despite lack of research demonstrating long term effects upon this group. .

Medicalising mental health Because the report does not scrutinise a range of societal pressures that are contributing to increasing demands upon the mental health system, the report lacks context that could enhance its strategic value. While the medical profession is crucial to health services, whether as it is currently configured the medical profession ought to be central to provision of mental health, deserves examination.

The tactical measures reviewed and outlined for the future also are weakened by the breadth of the scope of the terms of investigation. Societal ills are outside of the terms of reference, yet we live in a rapidly changing world with widening gaps between rich and poor, a shrinking commons, shrinking networks of friends and family that we all rely upon for our mental wellbeing. These societal pressures and escalating mental health costs require involvement of governments in providing services that are becoming increasingly essential to functioning of the community.

Services such as health, education and now welfare have been commoditised, monetised and increasingly privatised. Even our prisons and data services that

we all depend upon have been or are at least partially now being run for profit. The digital commons that we all rely upon has been co-opted by unprecedentedly profitable corporations who control the surveillance economy, trends that we are yet to fully appreciate. Governments are dependent upon corporate donors and are beholden to powerful lobby groups such as the gambling industry. We have a financial system that is barely fit for purpose, if the GFC and recent Banking Royal Commission are anything to go by.

Governments still talk about growing our way out of the present economic malaise. Governments have not been able to improve the resilience of our natural environment or solve our water crisis. Other big picture issues such as a large segment of the community becoming a generation of working poor have a massive bearing upon citizens' wellbeing and are the backdrop to the mental health crisis we are confronting. Our aging demographics and upheaval caused by robotics and other technologies constitute major shifts in our way of life. Articulating the scope of these challenges will provide a strategic framework for trends that are having such a profound effect upon our health and wellbeing.

There are challenges in estimating the cost of mental ill-health and suicide, particularly when the aim is to measure it in monetary terms. This is true even for costs such as government expenditure on healthcare and other support services, due to a fragmented system that makes gathering data difficult. Where we have limited data, costs need to be estimated and a range of assumptions made." P 172

2 Pathways to services.

GP's are likely to be biased toward medicalising distress whose origins are existential or interpersonal. Internal conflict, life events such as insecure housing, substance abuse or family violence may precipitate a crisis. In many circumstances prescription drugs may merely complicate continued use of illicit drugs or alcohol, when what the person really needs is compassionate support an opportunity to withdraw from intolerable circumstances to make possible restoration of their safety, autonomy and dignity. Medical training does not necessarily equip doctors with the counselling skills required, nor do they necessarily have the lived experience that provides perspective. Availability and promotion of medication has swamped other modalities, which typically require much more time than medical practitioners are able to devote, even if they are inclined to do so.

My own observation concurs with observations in the draft report that the therapeutic terrain is not readily decipherable to anyone in need.

3 The role of Psychiatry

The assumption that psychiatry will be beneficial at best and benign at worst is wrong. DSM5 is not a reliable aid to diagnosis. Specialists in the field such as Thomas Insel, former head of NIMH, Allen Francis former chair of the

DSM4 committee and Paula Caplan a former committee member and mental health advocate amongst others all point to the unreliability and arbitrariness of its use. New approaches are being explored, particularly in the UK, and thankfully now in Australia, to move beyond textbook classifications of mental illness. Moves to overhaul emergency care that are already afoot in Australia and acknowledgement within the profession that change is required are promising.

That people are 100 x more likely to suicide after being discharged from a psychiatric facility should be a source of concern, if not alarm, that the assumptions that drive treatment are questionable if not downright dangerous.

Extremely potent drugs are prescribed for the control of symptoms, not the cure of disease.

Rates of prescription have been increasing regardless of danger to health and data pointing to their effect of shortening life¹

.Psychotropic medication

The Productivity Commission must weigh the cost vs benefit of prescription drugs. Framing their use as therapy is highly misleading. At best they are a chemical crutch that may possibly provide society with a convenient option by which awkward or risky situations can be managed. Psychiatrists and health workers are in the front line dealing with sometimes frightening situations. That they should reach for drugs to assist in difficult circumstances is understandable.

The real cost of these drugs not only includes the dollar expenditure of the medication, but the resultant co-morbidities, psychiatric disabilities inflicted and potential for early death. Indeed labels contain dire warnings of these very effects, yet these powerful medications continue to be increasingly relied upon to deal with the crisis that the commission describes. Proponents suggest that society would be worse off without them. There isn't the long term data to support this contention. Such that there is indicates that over time antipsychotics make little difference (cite dutch study)

Anecdotal evidence of individuals whose lives have been transformed by medication do not constitute a basis for the deluge of medication that Australians are subjected to, many of whom are amongst the most vulnerable. Conceivi-

ABC News: "Figures from the Australian Institute of Health and Welfare show prescriptions for antipsychotic drugs under the Pharmaceutical Benefits Scheme (PBS) increased by 359 per cent over a 24-year period from 1992 to 2016. "

"Brisbane psychiatrist Niall McLaren sometimes prescribes antipsychotic drugs, but he is also very cautious and says they are being used illiberally. "We know that Australia uses antipsychotics at an extremely high rate by international standards," Dr McLaren said. "The overuse of antipsychotics is a major problem in this country, it will be a bigger problem because these drugs have long-term side effects. "People that take it in the long term, will die 19 years younger than un-drugged peers." It is a scary reality for some people who take the medication. Perth mother Angela* says she still has to look after the very basic needs of her 42-year-old son because of the damaging impacts of his antipsychotic medication. Not only does he require 24-hour surveillance and help with basic hygiene, but he also suffers from neurological disorders — akathisia and tardive dyskinesia — which are common side effects of these drugs." ABC News 27th December 2017

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ably a tiny minority of people using these drugs accept the trade off between a potentially shortened life and control of symptoms. Those people should make that choice with full knowledge and consent. .

Once a psychiatric diagnosis has been made, it becomes a defining label that it is next to impossible to have unmade. I have witnessed coercion and disregard for basic rights. Framing difficulties as an illness instead of articulating a set of challenges to be overcome sets in train a power imbalance that may be insurmountable and cause further despair.

While my criticisms of psychiatry may seem harsh, I respect the fact that within the profession many are acutely aware that prescription psychotropics are harmful. What is difficult to reconcile is the explosive increase in their use during the past few decades.^{2 3}

Does society have realistic expectations of psychiatry? People bring to psychiatrists a plethora of problems the origins of which are as varied as the individuals who bring them. Preparedness to diagnose reinforces perception. The perception that categorisation of their ills is a valid and accurate assessment is in part due to the expectation placed on the profession to be the custodians of societal norms and particularly to keep people safe. Apropos to society's expectations, its not that long ago that homosexuality was regarded as a treatable aberration of normal.

Psychiatric consultations tend to

1) Be delivered in a 'silo' without connection to day to day experiences of the patient 2) Foster a narrative about a person's condition that is alien to the client and given credence because of the authority of the psychiatrist 3) Potentially engender illness behaviour because of labelling 4) Inclined to view conditions as chronic prolonging administration of medication that blunts perception and numbs emotion, which tends to mask unhealthy habits or conditions that are at the root of distress.

I would suggest that medication is an easy 'out' for a society that is increasingly under duress. While some pundits might say we've never had it so good, Australians carry more financial debt than ever before, we live in a fragile environment that is continuing to be rapidly degraded through causes that are largely out of our collective control and which causes have the potential to accelerate. Our young are being disenfranchised because of housing insecurity and lack of the kinds of employment prospects that previous generations enjoyed. There is an increasing gap between the wealthiest and those with average means.

²Whitaker R. Anatomy of an epidemic. New York: Crown Publishers, 2010. Whitaker R. Anatomy of an epidemic. New York: Crown Publishers, 2010.

³"Some treatments for mental illness can lead to poor physical health. In particular, anti-psychotic medications can cause significant weight gain, increasing the risk of obesity, diabetes, cardiovascular disease and metabolic syndrome (Duggan 2015; NMHCCF 2016; NSW MHC 2018; RANZCP 2015, 2015; Te Pou 2014)". P 321

"When services are received, a lack of coordination can result in worse physical and mental health. For example, there may be little consideration of the trade-offs between medications prescribed by a psychiatrist and potential adverse impacts on physical health, which general practitioners treat."

Opportunities to rise through social strata through paid employment have all but disappeared . Education has become a profit centre rather than being an investment in human capital for the next generation.

Personal anguish, distress and antisocial behaviour occur in the context of our social milieu, over which psychiatry has no influence. There are no medications, that can remediate isolation or feeling cast out by society. Recreational drugs are often resorted to to alleviate the feelings that such experiences may inflict. Prescription drugs are no better at providing hope, though a therapeutic relationship might. ⁴

Cultural expectations That prosperity stems from growth is an illusion that continues to be touted by our leaders in government. I suggest that in domains that ought to be in our service, human beings have collectively become markets, audiences, voters and consumers. Though media freedom is not as bad as in some countries, Australians are marinated in increasingly unreliable media⁵ that shape and mould public opinion with the aim of growing the rate of consumption to sustain economic growth and keep markets happy. The status quo continues to funnel wealth to the wealthiest, under the illusion that to do otherwise would be catastrophic. Numerous studies have shown that societies with wide discrepancies between rich and poor fare less well than those that have a smaller gap⁶.

The report touches upon the need for social justice. To facilitate development of a realistic strategic framework, I appeal to the commission to note the groundbreaking work of Kate Raworth⁷ and others that describe the possibilities for a more equitable society, in which our institutions exist to serve the interests of the community and provide a sustainable future.

Perhaps this is an example of what the commission is referring to where it says:

“The broader risk factors for mental illness include deeply entrenched social, economic and environmental challenges that lie outside the scope of this inquiry. Nonetheless, particularly for vulnerable consumers, every interaction with government systems can contribute to preventing mental illness.”

In his book “Collapse: why societies choose to succeed or fail”⁸, Jared Diamond invites the reader to ponder what the Easter Islander responsible for felling the last tree was thinking to him/herself at the time. Diamond details recurring themes that account for collapses of societies such as the Easter Islanders and concludes that societies may fail to anticipate imminent threats, then may fail

⁴How can psychiatrists offer psychotherapeutic leadership in the public sector? Paul Cammell Senior Psychiatrist, Department of Psychiatry, Flinders Medical Centre, Adelaide, SA, Australia Jackie Amos Senior Psychiatrist, Onkaparinga Child and Adolescent Mental Health Service, Adelaide Health Service, Adelaide, SA, Australia Michael Baigent Senior Psychiatrist, Department of Psychiatry, Flinders Medical Centre, Adelaide, SA, Australia Australasian Psychiatry 2016, Vol 24(3) 246– 248

⁵https://en.wikipedia.org/wiki/Press_Freedom_Index

⁶https://www.who.int/social_determinants/thecommission/marmot/en/

⁷<https://www.kateraworth.com/>

⁸<https://www.penguinrandomhouse.com/books/288954/collapse-by-jared-diamond/>

to perceive a threat that has arrived, then deny the danger when the threat has become actuality, then plan, then act successfully or not as the case may be. Diamond's account of Australia as a case study of a fragile, low fertility environment, with precarious water resources and other factors is instructive.

Humans evolved, as our indigenous Australians understand intimately, to have their needs met through relationships within the family, tribe, or beyond that, through the commons.

I would hope that the commission urges governments to adequately resource rehabilitation of Australia's degraded and shrinking natural environment. Australia's record of biodiversity loss and world-leading consumption of energy does not bode well for the future. As philosopher Jiddu Krishnamurti put it, "It is no measure of health to be well adjusted to a profoundly sick society."

The challenge for psychiatry and indeed the mental health industry is to contemplate its own redundancy. What would society look like for it to be less reliant upon mental health services? More cohesive, more resilient, more compassionate, more equitable? Are we going in that direction now? Facing these questions head on is what will really determine the trend for the future.

As well as shelter we all require adequate rest, exercise, sound nutrition, purposeful activity and connection to others. These factors are fundamental to health. When animals are cast out of the fold, they die. Humans are no different. Unless our society can accommodate everyone, we need to collectively be clear about who will be excluded.

Experience of exclusion should inform policy. Our mental health system should be driven by perspective derived from lived experience. Decision-makers must include leaders with lived experience.

There should be a well-resourced and rigorous evaluation of the effectiveness of the MBS-rebated psychological therapy program P 203

The same level of rigor should be applied to evaluation of psychiatric therapy

DRAFT RECOMMENDATION 5.1 — PSYCHIATRIC ADVICE TO GPs

In the medium term (over 2 – 5 years) The Australian Government should introduce an MBS item for psychiatrists to provide advice to a GP over the phone on diagnosis and management issues for a patient who is being managed by the GP. The effectiveness of the new item should be evaluated after several years.

"After medication, individual psychological therapy is the most common treatment for mental illness in Australia." P 209

The commission is to be commended on its detailed investigation of the merits of psychological therapies and review of recommendations of previous studies both in Australia and abroad, and discussion of innovations such as internet enabled clinician supported therapies and PORTS

Small increments of support may be as beneficial as blocks of support or crucial to the delivery of blocks of support if required, and potentially lessen demand for more intensive support

Any practitioner delivering therapy should consider the merits of a therapeutic contract. Realistic well articulated expectations that clarify the role of the therapist and client ensure that help will not be provided that is not wanted on the one hand and that the practitioner may exit if their guidance is not acted upon. An end point can be agreed upon at the outset. A strategic approach to treatment can be agreed upon whose parameters are quantifiable as well as qualifiable. The patient needs to know that “If I do these things, I will become well again”. Pharmacotherapy should be provided with mutual expectations that are grounded in sound data rather than “Let’s try you on this and see how you go”. The calculus of harm vs benefit should be foremost considering that at best there will be subsidence of certain symptoms while inevitable deleterious effects are experienced and at worst unnecessary harm because the condition would have spontaneously gone into remission over time without medication.^{9 10} Authors that address the topic of rethinking mental illness include Thomas Insel,¹¹ Paula Caplan, Thomas Szasz, Peter Breggin, John Read, David Healy¹². Mary Boyle and Lucy Johnson

While a dopamine blockade may be a useful tool for dealing with a psychiatric emergency prolonged use represents chemical restraint. Given the poor efficacy of antipsychotics (approximately 50%) the public should be aware of the potential for clinical illusion, attributional bias in favour of a drug rather than other factors.¹³

Sponsorship of prescription drugs by pharmaceutical companies

The sponsorship of prescription drugs by Big Pharma cannot be under rated as a factor in their increasing use. We are all enmeshed in their continued use. Our financial system is invested in them. There is the revolving door between industry and regulators, American presidents get the help of Big Pharma to become elected and we have all come to rely upon these same companies for other life saving drugs that help keep the wheels of our health system turning.

There have been numerous scandals and massive litigation payouts surrounding these medications.¹⁴

A case in point is Purdue Pharma’s role in the opioid crisis in the US. Prescription drugs cause harm in Australia¹⁵

⁹<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4524699/>

¹⁰<https://bmjopen.bmj.com/content/9/11/e030912>

¹¹<https://www.psychologytoday.com/us/blog/theory-knowledge/201705/twenty-billion-fails-move-the-needle-mental-illness>

¹²<https://davidhealy.org/>

¹³<https://academic.oup.com/schizophreniabulletin/article/43/2/253/2730504>

¹⁴ Deadly Medicines and Organised Crime Peter Gotzsche 2013 Taylor and Francis

¹⁵

Misuse of prescription opioids This has become a serious problem in the USA³ and Canada⁴ as the supply of prescription opioids has increased in those countries. There is evidence that a similar problem is developing in Australia. Between 1997 and 2012, oxycodone

Antipsychotics are promoted as non-addictive (after all who would choose to gain weight, lose their libido, risk diabetes, heart attack and an earlier death than they might otherwise)

Complex mental health needs arise when a consumer is diagnosed with a severe and persistent mental illness, and also requires disability services due to an ongoing psychosocial disability, or social services, due to other adverse circumstances, such as unemployment or homelessness. P 352

Psychosocial disability is mentioned, but intellectual and developmental disability are not addressed. I empathise with the person who reported being unable to find suitable services in Australia for their family member. I have been unable to find a psychiatrist in Australia who has expertise in developmental disability

Incorporating best-practice approaches to managing medication side effects in continuing professional development requirements for GPs and psychiatrists.

A reasonable initial goal would be to reduce the use of medication to international norms. Harm minimisation through demedicalising mental health and education that symptom relief is not a substitute for access to means to feel safe, autonomous and have dignity. E.g. the effects of trauma may be lifelong, but do not necessarily require lifelong medication¹⁶

The importance of addressing co-morbidities cannot be overstated¹⁷ Courtney Harding describes the importance of screening for and treating co-morbidities. This reduces the possibility of mis-diagnosis of n organic illness as a functional disorder. Concern for the whole person improves outcomes and ought to be the chief concern of medical practitioners to ensure that nothing is missed.¹⁸

and fentanyl supply increased 22-fold and 46-fold respectively. Oxycodone is now the seventh leading drug prescribed in general practice. The number of opioid prescriptions subsidised by the Pharmaceutical Benefits Scheme (PBS) increased from 2.4 million in 1992 to 7 million in 2007. The Australian Prescriber

in 2011, nearly 350,000 Australians had at least one prescription filled for antipsychotic medication. That's 1.6% of the population. SANE website

¹⁶<https://blog.12min.com/trauma-and-recovery-summary/>

¹⁷

“How should physical comorbidities be addressed? Reducing the burden of physical comorbidities among people with mental illness requires a range of measures, given the multiple causal pathways discussed above. Although evidence for specific interventions evidence is still developing (Duggan 2015; NSW MHC 2018; Te Pou 2014), commonly recommended initiatives include: building individuals' capacity to have control over their physical health, such as by supporting them to exercise, ask about risks associated with psychiatric medications, and be proactive in seeking physical healthcare and adhering to treatment regimes ensuring that health professionals take responsibility for the physical health of their patients with mental illness, including by routinely screening and monitoring physical health and by closely collaborating with other clinicians and allied health professionals addressing stigma and discrimination among healthcare providers that causes them to downplay the need to treat the physical ill-health and provide lower-quality treatments addressing the difficulties people face in finding and accessing support, such as by assisting them to access services and by filling gaps in the availability of allied health services, such as dieticians and alcohol and other drug counsellors improving coordination and integration of mental and physical healthcare”

¹⁸20 ways to overcome barriers to recovery Courtney M Harding 2012

Stuart Brasted 23rd January 2020
Additional references available upon request