

Dean Harvey

4 April 2019

Mental Health Inquiry
Productivity Commission
GPO Box 1428
Canberra City, ACT, 2501

Dear Inquiry,

I am a solicitor and 54 years of age and I was admitted to practise in 1989. I hold a Bachelor of Commerce and Bachelor of Laws (Honours).

I only recently became aware of your inquiry and the deadline for submissions. Due to time constraints my submission is short.

1. Enclosures

Find enclosed:

- 1.1 Unrecognised facts about modern psychiatry practice published by the Council for Evidence Based Psychiatry;
- 1.2 Causation, Not Correlation – Increased Disability in the Age of Prozac (Presentation by Robert Whitaker).
- 1.3 Review Article “Schizophrenia Outcome Measures in the Wider International Community, 2007, British Journal of Psychiatry; and
- 1.4 List of Reference material the Commission should refer to.

2. Terms of Reference

Treasurer Frydenberg requested the Productivity Commission to (amongst other matters) do the following:

- 2.1 Examine the effectiveness of current programs and initiatives across all jurisdictions to improve mental health, suicide prevention and participation, including governments, employers and professional groups;
- 2.2 Assess whether the current investment in mental health is delivering value for money and the best outcomes for individuals, their families, society and the economy; and
- 2.3 Draw on domestic and international policies and experience, where appropriate.

3. Submissions

Regarding Treasurer Frydenberg's terms of reference I refer to above, I submit the following.

- 3.1 The existing paradigm of care in Australia promoted by the medical profession and government funded not for profit organisations is completely wrong and failing badly.
- 3.2 The dollar investment in mental health by taxpayers is NOT delivering value for money because the model of care into which the money is invested is completely wrong.

4. Evidence

4.1 Causation, not correlation

Treatments for mental illness that have been in place since the 1980s are causing the problem.

There is increased disability due to mental illness in the age of anti-depressants, anti-psychotic drugs and anti-anxiety drugs (Psychiatric Drugs). The psychiatric drugs used and promoted are causing disability and producing extremely poor outcomes across society and the economy.

Refer to the enclosure titled "Causation, Not Correlation – Increased Disability in the Age of Prozac".

In Australia there were 57,008 adults on government disability due to mental illness in 1990. That number rose to 256,380 in 2013, an almost fivefold increase.¹

Clearly the current treatments are completely ineffective. If the treatment was effective it would not matter how many people are diagnosed or said to have a mental illness. If the treatment was effective the numbers disabled by mental illness would diminish.

Why are the numbers of Australians disabled by mental illness increasing, not just marginally but exponentially?

I submit that the treatment being given for what is said to be mental illness is the problem. That is, the current treatments are making things worse and producing worse outcomes.

I submit that psychiatric drugs are the problem. Doctor Peter R. Breggin MD. (Psychiatrist, New York State, USA) and known as the conscience of psychiatry says:

The drugs (psychiatric) may be the Problem.

Refer to Dr Breggin's medical textbook:

"Your Drug May Be Your Problem. How and Why to Stop Taking Psychiatric Medications." Peter R. Breggin MD and David Cohen Ph.D., 2007.

¹ Australian Government, Department of Social Services Report, "Characteristics of Disability Support Recipients (June 2013), refer also to page 364 of the text *Anatomy of an Epidemic, Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America*, 2010, second edition in 2014, Robert Whitaker.

Dr. Peter R. Breggin MD, says:

“Psychiatric Drugs are Far More Dangerous Than You Imagined”.

I refer you to Dr Breggin YouTube Chanel a link to which can be found on his website Breggin.com or you should enter those words into the YouTube search engine.

There are many well known and well published psychiatrists in the UK and the USA who say the same thing and establish what they say with evidence.

4.2 The Myth of the Chemical Cure

Australians have been told since the 1980s that the medical profession has new and terrific drugs (“Magic bullets”, so to speak) to treat and manage and cure mental illness. And the use of those drugs by consumers based on medical advice, has exploded since Prozac was first marketed in Australia in 1991.

Australians have been told and advised and led to believe that those treatments enable sufferers to live a normal full life with a great wellbeing and participate in the workforce and the community.

But if what Australians are led to believe is true, why are so many sufferers on a disability pension? And why do the numbers keep increasing? Why has there been an explosion in “mental illness”? What has changed over the decades?

Australia has always offered extensive social and welfare support to its citizens since the early 1970s. Therefore, the increase in citizens on the disability pension for mental illness cannot be explained away by social factors. That is, it cannot be said that people are turning to the disability pension system and the category of disability caused by mental illness in order to obtain financial support and access to health care.

Australians can get that financial support and access to health care without the diagnosis and the label and the tag (and despite the contrary being said publicly) the stigma of officially being said to be mentally ill by way of a psychological/psychiatric medical condition.

This increase in citizens on the disability pension for mental illness directly correlates to the change in the treatment used to treat persons in Australia with mental illness and then the more and more widespread use of that treatment.

In 2016 – 2017 over 4 million Australians received mental health related prescriptions, that is psychiatric drugs.²

On and from the 1980s the treatments used and promoted and still used and promoted currently are drug based. That is, on and from the 1980s Australia adopted and promoted and increasingly used psychiatric drugs to treat what Australians are told is mental illness.

² Mental Health Services in Australia Report, Australian Government, Australian Institute of Health and Welfare.

But the epidemic really took off upon the marketing of Prozac in the USA in 1987 and the creation of the myth of “the chemical imbalance”. The public were led to believe that depression is caused by a chemical imbalance in the sufferer’s brain and they were led to believe that anti-depressants assisted the sufferer by rectifying the chemical imbalance.

But that is a myth.³

As the use of psychiatric drugs has become more widespread so to has there been an explosion in mental illness.

This phenomenon is not unique to Australia. It is across the Western World. The data is tracked, and the evidence catalogued and explained in the scholarly best seller:

“Anatomy of an Epidemic, Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America, 2010, second edition in 2014, Robert Whitaker.

But it is an inconvenient truth that none in the profession want to face.

4.3 Outcomes Better in the Third World

Outcomes for persons with schizophrenia have been shown to be better in third world countries than in first world countries. Why? The percentage of sufferers in third world countries using psychiatric drugs is much lower. That is, World Health Organisation studies found an association between good outcomes and not staying continuously on psychiatric drugs.⁴

Again in 1994 Harvard Medical School investigators announced that outcomes for schizophrenia in the United States had worsened during the past 2 decades and as at 1994 were no better than they had been in 1894.⁵

Refer also to the paper “Schizophrenia Outcome Measures in the Wider International Community”, 2007, British Journal of Psychiatry.

How could outcomes be worse if it is true, as is said, that treatments are better? How has the treatment changed?

4.4 Unrecognised Facts

Note the unrecognised facts set forth in the enclosed document “Unrecognised facts about modern psychiatry practice” published by the Council for Evidence Based Psychiatry.

Further, note the following.

³ The Myth of the Chemical Cure, Dr Joanna Moncrieff (Psychiatrist), 2008.

⁴ P. ix, *Anatomy of an Epidemic, Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America, 2010, second edition in 2014, Robert Whitaker.*

⁵ P. viii and ix, *Anatomy of an Epidemic, Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America, 2010, second edition in 2014, Robert Whitaker.*

a. *Psychiatric Drugs can cause psychiatric symptoms and disorders*

“A review of handbooks or textbooks ... will confirm that any psychiatric symptom or disorder can also be caused by psychiatric drugs.”⁶

That is, if you look at the side effects of each drug that is used to “treat” a mental illness or disorder you will see that many of the known side effects are in themselves and can be a symptom of many so-called mental illnesses and disorders.

What has been happening across the western world and is documented is that persons after first being prescribed one psychiatric drug then subsequently are being diagnosed with further mental illness when the reality is, they are suffering side effects of the first drug and or suffering the effects of withdrawing from the first drug. And they then incur a cascading series of diagnoses and the prescription of more and more and different psychiatric drugs to purportedly treat the newly diagnosed condition.

And all the time patients are not advised and informed of the side effects of the drugs being prescribed. And the side effects are ignored by the treating psychiatrist.

b. *What are said to be mental illnesses have not been proved to be caused by either genetic or biochemical defects.*

Dr Peter R. Breggin M.D. (Psychiatrist) sums up the situation clearly:

“Despite more than 200 years of intensive research, no commonly diagnosed psychiatric disorders have been proven to be either genetic or biological in origin, including the diagnostic categories of schizophrenia, major depressive disorder and bipolar disorder, the various anxiety disorders, and childhood disorders such as attention deficit hyperactivity.

At present, there are no known biochemical imbalances in the brain of typical psychiatric patients – until they are given psychiatric drugs.”⁷

5. Consumers Misled

Australians are being misled about many matters involving psychiatric drugs. And as such they cannot make informed decisions about their health care.

Because consumers and the public at large are not properly informed there is a misallocation of resources and consumer money is wasted and public money is wasted and outcomes in terms efficiency and the effectiveness of care and the overall cost to the economy and society at large are very poor and outcomes are getting worse.

The market for mental health services and mental health care is not properly informed and so the market for mental health care is distorted, not working and producing poor outcomes. The outcomes are to be expected and predicted based on accepted economic theory.

⁶ P. 68, “Your Drug May Be Your Problem, How and Why to Stop Taking Psychiatric Medications”, Peter R. Breggin M.D. and David Cohen Ph.D. second edition 2007.

⁷ P. 17, “Brain Disabling Treatments in Psychiatry”, Peter R. Breggin, M.D., 2008.

Please refer to the enclosure titled "Unrecognised Facts about modern psychiatry practice". These facts are not part of the public discourse in Australia. They are not discussed in the media and nor by the profession of psychiatry and nor by the medical profession at large.

And they are not mentioned to consumers by doctors including both GPs and specialists. It just does not happen.

Australians have been told and advised and led to believe that mental illness is caused by biochemical defects and genetic defects in their person for which the best treatment, if not the only treatment, is the use of prescription psychiatric drugs. But this is false.

Before starting drug treatment and during drug treatment Australians are not advised nor informed by doctors of the costs/benefits/risks of the psychiatric drugs they are told to take and to continue to take. Before starting drug treatment and during drug treatment Australians are not advised nor informed by doctors of the side-effects of the drugs. And they are not advised that the drugs do not cure an existing chemical imbalance.

Australians are not told that once a user starts drug treatment it may be next to impossible to stop drug treatment because of the effects (terrible) of withdrawing from the drugs. Rather than being advised that they may be suffering drug withdrawal effects once they cease their use of psychiatric drugs, they may be led to believe that what they are experiencing is a return of what they had been advised is their mental illness. And advised to restart their use of psychiatric drugs.

No assistance to successfully withdraw is offered. And Australians are not advised that there is a withdrawal effect.

Australians are not properly informed.

Australians who wish to withdraw from psychiatric drugs are not assisted by the profession. And the profession does not publish any literature on the subject to assist such persons and those who care for them.

There is nothing. Why is that?

There is material including texts, self help manuals, support groups and professionals who assist in this withdrawal overseas. Why does such help not offered in Australia? Why is that care and help not offered by the profession?

Is that not their job? To care? And help?

Australians are not advised of the effect (detrimental) of using psychiatric drugs. For example, Australians are not informed of the risk that the drugs may cause them to develop various medical conditions including (amongst other conditions) Dyskinesia and Tardive Dyskinesia⁸ and/or Parkinsonism⁹ and Metabolic Syndrome¹⁰ and Serotonin Syndrome¹¹ and Akathisia¹² and Neuroleptic Malignant Syndrome.

⁸ P. 30, Psychiatric Drugs Explained, Sixth Edition, 2016, Dr David Healy MD, FRCPsych,

⁹ P. 29, Psychiatric Drugs Explained, Sixth Edition, 2016, Dr David Healy MD, FRCPsych,

Australians are not properly informed.

Australians are not informed that the psychiatric drugs they are prescribed may cause them brain damage¹³.

Australians are not informed that long-term users of psychiatric drugs have a lower life expectancy than non-users.

In the case of anti-depressants Australians are not informed that analysis of the study data that supposedly establishes the effectiveness of the drugs in treating depression reveals that that data in the published studies shows that most of the improvement shown by depressed people when they take anti-depressants is due to the placebo effects.¹⁴

In Australia there is an information vacuum about psychiatric drugs and their side-effects. This is distorting the market for mental health care services and that is the reason outcomes are poor.

6. How to Achieve Better Outcomes

The drug-based treatments are failing, and the paradigm of care based on those drug treatments is the source of the explosion in mental illness and the poor outcomes. Because the paradigm of care is wrong it is pointless funding that paradigm more.

More funding of the existing model of care is a waste of money. What is needed is a total rethink of the model of care and a move to other treatment options that are not drug based.

There is a movement in this direction both in the United Kingdom and the United States. Please refer to the enclosure headed "Reference Material".

Dr Joanna Moncrieff (Psychiatrist, UK) explains her vision of what must be done in her videos on the website established and run by the Council of Evidence Based Psychiatry (UK).

Please refer to the website at:

CEPUK.ORG

Dr Moncrieff states the obvious and speaks common sense. What she states should not be ignored. It is the truth.

In her video Dr Moncrieff points out the following.

1. The psychiatric profession has not taken the harms that drug (psychiatric) treatment can do more seriously.

¹⁰ 35, Psychiatric Drugs Explained, Sixth Edition, 2016, Dr David Healy MD, FRCPsych,

¹¹ P. 78, Psychiatric Drugs Explained, Sixth Edition, 2016, Dr David Healy MD, FRCPsych,

¹² P. 31, Psychiatric Drugs Explained, Sixth Edition, 2016, Dr David Healy MD, FRCPsych,

¹³ See, the medical text, Brain Disabling Treatments in Psychiatry, Peter R. Breggin, M.D., 2008.

¹⁴ "The Emperor's New Drugs Exploding the Anti-Depressant Myth", Irving Kirsch, Ph. D., 2010.

2. The profession is neglecting the other ways (i.e. other than drugs) that it can help people and it is neglecting to develop other possibilities and other avenues to help and support people and to enable people to help themselves and each other.
3. The profession has a long history of ignoring the adverse effects of psychiatric drugs and it has a long history of attributing adverse drug effects to what they say is the illness/disease and essentially blaming the patient rather than blaming the drugs and the psychiatric profession has done an about face several times in this regard.

For example, for decades psychiatry ignored the reality that psychiatric drugs caused Tardive Dyskinesia in the patient and in the case of the use of A Typical anti-psychotic drugs psychiatry ignored that the drugs caused obesity in the patient. In both cases psychiatry tried to say that each condition was caused by the patient's illness/disease. And in both cases. it has been shown conclusively that each condition was caused by the psychiatric drug.

4. Too many psychiatrists have accepted that drug treatment are good and have not wanted to contemplate that those treatments could be harmful and that that has led to a situation where millions of people have been put on psychiatric drugs unnecessarily and that are not doing them any good and they are likely to be doing them harm and in some cases quite a lot of harm.
5. What drug treatment does to patients must be understood. That is what effects do the drugs have on patients? What effects do the drugs produce in people? How do the drugs make people change the way that they think and feel?
6. It must be understood what the drug treatment does to patient's lives.
7. It must be understood what effect the long-term use of the drugs has on a person.
8. The effect of psychiatric drug withdrawal must be understood.

7. Conclusion and Recommendations

It is the widespread use of psychiatric drugs and the model of care based on drug treatment and a failure to offer alternative treatments that has caused the terrible outcomes in mental health over the past 28 years.

The mantra most stop, and the public must be properly informed.

As Dr Joanna Moncrieff (Psychiatrist) states, there may be a place for the limited use (short) of a psychiatric drug in a triage situation, but other than that they should not be used.

Changes must be made to ensure the following:

- Consumers and individual patients and their carers must be made aware of the unrecognised facts about psychiatric drugs and proper information must be disseminated to the public so that the market is not dysfunctional.

This must be done so that consumers can make informed decisions about drug-based treatment.

- The law must be changed to ensure that psychiatrists have a legal obligation to notify a central regulator of each adverse drug event suffered by their clients.
- Each time a person suicides and/or commits a murder/suicide the prescription psychiatric drugs that poor soul is taking and/or withdrawing from must be examined as the more likely than not cause of that adverse event.

The data speaks for itself.

And the public warned and informed, so they have proper information to make their own informed decisions about their healthcare and that of their loved ones.

- The operation and effectiveness of Therapeutic Goods Administration (TGA) must be reviewed and restructured to ensure that it properly links in to drug warnings issued by overseas regulatory authorities so that they are reissued in Australia. This is not happening – see research as reported in the Courier Mail on Saturday 9 March 2019 in the article headed “Drug Makers Ignore Fatal Effect Alerts”, by Sue Dunlevy.

The current model of care which is drug based has been in place for over 35 years. And more public money is spent on that model than ever before.

But outcomes are worse. And still getting worse.

If a business operated that way it would be broke. But in this case, it is people who are broken. And they suffer. And society loses also.

It is unnecessary and it should not happen.

The inconvenient truths about psychiatric drugs must be faced by all individuals in the Australian psychiatric profession and by the RANZCP. The profession must educate the public about the side effects of the drugs and the unrecognised facts set out in the enclosed document. And individuals within the profession must properly inform their clients.

That is their obligation. They are the gatekeepers.

Yours Sincerely,

Dean Harvey