

Skills or Pills: what choice is there for the people in need?

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With the recent changes to the Better Access scheme, the Federal Government has unwittingly created a mental health landscape in which people experiencing problems in living will now be forced to either struggle on their own, or have to resort to psychiatric drugs. Research makes it clear that around 20 psychology sessions will adequately treat most of the high prevalence problems such as depression and anxiety. The recent cut backs have resulted in only 10 sessions per year for sufferers of these conditions. Tens of thousands of people in high need will now be forced, after receiving only half the amount of psychological service that they need, to either go it alone or accept a referral to a psychiatrist.

Under the advice of psychiatrists such as Ian Hickie and Patrick McGorry, the government has decided to take psychological services away from those who need them the most, and instead allow people to access up to 50 consults with a psychiatrist per year. While the general public may not be aware of the differences between psychology and psychiatry, we are. Where people will mistakenly seek psychological help from psychiatrists, the vast majority of them will simply get one service- a prescription for psychiatric drugs.

The new science of pharmacogenetics clearly demonstrates that people will differ in their responses to any psychiatric drug according to their measures of specific liver enzymes. These enzymes are required for the adequate metabolism of the drugs, without which the toxins in the drugs are unable to be expelled from the person's system and they therefore accumulate to dangerous levels. People who are genetically given very few of these liver enzymes will suffer adverse side effects in varying degrees, which can include worsening depression, anxiety and panic, mania and hypomania, increased suicidal ideation and behaviour, extreme agitation referred to as akathisia, and even psychosis. Around 50% of the population are lacking adequate levels of CYP2D6 and CYP2C19 cytochromes, meaning they are genetically unable to adequately process psychiatric drugs and are therefore at risk from the drugs which psychiatrists will prescribe them (Lucire & Crotty 2011)

In the choice between skills or pills, the government has been persuaded by high profile psychiatrists to opt for pills. Where psychologists are able to actually assist people to learn skills required to manage problems in living, the vast majority of psychiatrists are simply psychopharmacologists - they just prescribe pills. This is what they are trained to do. There is a mistaken impression that psychiatrists are also trained in psychology. As a young psychologist more than two decades ago, I attended a workshop by Bob Montgomery who stated that the average first year psychology student knows more about psychology than does the average psychiatrist. In the decades since, psychiatry has become even less psychological and only more pharmacological- there are exceptions to this, however psychiatry is now dominated by psychopharmacology.

In addition to exposing genetically vulnerable people to extreme risk from adverse side effects, such psychiatrists have no interest in or ability to treat people with skills, as they believe all problems arise from aberrant brain chemistry (an unproven hypothesis). Beyond

the damage which this can cause sufferers, the government needs to be concerned from a fiscal perspective with giving carte blanche to psychiatric prescribers. Research from the UK demonstrates that beyond the first three months of treatment, it is cheaper for a government to subsidise psychological treatment than it is to subsidise psychiatric drugs. At first look, subsidising psychiatric drugs seems cheaper than subsidising psychotherapy; however this is not the case (Kirsch 2010).

Our government has opted to generously fund the most expensive treatment approach (50 psychiatric consults per year), which teaches no life skills and produces adverse side effects, while defunding the psychological approaches (10 consults per year) which are cheaper to subsidise, teach life skills and produce very few adverse results. In addition, psychology works- research from the US demonstrates that 80% of people receiving psychological assistance are psychologically better off than the remaining 20% who don't receive assistance for the same problems (see Miller). Whereas psychiatric drugs produce results which are no better than placebos in their clinical significance (Kirsch 2011).

How has this happened? Unfortunately, the well intended decision makers in the government have listened to a very narrow scope of mental health advisors, such as Ian Hickie and Patrick McGorry. Both men have benefited from pharmaceutical company funding in terms of generous grants to their organisations, while McGorry has benefited with personal remuneration from drug companies. The recent controversy over revelations that professor of psychiatry Graham Burrows has been personally benefiting from drug promotion should serve as a warning to all in this industry. It appears that high profile psychiatrists are advocates and marketers for hire by the drug companies, and are therefore very willing to advise governments to create the changes which we have recently seen with the Better Access program. The government justifies this cut back to 10 sessions with stating that the need for more than 10 sessions demonstrates a need for 'more appropriate services', ie. referral to a psychiatrist. This poor psychiatric advice to the government simply ignores all the evidence which demonstrates that most people with the high prevalence problems will get better with an adequate amount of psychological services, ie. around 20 per year.

The other contributing factors to this regrettable state of affairs are the actions of the APS over the last decade. It is clear from documents now available on the public record that the APS advised the Howard government to restrict Medicare funding to their 'clinical' psychologists only (see Ben Mullings time line). Further, the APS advised the government on the 2 tiered rebate system, and still vigorously advocate for it (see recent Senate Committee report). As such, it can be seen that at the time when pharmaceutical companies were ramping up their marketing efforts with generous largess to high profile psychiatrists who would advise the government on policy formation, the clinical clique within the APS had their eye entirely off the ball that actually mattered. Rather, they were focused on ensuring that they would benefit most from mental health funding. They were willing to go along with erroneous advice and subsequent funding decisions as long as they retained an unwarranted advantage over their 'non-clinical' peers. Personal gain outweighed both the public and the profession's good.

As a result, the Australian public can now only access 10 psychology sessions per year, while those in most need can access 50 psychiatric consults per year. Pills have won the day over skills. The rate of psychiatric drugging in our society will radically escalate, as will the vast

numbers of people suffering adverse side effects. Increases in suicide are one likely outcome to this. There is no plan for the government to fund the genetic test which can evaluate in advance if a person will react badly to psychiatric drugs. As such a test is now available, it will be interesting to see litigation also escalating over the next few years as psychiatrists and the government fail in their duty of care to ensure that the drugs are safe for any particular individual.

As a culture, we are being psychiatrically engineered to become as big consumers of psychiatric drugs as are Americans. This will see a predictable rise in chronicity of problems in living as people are encouraged to forget the need to develop mental health and life skills, and instead simply resort to psychiatric drugs as a quick 'fix'. We will lose our collective internal locus of control and self efficacy, as we are more and more encouraged to view our problems as resulting from (unproven) aberrant brain chemicals, with the 'logical' solution being chemical alteration.

Welcome to the Brave New Psychiatric World, brought to you by a sincere government that has been ill-advised. This new world currently sees 759 Australian *pre-schoolers* placed on powerful anti-psychotic drugs. Nearly 3500 *primary school* aged children, and around 11,000 12-21 years olds were also put on these dangerous drugs in 2010. The government is funding McGorry's early psychosis intervention program, strongly condemned by international mental health authorities as mere science fiction. The false positive rate of early detection of psychosis is between 7-8 out of 10. These young people will be placed on drugs which produce irreversible brain damage, Tardive Dyskinesia, and most of them are never at risk of psychosis to begin with. Tens of thousands of young Australians are routinely put on SSRI antidepressants, even though the TGA has never approved any antidepressants for young people. Research demonstrates that SSRI antidepressants increase the risk of suicidal ideation and behaviour in young people (see <http://www.tga.gov.au/safety/committees-adrac-ssri-041015.htm>). The Journal of the American Geriatrics Society recently reported that anticholinergic antidepressants, antipsychotics and mood stabilisers have been found to be leading causes of dementia and premature death in elderly people due to the alterations of brain chemistry (see <http://www.bbc.co.uk/news/health-13880553>). When is enough drugging already too much?

Sadly, our largest psychology organisation, the APS, has also played a role in this perilous state of affairs in which we will all suffer. Along with Ian Hickie and Patrick McGorry, Lyn Littlefield of the APS is a member of the National Advisory Council on Mental Health to the federal government.

References:

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