CONSEQUENCES OF FINANCIAL INTERESTS IN THE LEADING THEORY OF MENTAL ILLNESS

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EXECUTIVE SUMMARY

The leading theory of mental illness is that mental illness is a medical illness like diabetes or heart disease. An alternative theory is that mental illness is not a medical illness but, rather, emotional or behavioural reactions to unbearable problems in living. Although the scientific evidence is inconclusive, the leading theory is followed by the mental health profession and the government and is entrenched in popular opinion. It is favourable to the medical profession and to pharmaceutical companies.

The leading theory of mental illness has far-reaching consequences in respect of people diagnosed as mentally ill. Biological and coercive interventions are a key feature in their lives.

Mind Matters is a federal mental health promotion program for secondary schools in Australia. It adheres to the leading theory of mental illness and is linked to *headspace*, a new government initiative aiming to pre-emptively treat young people, who may one day be diagnosed with mental illness, with antipsychotic drugs. The research in favour of this program was funded by the pharmaceutical industry.

Similar financial ties exist in respect of the clinical trials of psychiatric drugs, diagnostic criteria for mental disorders and economic research reports favourable to increased diagnosis and early intervention.

Alternatives to the medical model of mental illness have been the subject of crowding out. This can be linked to disproportionate funding in respect of non-professional and non-drug alternative treatments compared with biological interventions and treatments.

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INTRODUCTION

Introductory comments

The idea of insanity was originally borne out of a need to distinguish normal behaviour from destructive, frightening or difficult behaviour. According to Szasz, an American psychiatrist, insanity, then mental illness, replaced witchcraft in this respect. Over the years, the credibility of the idea of mental illness was assisted by a seemingly increasing comparability with other medical illnesses. This was in part through a purported reliance upon evidence-based science and diagnostic criteria. Only, mental illness could be distinguished from its counterparts in medicine, thus the primary mental health profession, psychiatry, relied—and continues to rely—upon coercion and fraud, including imprisonment without trial or objective evidence, to cement acceptance.

Today both the idea and the profession are assisted by pharmaceutical companies—through the funding of biomedical research, non-profit organisations and programs (either directly or indirectly) that support biological interventions and economic reports that accept or endorse biological interventions.

The present essay examines possible reasons for the easy establishment of the policies and principles of biological psychiatry into popular consciousness and the role financial ties with pharmaceutical companies may have played in this. To do so, the essay begins with a brief introduction to some theories of mental illness, moves through a few of Cialdini's ideas in relation to influence, then proceeds to trace the consequences for the next generation—using the example of the government-sponsored school program *Mind Matters*. The focus then shifts to some problems in economics where both research bias and market failure crowd out alternatives.

Definitions

The term "psychiatry" comes from the coupling of the Greek words psyche (soul) and iatreia (healing). Yet according to the Oxford English Dictionary, psychiatry is 'the study and treatment of mental disease'. It is the English definition this essay uses when referring to "psychiatry". The products and services in respect of psychiatry and its related professions form what this essay will term the "mental illness" sector of the economy.

There are a number of theories in respect of mental illness. The leading theory is that mental illness is a medical illness like diabetes or heart disease. While there are a number of sub-theories in respect of the medical basis of this theory, currently this theory is unsubstantiated. An alternative theory is that mental illness is a metaphorical rather than medical illness.[1] There are several bases for this.

One of these is the lack of pathology: if there were pathology in mental "illness", this would be classed as a disease of the brain, and would then be the subject of neurology rather than psychiatry—much like the former mental illnesses syphilis and epilepsy (Wynne, p 113). Another basis is via an historical examination of the social functions of "insanity", including use of the scapegoat theory—for example, in the analogous establishment of the Inquisition and the witch trials.[2]

Contrary to some comments, the alternative view does not ignore the reality that human beings react to problems in living by manifesting varying emotions and exhibiting unusual or irrational behaviours. It also does not ignore the reality that these emotions and behaviours can have profound and lasting effects—both positive and negative—upon the lives of those who experience them and those surrounding them. To the contrary, it embraces these realities, but it rejects the notion that emotions and behaviours manifested as a result of problems in living should be the subject of unevidenced biological interventions and coercive practices.

However, most psychiatrists, psychiatric textbooks and pharmaceutical companies prefer the leading theory. This preference is reflected in mental health policy.

Unfortunately, the increasing focus of psychiatry is genetics and pharmacology, which has gone a long way to crowd out the idea that "mental illness" is a result of problems in living. This includes the crowding out of humanistic, psychosocial solutions to these problems. The focus on pharmacology is advantageous to those pharmaceutical companies that develop, manufacture,

[1] See generally, Thomas Szasz (1961) *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct*. Hoeber-Harper, New York.
[2] See generally, Szasz.

promote and sell psychiatric drugs and, to a lesser extent, devices. It is less advantageous to those deemed to be mentally ill.

INFLUENCING POPULAR OPINION

Readers familiar with Robert Cialdini's book *Influence*, will recall the six weapons of influence—reciprocation, commitment and consistency, social proof, liking, authority, scarcity—and the ways in which these weapons trap us into beliefs and behaviours. These weapons have been effective in disseminating the leading theory of mental illness—in particular, those of authority and social proof.

Social Proof

Social proof, according to Cialdini, is the principle that 'one means we use to determine what is correct is to find out what other people think is correct' (p 116). He goes on to observe that 'the greater the number of people who find any idea correct, the more the idea will be correct' (p 128).

It is likely that most Australians have heard that one in five people will suffer from a mental illness at some time in their lives. It is not clear where the "one in five" statistic originated, and it is even less clear how such a statistic could be substantiated, particularly given that at least one organisation[3] has narrowed it to "depression" rather than mental illness generally. However, this seems to be a good illustration of Cialdini's theory. That is, campaigning that one in five Australian will suffer from a mental illness reinforces the idea of mental illness, and draws attention to its prevalence.

Authority

Doctors, and in particular specialists, are rightly seen as authorities in the area of medicine. As a result, their opinion is trusted. Psychiatry, viewed as a medical specialty, piggybacks on this established trust. Cialdini raises a problem with this in the context of a highly successful Sanka coffee commercial—where an actor, who was best known for his role as a doctor on a popular television show, extolled the health benefits of decaffeinated coffee. As Cialdini observes: 'Objectively it doesn't make sense to be swayed by the comments of a man we know to be just

[3] *beyondblue* uses this statistic in its newspaper advertising.

an actor who used to play a doctor. But, as a practical matter, that man moved the Sanka' (p 220). In the same way, although it is counterintuitive that adverse emotional or behavioural reactions to problems in living are caused by a chemical imbalance, this view has proliferated because it has been promoted using the language of medical science and the credibility of the medical profession.

Further, the added dimension of the medical profession in psychiatry means that—

> when a physician makes a clear error, no one lower in the hierarchy will think to question it—precisely because, once a legitimate authority has given an order, subordinates stop thinking in the situation and start reacting. (Cialdini, p 219)

In this way, a body of "medical" opinion, even if clearly in error can proliferate. And as Szasz comments, this idea is so ingrained that 'to oppose [psychiatric practices] is tantamount to opposing medical science, the physician and nature. In a scientific society, who can be against health? Only a madman!' (p 63).

Mind Matters

Mind Matters is a federal mental health promotion program for secondary schools in each State and Territory in Australia. According to its introduction web page, the program 'uses a whole school approach to mental health promotion and suicide prevention'. It also 'aims to enhance the development of school environments where young people feel safe, valued, engaged and purposeful.' The program does so by providing teachers with resource kits—essentially lesson plans—including classroom activities and discussion topics designed to educate children about topics like resilience, bullying and mental illness. The focus of this essay is on the *A whole school approach to understanding mental illnesses* kit.

The resources kit for the mental illness program is structured in part around the "one in five" campaign mentioned earlier. In fact the "Mental Illness – the facts" part of the kit begins by informing teachers and students that '[o]ne in five Australians will experience a mental illness' (p 20).

Mind Matters proceeds to inform the reader that 'mental illness is a general term that refers to a group of illnesses, in the same way that heart disease refers to a group of illnesses affecting the

heart. … Though we know that many mental illnesses are caused by a physical dysfunction of the brain, we do not know exactly what triggers this' (p 20). These sorts of statements continue throughout the kit. Unfortunately, they are unreferenced, so it is difficult to determine their basis.

It is not the task of this essay to provide scientific arguments in respect of the accuracy of these sorts of statements,[4] however, criticism in respect of a number of them, like the following sample, can be levelled on logical grounds—

- 'A decision about what mental illness a person has [is] based on scientific and medical information' (p 23)

  This statement is a matter of opinion—for example, whether psychiatric diagnosis can be classified as scientific, and whether human behaviour is medical information.

- '…depressive episodes are thought to be due in part to a chemical imbalance in the brain. This can be corrected with anti-depressant medication' (p 34)

  This statement is illogical. It also mirrors the wording of Pfizer's American Zoloft advertising campaign—a campaign that was criticised for its inaccuracy.[5]

- '…just as insulin is a lifeline for a person with diabetes, anti-psychosis medications are a lifeline for a person with schizophrenia' (p 44)

  Insulin is a hormone made by the pancreas. In diabetes, the pancreas either cannot make insulin or the insulin it does make is not enough and cannot work properly. Without insulin, people with insulin-dependent diabetes will die. According to one psychiatrist, '[w]ith the possible exception of the chemotherapies used in the treatment of cancer, it would be difficult to identify a class of medications as toxic as the antipsychotics' (Jackson, p 214). Anti-psychotics are not hormones and they are not made by the human body. Without anti-psychotics, people with "schizophrenia" do not die—in fact, as the Soteria studies (see below) found, such people have better outcomes without antipsychotics.

[4] For scientific information, the following texts are useful: Jay Joseph (2006) *The missing gene: Psychiatry, heredity, and the fruitless search for genes*. Algora Publishing, New York; Grace Jackson (2005) *Rethinking Psychiatric Drugs: A Guide to Informed Consent*, Author House. Indiana; Peter Breggin (1997) *Brain-Disabling Treatments In Psychiatry*. Springer Publishing, New York; H Kutchins & S A Kirk (1997) *DSM: The Psychiatric Bible and the Creation of Mental Disorders*. The Free Press, New York; S Fisher and R Greenberg (1997) *From Placebo To Panacea: Putting Psychiatric Drugs To The Test*. John Wiley & Sons, Inc, New York.

[5] See generally, Jeffrey Lacasse and Jonathan Leo (2005) 'Serotonin and Depression: A Disconnect between the Advertisements and the Scientific Literature' 2(12) *PLoS Medicine* 392, 1211.

Problems in the philosophy of Mind Matters

In respect of *Mind Matters*, an important aim is the acceptance of difference—through the active "de-stigmatising" of mental illness. Yet, *Mind Matters* may reinforce the notion that alternative behaviours are abnormal—now, due to illness. This is different to tolerance or acceptance.

Further, *Mind Matters* invokes the mantra that people with mental illness can go on to lead "productive and rewarding" (p 20, 44) or "satisfying" (p 21) or "full and productive" (p 21, 41) lives, or even that such people can "participate" in life (p 21, 22). In tandem, *Mind Matters* promotes the idea that one of the precursors to depression is being a perfectionist who sets high standards for themselves and others (p 35). These components are troubling because, aside from being more than mildly patronising, they act as conscious or unconscious markers for anyone who falls within the school's definition of "at risk", and is encouraged to "seek help".

Further, achievement of this mantra is implicitly reliant upon those with mental illness being treated, generally with medication. For example, where one suffers from depression, 'professional assessment and treatment is always necessary' (p 34). This is reinforced with student activities including the following role-playing script:

— 'Hey, guys, my friend Sarah said she'd do vocals for the band.'
— 'Hasn't she got a mental illness?'
— 'Yeah, but she's on medication. She can look after herself.'
— 'Let's get her in then.' (p 60-61)

The implication is obvious. This is reinforced by the inclusion of statements that people with mental illnesses 'are rarely dangerous when receiving appropriate treatments' (p 22, 44).

headspace, ORYGEN and Professor McGorry

Mind Matters also coaches teachers and students to be aware of those at risk of mental illness. For example, *Mind Matters* advises teachers to

> be aware that particular groups, including Aboriginal and Torres Strait Islander people, survivors of war and torture, young people experiencing conflict about their sexuality, and same-sex attracted youth, may experience more mental illness and poorer mental health. (p 12)

Read in the context of the other information, the clear intent of the message is to suggest that some kind of brain disease is responsible for a manifestation of anxiety, anger, terror, paranoia or sadness, and that this will benefit from the administration of psychiatric drugs. In fact, if Professor McGorry had his way—and he probably will—such individuals would be pre-emptively drugged.

On July 18, 2006, the Australian Divisions of General Practice (ADGP) issued a media release in respect of the launch of *headspace*, a $54 million initiative to 'address mental health and drug and alcohol issues experienced by young people'. According to the media release, the program will involve the united efforts of the ADGP, the ORYGEN Research Centre, the Australian Psychological Society and the Brain and Mind Research Institute, and

> will be driven by evidence-based approaches. Early intervention, access to treatment and understanding the links between drug and alcohol abuse and mental health will underpin the new models of care.

ORYGEN is a research and youth health centre servicing 15-24 year olds and is headed by Professor Patrick McGorry, a Melbourne psychiatrist. A month prior to the *headspace* media release, McGorry was the subject of an article in TIME Asia magazine,[6] describing his "world-first" trial. The trial involved 30 young people deemed to be at risk of developing schizophrenia, although not yet diagnosed as such. The young people were given Risperdal, an antipsychotic, on the principle that 'you can't neglect people when they clearly have a disorder, just because we can't technically fit them into our arbitrary system of classification.'

Now, presumably with *headspace* funds, McGorry told TIME Asia he hopes to apply these principles to 'a range of mental health problems in our young people: substance abuse, personality disorders, bipolar—the whole lot, really.' Presumably this will lead to young people leading "productive and rewarding lives", rather than the sorry state of affairs witnessed so sympathetically by McGorry: 'They've got no friends. They're sitting alone in their bedroom, their lives passing them by.'

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[6] Daniel Williams, 'Drugs Before Diagnosis?' *Time Asia*, June 18, 2006.

The problem with all of this is that McGorry forgets to mention even the obvious neurological damage caused by antipsychotic drugs, let alone the following sorts of research findings[7]—

- Antipsychotic drugs have been shown to induce sustained, abnormal elevations in prolactin which plays important roles in reproduction and fertility, maternal and grooming behaviours, food intake, stress response, and immunity. The effects of elevation in prolactin levels are characterised by rapid hormonal shifts that appear to be even greater in children and adolescence, and even small elevations can lead to infertility;
- Antipsychotic drugs disturb the regulation of glucose and lipids which leads to hyperglycaemia, insulin resistance, weight gain, and elevated lipids (ie diabetes);
- Antipsychotic drugs increase the risks of microvascular and macrovascular disease, including disorders of the kidneys, retina and nerves and damage to the heart and brain.

Given the recent public outcry in respect of Type-2 diabetes in children, and the campaigns to increase the birth rate, it is peculiar that McGorry has been given the green light by the government. It is also troubling given that McGorry's studies were funded by Janssen-Cilag (makers of Risperdal). ORYGEN receives funding from Janssen-Cilag and other pharmaceutical companies with financial interests in antipsychotic drugs. The ADGP and the Brain and Mind Research Institute receive pharmaceutical industry funding, although the bulk of these financial interests are indirect—for example funding the research and other activities of significant members of these organisations. Further, the ADGP is a partner in the promotion of *Mind Matters*. Cosgrove et al (p 159) observe that the market for antipsychotic drugs 'has been identified as one of [the] main therapeutic areas for global market growth with sales of USD 8.5 billion in 2002 and projected sales of USD 18.2 billion by 2007'.

CROWDING OUT ALTERNATIVES

In the "mental illness" sector, there are two broad markets: the market for medical services, and the market for therapeutic goods. However, there is a third, under-explored market—for alternative forms of assistance. This third market can sometimes appear to fit in with the market for medical services—for example, where professional psychotherapists provide services—but "true" alternatives generally involve non-professional centres or informal ex-patient-run drop-in centres and other places where people experiencing life crises can turn to just chat or relate to

[7] See literature review and research in Jackson n 4, p 239-246.

others in their situation. Such alternatives do not need mental health professionals or the idea of mental illness to operate, and are often run with donated funds or member contributions. Yet, they appear to hold the most lasting, least damaging, success to those who need them.

Such alternatives are neither profitable nor prestigious, and do not have involvement with psychiatry or pharmaceutical companies. Thus, it is in the interests of both to crowd out such alternatives.

Crowding out through information asymmetry

Pharmaceutical companies develop, manufacture, promote and sell drugs that purport to ameliorate mental illness. Generally, such drugs are known to be harmful, and work by disabling brain function.[8] Trials of such drugs are designed to distort these observations in a way that results in favourable trial outcomes, and reporting of these trials tends to be selective.[9] Approval from the Therapeutic Goods Administration is reliant upon the outcomes of these trials. This allows pharmaceutical companies to market such drugs as safe and effective, in spite of knowledge to the contrary.[10] Further, it is arguable that pharmaceutical companies take advantage of the tools of influence used in the promotion of the leading theory of mental illness to induce demand for these drugs. This occurs where pharmaceutical companies fund or sponsor organisations or individuals with messages favourable to their desired outcomes—like SANE Australia or Professor McGorry. It is also arguable that out of the promotion of mental illness stems an element of fear in relation to the consequences of "untreated" mental illness—like untreated diabetes or heart disease—that similarly induces demand from those diagnosed with mental illness. The economic term for this is information asymmetry (one of a number of potential market failures in this sector).

It is pertinent to note the strong financial ties between those responsible for developing and modifying the diagnostic criteria in respect of mental illness and pharmaceutical companies. In a

[8] See, eg, Breggin, Peter (1991) *Toxic Psychiatry*. St Martin's Press, New York.
[9] See, eg: Joel Lexchin and Donald W Light 'Commerical influence and the content of medical journals' (2006) 332 *BMJ* 1444-7; Hans Melander, Jane Ahlqvist-Rastad, Gertie Meijer and Björn Beerman 'Evidence b(i)ased medicine - selective reporting from studies sponsored by pharmaceutical industry: review of studies in new drug applications' (2003) 326 *BMJ* 1171; Joel Lexchin, Lisa A Bero, Benjamin Djulbegovic and Otavio Clark 'Pharmaceutical industry sponsorship and research outcome and quality: systematic review' (2003) 326 *BMJ* 1167; Ben Thornley and Clive Adams 'Content and quality of 2000 controlled drug trials in schizophrenia over 50 years' (1998) 317 *BMJ* 1181.
[10] US psychiatrist Peter Breggin displays evidence of exactly these practices on his website http://www.breggin.com.

recent article, researchers found that 56% of the DSM[11] panel members had one or more financial links to a company in the pharmaceutical industry (Cosgrove et al, p 156). This figure increased to 100% in respect of the "Mood Disorders Work Group" (eg, depression and bipolar disorder) and the "Schizophrenia and Other Psychotic Disorders Work Group"—the two groups where drug treatment is most likely to be the first line treatment.

Economic consultancy reports

Further crowding out occurs where economic analysis is used primarily to promote the leading theory of mental illness—focussing, for example, on a lack of services and labour inefficiencies—with particular attention upon days and productivity lost to illness. Economic analysis is such a credible tool that unsurprisingly organisations like SANE Australia and pharmaceutical companies like Pfizer have commissioned their own economic reports.

Thus, when it is estimated that '217 million workdays are completely or partially lost among workers aged 18 through 54 with mental disorders, at a cost to employers of $17 billion in lost productivity' in the US (p 28) Pfizer can logically and credibly offer this solution—

> Greater recognition of mental disorders is an essential component to reducing these losses. 66% of the 28 million employees with mental disorders have not sought help for their condition. …Without increased recognition of mental disorders, the dramatic economic consequences to both employer and employee will continue. (p 28)

Similarly, Allen Consulting for SANE Australia offers the following recommendations in its report on schizophrenia—

- Early intervention via the EPPIC model (ie McGorry's model);
- Psychosocial rehabilitation programs;
  Note: in this context, such programs relate to acceptance of, and lifestyle adjustments to, the changes that having an incurable mental illness necessitate.
- Carer education and training;
- Newer improved medications;

[11] The *Diagnostic and Statistical Manual of Mental Disorders* (now in its 4th edition, text revision) is published by the American Psychiatric Association. The APA itself receives funding from the pharmaceutical industry. Further, according to Cosgrove et al, the only other diagnostic system, Chapter V of the *International Statistical Classification of Diseases and Related Health Problems* (10th edition, WHO) has been closely coordinated with the preparation of the DSM-IV.

- Suicide prevention strategies; and
- Research into the causes of schizophrenia. (p 33-34)

These reports come on the back of statistics that appear horrifying, but are misleading. For example, there are a host of assumptions favourable to the leading theory of mental illness, including the two obvious ones—effectiveness of treatment and authenticity of mental illness as medical disease. Yet even without these two assumptions, there are a number of others that warrant illumination, including—

- Correct diagnosis
    - The prevalence statistics, and other statistics flowing from this, are reliant upon a correct diagnosis. Even where the diagnostic criteria are accepted as efficacious, incorrect diagnoses can be reached. For instance, psychiatrists Grace Jackson and Peter Breggin have commented that there is an increasingly common revision of a diagnosis from depression to bipolar disorder after a course of antidepressants, where the diagnosis should probably be substance-induced mood disorder. A diagnosis of bipolar disorder can result in the prescription of four different psychiatric drugs.
    - Where diagnostic ratings scales used are weighted or dubious, prevalence can appear to increase or decrease, and treatment efficacy can also appear to increase or decrease. For example, Moncrieff and Cohen (p 963) comment that the *Hamilton Rating Scale for Depression* focuses upon sleep, anxiety and agitation, meaning that sedative drugs can give the appearance of efficacy as "antidepressants" (and presumably sleep deprivation, anxiety and agitation can give the appearance of depression).
- Causation
    - In respect of the suicide data, there is the assumption that the illness "caused" the suicide. It is difficult to imagine what methodology could be used to determine that a mental illness "caused" a suicide—even if an autopsy revealed pathology outside the obvious signs of self-inflicted injury, this could not be conclusive evidence of causation.
    - Similarly, in respect of the diagnoses like schizophrenia, there are assumptions that the illness is causing the behavioural abnormalities like delusions and hallucinations, even in the face of a growing body of evidence that the drugs often cause these same effects.

    - In respect of the "life-long disability" projections, the assumption is once again that the "illness" itself is an incurable disease thus rendering a "cure" out of the question.[12]

- Effectiveness of treatment

    - It is worth repeating that the studies referred to in economic analyses still suffer from the various biases and manipulations inherent in much of the scientific research. This means that the use of such statistics to calculate overall trends does not necessarily reflect reality.

These assumptions arise even before the usual economic assumptions—for example, *ceteris paribus*[13]—and other problems like faulty theory, data mixing and statistical biases associated with economic analysis.

Some alternatives

Over the past few decades, there have been a number of well-documented but little known alternatives that have almost invariably initially thrived then perished for lack of funding and publicity: that is, they were crowded out. Examples of alternatives around the world that currently exist include the Sequoia Psychotherapy Center in California, the Freedom Center in Massachusetts, Runaway House in Germany and Soteria Bern in Switzerland. These alternatives can be narrowed into three categories—

- Drug-free professional services model
- Non-professional services model
- Ex-patient separatist model

The drug-free professional services model is generally for-profit, non-coercive psychotherapy. For example, the Sequoia Psychotherapy Center (SPC), based in Fresno, California, is a community based treatment facility. Services include a comprehensive day treatment program that provides an alternative to hospitalisation. Traditional outpatient services are also available.

[12] Similarly, the prevalence statistics justifying funding include projections of increases in mental illness that could be explained by recent increases in the use of psychiatric drugs, particularly antidepressants. See, eg, Moncrieff and Cohen (p 962).

[13] Literally, "holding all other things equal".

SPC does not rely on psychiatry's principles. It is one of a handful of facilities that specialises in medication-free treatment.[14]

On a practical level, this model is the most likely to succeed because its for-profit structure allows some independence from the government, although in practice there are financial problems stemming from poor marketing strategies—generally SPC relies on word-of-mouth "advertising", and certainly does not have the budget or the marketing capabilities of the allies of psychiatry. SPC also has a non-profit organisation, Recovery For Emotionally Abused Children ("REACh"), attached to raises funds to support treatment at SPC.

In contrast, the non-professional services model generally fails when government funding is pulled. For example, Soteria House. This house was set up as an experiment funded by the National Institute of Mental Health in the US. The Soteria Project was a study of people newly diagnosed as having schizophrenia and deemed in need of hospitalisation. Soteria House used interpersonal phenomenological interventions by a non-professional staff, usually without antipsychotic drugs, in the context of a small, homelike, quiet, supportive, protective, and tolerant social environment. This environment was compared with usual general hospital and psychiatric ward interventions. The results of the study, confirmed in replicated studies and critical evaluations, confirmed that around 85-90% of acute and long term patients deemed in need of acute hospitalisation can be returned to the community without conventional hospital treatment and without antipsychotic drug treatment. In fact the study found that the Soteria drug-free environment was as successful as drug treatment in reducing psychotic symptoms in 6 weeks. In the long term, many more people recovered completely compared with those reliant upon the standard treatment principles. Further, the clients were treated at a considerably lower cost.[15] Unfortunately, Soteria House and its later cousin Emanon ran out of funding. There is currently Soteria Bern in Switzerland, and another one starting up in Alaska.

[14] The web page for SPC can be found at: http://www.medsfree.com. Similar centres include Full Spectrum in San Francisco and Associated Psychological Health Services in Wisconsin.

[15] Loren R Mosher 'Soteria and Other Alternatives to Acute Psychiatric Hospitalization: A Personal and Professional Review' (1999) 187 *The Journal of Nervous and Mental Disease* 142. See also, Loren R Mosher and Voyce Hendrix (2004) *Soteria: through madness to deliverance*, Xlibris Corporation, USA.

Both the professional and non-professional alternatives, however, do not necessarily offer what many ex-patients call for: a safe place to go and just hang out with people who are not going to see them as a problem to be solved and who are not going to try to change them or the way they live. Often the people who need the support of other ex-patients have been scarred—both spiritually and physically—by psychiatric practices. Thus, Judi Chamberlin in *On Our Own* advocates such organisations being completely separate from the mental health professions, including any form of hierarchy. The Freedom Center in Northampton, Massachusetts is one example of such an organisation, as their web page attests—

> If you are labeled with 'mental illness,' are a psychiatric abuse survivor, or go through extreme mental and emotional states, we invite you to join us. Allies and supporters willing to share their personal experiences are also welcome (mental health staff allies are welcome but should contact us first). We alert people to the serious dangers of psychiatric drugs so that they can make truly informed decisions, and we oppose how the system pushes drugs on people, but we support everyone's choice in their own recovery as they define it for themselves. We don't judge people. **Whether you take psychiatric drugs or you don't take psychiatric drugs, you are welcome at the Freedom Center**. We respect self-determination and choice, and approach all drug use and lifestyle choices from a harm reduction philosophy.[16] (emphasis in original)

The Center provides free acupuncture two days a week, free yoga classes once per week, has weekly meetings chaired by whoever wants to chair them, provides lectures on legal rights, and is compiling oral histories for those whose stories would otherwise be side-lined. Similar organisations seem to be appearing around the US. The largest problem for most of these alternatives is the lack of funding. Generally, in Australia, those who would benefit from such alternatives are not wealthy—subsisting on Centrelink payments—and closely monitored by a team of mental health workers, making the logistics of organising such a group difficult.

Australian Alternatives

In Australia, any alternatives are few and far between—and are not found on government-sponsored web sites. In fact the only alternatives located by Vanaheim Group to date are Eagle's Wings and Teen Challenge—both Christian rehabilitation programs aimed primarily at young people experiencing problems with living, in particular over-use of drugs—and the Schizophrenia Drug-free Crisis Centre & Helpline in Adelaide, a consulting centre run by a tenacious psychologist who has continued in spite of being hounded by local psychiatrists and

the police for disseminating information about and practising non-psychiatric alternatives. There are also two CCHR[17] chapters—one in Perth and one in Sydney, who disseminate material critical of psychiatry, but do not appear to have established secular alternatives. Individual psychotherapists and psychiatrists who disagree with the current mainstay are difficult to locate and are generally ostracised by their peers.

The government does not encourage and support alternatives to treatment from mental health professionals. Although psychological services have recently been included in Medicare-subsidised services, and this is a positive development, it could be argued that this is more a reflection of psychology's increasing reliance upon the leading theory of mental illness than a recognition of, or movement towards, psychosocial solutions.[18] Alternatives are not funded by pharmaceutical companies.

This state of affairs directly impacts upon anyone who is unable to cope with problems that arise in their lives: there is no real alternative to the "mental illness" sector. On a practical level, this means that many people who search for alternatives are disappointed—and are forced to source help from professionals who seek to convince them that they are ill and that the answer lies in psychoactive drugs.

CONCLUSION

On the theme of faith, Peter Breggin and David Cohen, in their book *Your Drug May Be Your Problem*, observe—

> In modern times, many sophisticated people feel uncomfortable with their need for faith. … A person's ultimate faith can be defined in terms of where he or she turns when feeling frightened, self-doubting, desperately depressed or anxious, hopeless, or shaken to the core. Nowadays many people turn to mental health professionals as sources of security and hope—and as objects of faith that they can be made psychologically or spiritually well… Sadly, even well-informed people too often put their faith in psychiatry and psychiatric research. It is the same as putting their faith in a drug company. (p 188-190)

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[16] http://www.freedom-center.org
[17] The Citizen's Commission for Human Rights was founded by Professor Szasz and the Church of Scientology to campaign against psychiatry's philosophy and practices.
[18] See eg, any recently published abnormal psychology textbook.

There is no shame in someone holding the belief that *their own* problems in living are caused by a chemical imbalance or that antidepressants are of great assistance. As Breggin and Cohen state, if sadly, this is a matter of faith. However, the fact is that the element of faith inherent in the leading theory of mental illness is concealed. This concealment has consequences for us all.

In a world reliant upon science and scientific thinking, it is easy to believe that everything can be solved by science. Problems in living cannot. Yet, where mental illness is seen as the cause (or effect), and the treatments for this illness fail, rather than being seen as a fault in scientific methodology or efficacy, it is the subject—the "patient", "consumer" or "user"—who is seen to be at fault. Thus, children see themselves as defective—with "broken brains"—and adults, who exhibit natural emotions and behavioural reactions to circumstances that life throws at them, are defined by doctors and pharmacologists as diseased and deemed to be reliant upon their expertise (even where they do not hold the same faith in the leading theory of mental illness, or the methods of psychiatry).

Unfortunately, the activities resulting from the leading theory of mental illness are harmful to people, and will continue to be harmful in the future. So long as the leading theory of mental illness is promoted by individuals and companies with financial interests in its success, it is difficult to have confidence in its outcomes. But it is those outcomes, while ethically primitive and unsustainable in the long term, that set the scene for future generations.

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