

## Latest petition update (January 2018)

After the NZ parliamentary election in September a new standing health committee has been formed. I have been advised that my petition has been reinstated with this new committee. However, as our new government has decided to establish a ministerial inquiry into mental health, the similarities between this inquiry and my petition have caused the Committee to wait for progress to be made on the ministerial inquiry before continuing to consider my petition.

I am happy about that. I believe there were only two petitions on the table concerning mental health, namely mine and that of Corinda Taylor (November 2016). A ministerial inquiry is next to a royal commission - more meaningful than so-called independent inquiries, carried out by various mental health "experts" and organisations, of which we have had several over the last years.

Health Committee spokesperson, Hannah Cameron, states "The inquiry will be looking at the current approach to mental health and how to achieve best results". This is an excellent beginning - because it is indeed the current approach which is causing all our problems. Our Health Ministry is proudly following the so-called recovery model in treating functional mental illnesses. But this philosophy can only be valid with mental illnesses from which one may recover. It is plain silly, and also terribly cruel, to use that model for chronic, incurable illnesses. We intuitively know this in the cases of organic illnesses : nobody, of course, would treat a senile person that way.

Another "current approach" to mental health which, hopefully, this ministerial inquiry will look at with a critical eye is our present belief that schizophrenic people suffer from a medical condition - and that therefore it is up to the medical profession (i.e. psychiatrists) to solve their problems, to decide how they should be treated - even to decide whether they should be treated or not. That is an illusion which came about with the advent of tranquilizing medication 60 years ago. Schizophrenia is no ordinary illness - rather, it is a genetically determined mental condition which one percent of us must come down with. Before the 1950s we had no effective treatment for the condition - so it was obvious that the problems with schizophrenia were exclusively social, behavioral and legal. There exists no science as such about schizophrenia - a society's treatment of these people is perforce based on common sense, tradition, ideology, politics or charity.

Medication never cures schizophrenia or even alters its prognosis - it only makes the illness more bearable for the patients by lessening the overwhelming impact of the various symptoms on the patients' cognitive ability. When tranquilized, patients become less distracted and occupied by their own dreamy thoughts, hallucinations or concepts, thus better able to comprehend the reality surrounding them and to respond more adequately to it. This was immediately apparent when the first tranquilizer (Largactil) was given to schizophrenic patients back in the 1950s (when I began work in mental hospitals). It was like a miracle : patients who had been too disturbed to communicate with anybody for decades would now look you in the eye and respond to you - and even smile again. Some even began to enjoy life again. (This is what ignorant critics of mental asylums refer to when they talk about "patients bombed out by drugs so that hospital staff could have an easy time").

But schizophrenic sufferers' relationship with their psychiatrists can never be the same as

the relationship non-schizophrenic people have with their medical advisors : chronic schizophrenia is qualitatively different from all other illnesses. And for the simple reason that these adult citizens become *non compos mentis* the moment they come down with schizophrenia, ideally they need a special, protected status in law (which, alas, we no longer extend to them). For 100,000 years, before we invented psychiatrists, these people were treated in accordance with their surrounding communities' mutual consent, common sense and charity - since civilized times (until 1992) in a court of law, of course, as it involves the taking away of a citizen's personal freedom.

Since the advent of tranquilizing medication our psychiatrists and drug manufacturers have developed a very effective science of improving the mental well-being of schizophrenic patients. And the huge majority of schizophrenic patients willingly accept their prescribed medication all through their lives (though they may quibble about it at times!!). The nature of schizophrenia (mainly paranoid ideations) means that some patients are really frightened of medication - and they often have recurrent episodes when their mental state deteriorates and they therefore need more or different medication. The 1992 mental health legislation in effect became a stumbling block to necessary, charitable treatment of a fair number of schizophrenic patients.

Before 1992 psychiatrists had more overall success with their treatment of schizophrenia because the law allowed them to force patients to accept medication – or contain them in hospital on the mere strength of a diagnosis of schizophrenia. Commenting on my petition in his 6-page submission to the (previous) standing committee (June 30<sup>th</sup> 2017), Mental Health Director Dr John Crawshaw admits (page 2) that our 1992 Act is not a comprehensive framework for mental health treatment. But, beginning with the Lunatics Ordinance in 1846, all previous mental health legislation set out to be just that!!

Chronic schizophrenia involves about 0.6% of our entire population (ca. 27,000 living New Zealanders) It presents such enormous problems for our society that we should aim for a return to legislation which specifically deals with the condition and its treatment. I do hope this new ministerial inquiry will come to that conclusion.

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On a different note altogether I must mention that since about July - August 2017 this petition website is receiving an increasing number of “hits” from many countries all over the world - up to 20 or 30 visits per day from individual computers in America, West Europe, East Europe, etc. This is wholly unexpected : I never imagined my website would be of interest to anybody overseas. I cannot explain why this is happening - but it shows that my ideas, my simple essays, about the history and nature of schizophrenia, and about the uncharitable way we now treat its sufferers, are of real global concern.

So the outcome of my petition and of this ministerial inquiry will be noted by people all over the world. It will indeed be interesting to see whether this parliamentary Standing Health Committee will live up to its fine intention of “looking at the current approach ..... and how to achieve best results”.