FALSE DICHOTOMY

The problem of complexity and politics in properly addressing the problem of mental illness in society

WHO AM I?

- Mark Gruchy

- Criminal Defense Lawyer with Gittens and Associates. Have represented clients for just about everything that one could normally expect to occur in Newfounland and Labrador.

- Current Co-Chair of Community Coalition for Mental Health

- Former President of Canadian Mental Health Association

- A person with bipolar disorder from a family with a frequent occurrence of bipolar disorder and "success".

WHAT TO BRING?

- I have dealt with serious mental illness personally, in my family, professionally and in volunteer based social work. It has been an omnipresent feature of my life from my earliest memories up to the current day.

- I have heard many different perspectives, complaints and concerns expressed across the gamut of the entire subject of mental health for years. Family. Individuals. Professionals.

- I have come to certain conclusions on what lies at the root of our inability to address these problems more effectively as a society.

FALSE DICHOTOMIES

THE DEFINITION

- A false dichotomy is a type of informal fallacy in which something is falsely claimed to be an "either/or" situation, when in fact there is at least one additional option.

- A false dilemma can arise intentionally, when a fallacy is used in an attempt to force a choice or outcome. The opposite of this fallacy is false compromise.

A QUESTION

- *What should we do, either as individuals or as a collective entity, to improve either health outcomes or healthcare costs*?

- Answer: Confront, abolish and banish from one's mind all false dichotomies in realm of mental health and mental illness related thinking.

EXAMPLES OF FALSE DICHOTOMIES WHICH HAVE DOMINATED THE MENTAL HEALTH REALM SINCE THE 19TH CENTURY

- Nature versus Nurture. (Genetic versus Trauma).

- Institutional versus Community Based.

- Extreme Coercion versus Extreme Autonomy

- One Group's Mental Health versus Another Group's Mental Health

- Society Versus Family

- Public Versus Private

POLITICS

- **Politics** (from Greek: πολιτικα, translit. *Polis*, meaning "affairs of the cities") is the process of making decisions that apply to members of a group.[1]

WHAT DOES THIS REALLY MEAN?

- Proposal:

Politics is the process of making decisions regarding the spending of money that impact members of groups.

WHO ARE THE MENTALLY ILL?

- 20 percent of Canadians will experience a mental illness in any given year.

- 10 to 20 percent of youth under 19 have a mental illness.

- 70 percent of young adults who experience mental illness first experienced symptoms in childhood. Only 1 in 4 ever receive any form of treatment.

- Mental illness is the basis for 30 percent of workplace disability claims.

- 4,000 Canadians die every year by suicide.

- By comparison, 5,000 people die from breast cancer every year.

- In Newfoundland and Labrador, mental illness receives only 5 percent of health care funding.

WHAT DO THEY SHARE IN COMMON?

- Degradation of dignity, autonomy

- Exposure to powerful social control mechanisms

- Inability to achieve consensus and speak with one voice.

- Being "different" in elusive and hard to define ways, which nonetheless have some consistency through time.

- Being troublesome.

- Therefore, mentally ill people are very easy to take money away from and very easy to coerce.

THE PRIMARY TOOL USED TO JUSTIFY DEFUNDING AND COERCION

- False Dichotomies

EXAMPLES

- Extreme coercion versus Extreme autonomy

- Mental Health "Care" commences with removing people from the community and placing them in dungeon like conditions for their own good and the good of the community. At the time, this was presented as the only option. This is still sometimes presented as the only option.

2011 – NIGERIA – "EVERY MARKET HAS A MADMAN"

NEXT

- Moral failing versus Illness. Individual / local versus state responsibility.

- Dorthea Dix – Social Reformer – Mental Health Advocate – Central to the development of mental institutions in the Americas and later Europe. Extremely influential.

- Suffered from Depression. Alcoholic parents. Abusive father.

- The Kirkbride Plan.

- The First Success: New Jersey State Lunatic Asylum – First Kirkbride Plan hospital – 1848.

DORTHEA DIX 1850 – 1855

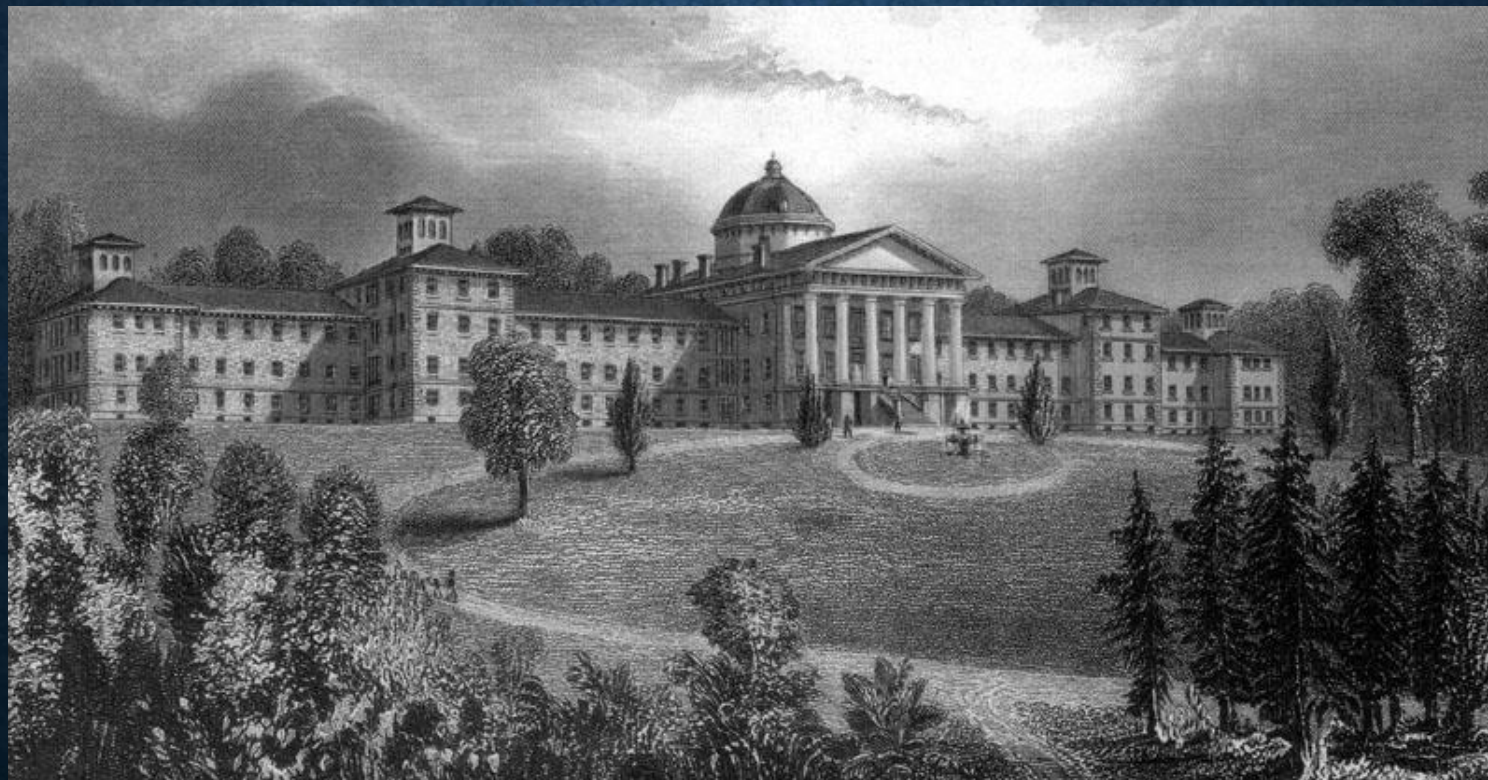False Dichotomy – Nature Versus Nurture

Dix believed mental illness was brought about by environmental factors (if you were white and educated at least)

The Kirkbride Plan was also essentially based on mental illness being caused by the environment.

NEW JERSEY STATE LUNATIC ASYLUM

DR. HENRY COTTON

"At the State Hospital at Trenton, N.J., under the brilliant leadership of the medical director, Dr. Henry A. Cotton, there is on foot the most searching, aggressive, and profound scientific investigation that has yet been made of the whole field of mental and nervous disorders... there is hope, high hope... for the future."

The New York Times - 1922

"NATURE" RETURNS WITH A VENGEANCE

- Dr. Cotton believed many psychiatric conditions were caused by physical infection in the body.

- Therefore, he removed teeth, tonsils, testicles, ovaries, gall bladders , stomachs, spleens cervixes and colons in progressive and escalating fashion. Up to 45 percent of his patients ended up dying from infection.

- The practice of arbitrarily removing teeth from patients continued long after his departure up to 1960.

- He was lauded as medical pioneer.

- He was investigated by a Dr. Phyllis Greenacre who found him "singularly peculiar".

THE BACKDROP: THE FAILING KIRKBRIDE PLAN

- Institutional versus Community: The Kirkbride Hospitals tended to experience dramatic population growth far beyond their planned capacity. Buildings intended for less than two hundred people ballooned to a thousand or more.

- Budgets began to be cut. The hospitals were now underfunded and overcrowded.

- Horrific conditions developed.

- This, and the development of certain medications, eventually led to deinstitutionalization.

BYBERRY – PHILADELPHIA- 1946

- A work farm converted to a mental institution predicted on the idea the mentally ill needed to be separated from the public.

- The facility grew overcrowded due to defunding. Abuse proliferated.

- It was exposed by a group of Quaker conscientious objectors who secretly photographed what was going on.

- ''There was lots of violence at Byberry. Many of the regular attendants were drunks who'd get fired at one state hospital and just move on to a job at the next. Some kept control by hitting patients with things like sawed-off broom handles or a rubber hose filled with buckshot.

- Hartman says the patients came to appreciate the gentler manner of the conscientious objectors. "Cause they knew, the regular attendants, one of their tricks was to use a wet towel and put it around their neck and squeeze it. It, of course, choked them awful, but it didn't make any mark on them so no state inspector could catch up with them," he says.''

- https://www.npr.org/templates/story/story.php?storyId=122017757

MALE PATIENTS IN BYBERRY – PUBLISHED IN LIFE MAGAZINE 1946
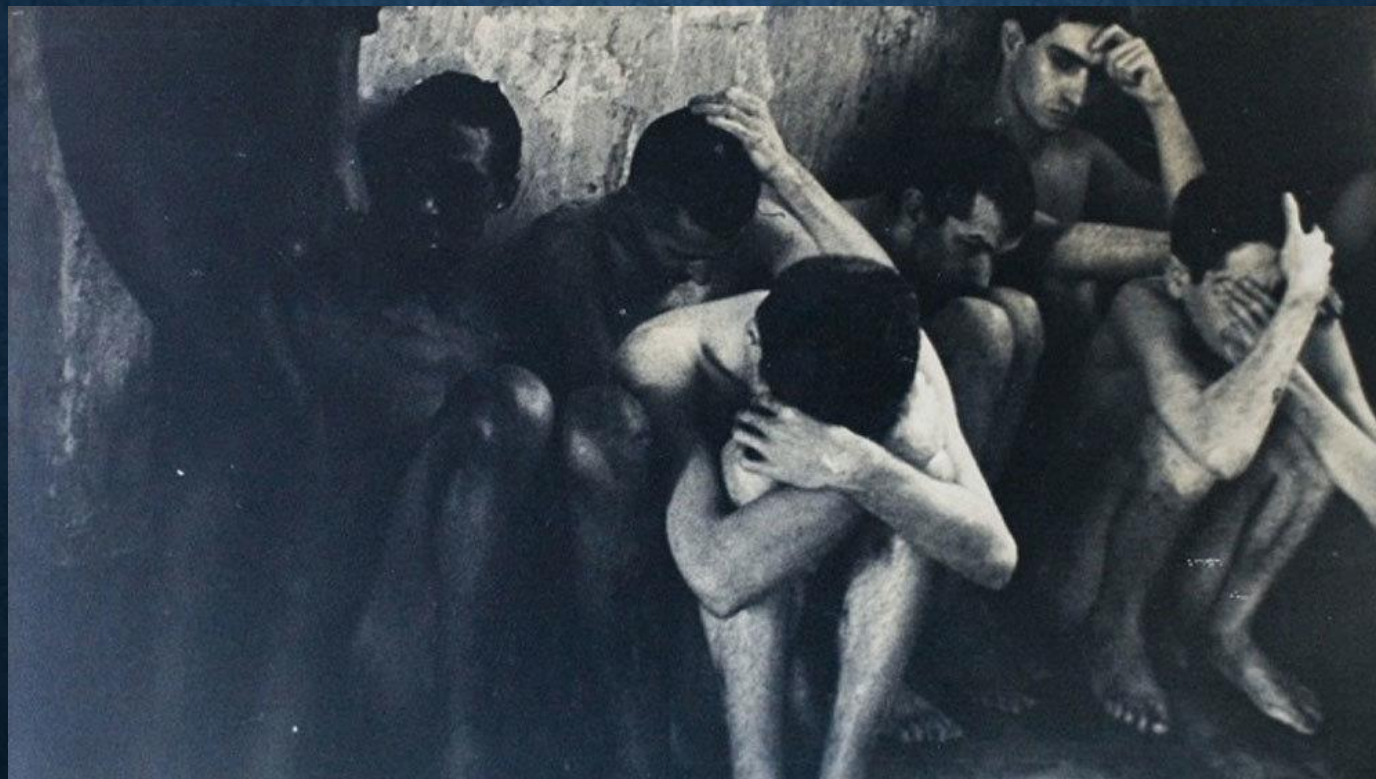
DEINSTITUTIONALIZATION – NURTURE AND COMMUNITY EMERGES

- Institutional versus Community. Community becomes ascendant.

- Nurture again returns as a popular concept over nature.

- The horrors of the past would be overcome by shutting down mental hospitals.

- The community services/housing/solutions never truly came.

- Countless people found themselves shoved out into the community with minimal support.

- This is continuing to the present day.

THE ROLE OF MONEY

- "From an economic standpoint, deinstitutionalization was not aimed at improving the situation of ex-patients since there were no detailed community services put into place to assist this group with integrationA former medical superintendent of the Queen Street Mental Health Centre, in Ontario Canada, during the early 1970s, explains the messages he was receiving with regards to the maintenance fees of mental hospitals. He states, Pretty explicit messages were associated with budget cuts, close units, lock the door, and don't use them. That meant you could use the staff that was operating a unit and consolidate...I can remember reading pretty specific directives that this was what the government wanted to see happen (Simmons, 1990, p.160)."

- "Examining the Deinstitutionalization Movement in North America"

- https://ht.journals.yorku.ca/index.php/ht/article/download/37273/33845

CONTINUED

- A psychiatrist working in Canada during the deinstitutionalization movement gives the following explanation of how it was viewed: "Deinstitutionalization was an incredible thing…all you had to do was to load them with neuroleptic drugs and send them into the community. We began reading Erving Goffman and Ernest Gruenberg from New York State and how hospitals screw people up. So we took tens of thousands of patients and threw them out of the hospital without any support system. We said there was going to be follow-up, but the fact of the matter is that nobody really understood, so the bureaucrats were delighted to get them out of hospitals…and only…later did we say, "Hey, this is crazy, what about housing, what about recreation?" (Simmons, 1990, p.160)."

- ht.journals.yorku.ca/index.php/ht/article/download/37273/33845

NURTURE AND COMMUNITY REPLACE NURTURE AND INSTITUTION/NATURE AND INSTITUTION

- With no plan to integrate people into the community.

- But… it was cheap.

- For awhile.

America's prisons house ten times more people with mental illnesses than its hospitals, according to a new report.

The report, released Tuesday by the Treatment Advocacy Center, found that state prisons and county jails house approximately 356,268 people with mental illnesses, while state mental hospitals hold only 35,000. The disparity is also a nationwide problem – only six states have psychiatric hospitals with more people in them than a prisons or jail.

http://www.msnbc.com/msnbc/prisons-are-the-new-asylums-the-us#51523

SO TOO IN CANADA – HOWARD SAPERS – CHIEF CORRECTIONAL INVESTIGATOR

- Federal penitentiaries are housing some of the largest populations of the mentally ill in Canada, the cumulative result of: –

- Impact of the deinstitutionalization movement –

- Inadequate and fragmented community services and supports –

- 'Criminalization' of behaviours associated with untreated mental health problems and 'zero-tolerance' policies

- Disproportionate incarceration of vulnerable and 'at risk' populations (Aboriginal, homeless, impoverished, addicted

- http://www.oci-bec.gc.ca/cnt/comm/pdf/presentations/presentations20120318-eng.pdf

AND ON IT GOES

- In the 1990s there was a resurgence in nature oriented reasoning due to advancements in genetics.

- Today we are aggressively swinging back towards nurture oriented reasoning to the point interest groups are pushing against scientific research into biological causes.

THE PSYCHOLOGISTS – TRAUMA

- "Mental illness is largely caused by social crises such as unemployment or childhood abuse and too much money is spent researching genetic and biological factors, psychologists have warned.

- Peter Kinderman, Professor of Clinical Psychology at the University of Liverpool, told BBC Radio 4's Today programme: "Of course every single action, every emotion I've ever had involves the brain, so to have a piece of scientific research telling us that the brain is involved in responding emotionally to events doesn't really advance our understanding very much.

- "And yet it detracts from the fact that when unemployment rates go up in a particular locality you get a measurable number of suicides.

- "It detracts from the idea that trauma in childhood is a very very powerful predictor of serious problems like experiencing psychotic events in adult life, so of course the brain is involved and of course genes are involved, but not very much, and an excessive focus on those issues takes us away from these very important social factors"

- https://www.telegraph.co.uk/news/2016/03/28/mental-illness-mostly-caused-by-life-events-not-genetics-argue-p/

TRUMP

- ***"Part of the problem is we used to have mental institutions … where you take a sicko like this guy,"* [he said] *in a discussion with state and local officials about last week's mass shooting at a high school in Florida. "We're going to be talking seriously about opening mental-health institutions again."***

- Though "sicko" is, of course, not a psychiatric diagnosis, some experts say Trump is not wrong to suggest that America's mental-health-care system [should be strengthened], including, perhaps, by reopening mental asylums.

- The devil, though, would be in the details. Funding and regulating these places extremely well would help them avoid the fate of their gruesome predecessors from past centuries. But, experts say, [we can't count] on asylums or any other kind of mental-health care to stop mass shootings. It would be only to help the mentally ill people themselves.

- https://www.theatlantic.com/health/archive/2018/02/mental-institutions/554015/

WHAT CAN BE CONCLUDED FROM THE LAST 150 YEARS?

- 1. A properly functioning mental health system requires BOTH properly funded, modern, well regulated mental health care centres AND community based services. You cannot have one without the other.

- 2. People have continuously selfishly capitalized on and exploited *false dichotomies* in the pursuit of personal gain, consciously or otherwise. This has been relentless. People use the subject of mental illness to their own varied ends. They are near uniformly lauded when alive and vilified in death.

- 3. Extremely limited input has been sought from people personally impacted by these systems.

- 4. Secured funding, and properly legally protecting the autonomy of people so engaged by these systems has been continuously lacking.

WHAT MUST BE DONE

- Immediately cease to think in false dichotomies. Do not think in slogans, catchphrases and jargon.

- Immediately embrace the contextual protection of autonomy in people as the number one value.

- Be aware this cycle has been ongoing for at least a century and a half and all people engaged have contributed. There are no "good guys" and "bad guys". There are only a mass of mentally well people acting upon mentally ill people.

- Only this will ultimately improve mental health care and mental health care outcomes long term in our society. Failure to do this will inevitably result in sleep walking back into the various disasters of the past.

- Times will be good. Times will be bad. This is irrelevant. What is relevant is we pay attention to the past to ensure we do the right thing when we can.

THE REMAINING QUESTIONS

- Is public funding of health care the only way to protect equity and people's entitlement? Is it a basic right or is it a privilege that needs to be conditioned by fiscal realities?

- Answer: Public funding of healthcare is a basic right of all Canadians. Funding is "conditioned" by fiscal realities as a simple operation of reality. There is no logical need to use the word "privilege" in this discussion.

- Should entitlement to healthcare become conditioned by personal responsibility?

- Answer: Everyone in Canada is entitled to healthcare by virtue of their birth and citizenship. To the extent this issue is engaged, it is for politicians to consider, not for unelected people, relatively unanswerable people who deliver services.