British Columbia Government's Mental Patient Discharge Policy of the Last Ten Years a Failure

Early discharge of schizophrenic and manic depressive patients before they are ready to cope with the world outside or have families who can help them is called deinstitutionalization. Because this is such a cumbersome word I prefer to call it premature discharge. Unfortunately almost all the discharges from psychiatric institutions in Canada are premature so we may as well drop the premature and simple call them discharges. In other words Canada, as well as the United States, had adopted a policy of discharging patients before they were ready. They followed the advice given to governments that it would be cheaper to treat patients in their own homes and that the results would be as good. There were many caveats such as that the patients discharged to the community would be given equal facilities after discharge. This reminds me of the equal policy in the United States when they dealt with their black poplation many years ago. But governments were much more concerned with the costs than they were with the welfare of the patients, probably following the belief that the health of the patients was more properly addressed by the psychiatrists who were treating them. As a result of these policies there was an amazing exodus of patients from hospitals. And where were they were discharged to? Into the streets, run down nursing homes, run down hotels and rooming houses with no adequate follow up, no privacy, and no concern for the outcome of this policy. As a result the downtown areas of many cities were loaded with unfortunate sick patients who simply had not gotten well enough so that they could fend for themselves in a healthy manner. The treatment for schizophrenia requires daily dosages of medication but how can a person living on the street ever arrange to look after his or her medication needs. The results have been dismal. Judith Lavoie, in the *Times Colonist,* Victoria, BC, January 15, 1998 writes "Hundreds of people bounce between the Eric Martin Pavilion at the Royal Jubilee Hospital, shelters, cockroach infested rooming houses or – for the lucky few – sheltered housing". She estimates that over 500 patients are on the streets. The police report that the incidence of episodes involving the mental health act is over 500 per year, a major increase compared to several years ago. All this was very predictable. In fact I predicted it over 25 years ago, simply by seeing what was happening in other areas in North America from California to New York. Joy McPhail, the Minister of Health for the province of BC, said in talking about the current policy which plans to reopen some mental institutions. "The law has changed. It wasn't a failure. In some ways it was good. But the treatment of people with mental illness has changed very much in the course of time." The minister refuses to admit that the policy was bad. If it was so good, why make the change? I have not found anything good about the present policy which has converted psychiatric hospitals into first aid stations, akin to filling stations where patients are admitted to be recharged with tranquilizers before they are kicked out again. Following is the letter I sent to the Health Minister:

Dear Ms. MacPhail

I write to congratulate you and your government for reversing the misguided policy of the past ten years of deinstitutionalizing the mental hospital, Riverview. This policy has never been successful, no matter where it has been tried, and has been one of the major factors in tearing down the inner core of many cities in Canada and the USA.

It has been said that one can judge the humanity and decency of any commu-

nity by the way it treats its mentally ill. Harsh and inhumane societies throw them into prison or leave them on the streets. Decent societies place them in asylums – places of refuge – where they have a much better chance for recovery. Over 150 years ago Dr. John Connoly in England, and, in the United States, Dorothea Lynde Dix hospitals, routinely reported a fifty percent recovery rate. They had no drugs, but they did provide decent shelter, good food, and humane care and respect. This allowed the natural remission rate of these insane patients to occur.

The best modern recoveries using the most expensive and modern drugs will not allow even ten percent to recover to the point that they can work and pay income tax. We have lost ground over the past 150 years. By reopening beds and making more available, it will be possible for British Columbia to place itself among the humane enlightened societies.

But satisfactory care and housing is only one aspect of the total treatment program for the schizophrenics which includes: (1) shelter; (2) optimal nutrition; (3) care, nursing; (4) medical treatment. Of these four, the last is the single most important, for with proper medical care, even in inadequate housing and hospitals, it is possible to get patients well, but with inadequate medical treatment even the best hospitals will not recover these patients.

Many years ago in Saskatchewan, I was Director of Psychiatric Research under Premier Tommy Douglas, who was a friend. After I entered private practice I conducted a study, where I compared the outcome of my patients treated in the University Hospital at $80 per day, as against the outcome of similar patients treated in a nursing home for $20 per day; the outcome was the same. But it is preferable to maximize all the therapeutic factors.

After restoring the mental hospital system to its optimum, the next important aspect is to ensure that the optimum treatment is given. This can be achieved only by using the orthomolecular approach which we developed in Saskatchewan based upon six double-blind controlled experiments, the first in North America.

With this approach ninety percent of acute patients will recover to the point that they will be useful citizens and pay income tax. Tranquilizers alone, no matter how expensive, no matter how modern, will not do so unless used in conjunction with the nutrients. I know of 17 young men and women who became psychotic during their teens, recovered on vitamin therapy, went to college and became doctors and psychiatrists. Some have attained posts in American universities. One was president of a very large psychiatric association.

I suggest that if you wish to have a large fraction of this province's schizophrenic patients recover, if you wish to alleviate the pain and suffering of their families, if you wish to save two million dollars over each patient's forty year estimated lifespan of illness, you will have your department investigate this treatment. It is already beginning to receive serious examination at three English universities.

The use of ever more expensive drugs will not solve the problem. I suggest you ask each of your psychiatric departments what proportion of their schizophrenic patients they have treated in any year are normal after treatment. I also suggest that you ask them why they have not used orthomolecular treatment, and to provide you evidence from the psychiatric literature that our original double- blind therapeutic trials have not been corroborated. The double blind experiments we conducted have become the model for all medical therapeutic trials.

King County, Washington State, has made a film of two of my recovered patients. Last year Councilman Pullen invited me to appear before his committee in Seattle. They recorded the entire presentation and showed it widely in their State.

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