

**Submission
No 58**

THE PROMOTION OF FALSE OR MISLEADING HEALTH-RELATED INFORMATION OR PRACTICES

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Leslie Williams MP
The Chair
Committee on the Health Complaints Commission
Parliament House
Macquarie St
Sydney
Sydney NSW 2000

Subject: Inquiry into false and misleading health related information or practices

Dear Mrs Williams

The Mental Health Coordinating Council (MHCC) is the peak body representing mental health community managed organisations (CMOs)¹ in NSW. Our members provide a range of psychosocial and clinical services, and support programs, as well as advocacy, education, training and information services with a focus on recovery-oriented practice. MHCC's membership consists of over 200 organisations whose business or activity is wholly or in part related to the promotion and/or delivery of services for the wellbeing and recovery of people affected by mental health conditions. We work in partnership with both State and Commonwealth Governments to promote recovery and social inclusion for people affected by mental health conditions, participate extensively in policy and sector development and facilitate linkages between government, community and private sectors in order to affect systemic change. MHCC manages and conducts research projects and develops collaborative projects on behalf of the sector. MHCC is also a registered training organisation (MHCC Learning & Development) delivering nationally accredited mental health training and professional development to the community managed workforce across all human services.

MHCC is a founding member of Community Mental Health Australia (CMHA) the alliance of all eight State and territory community sector mental health (MH) peak bodies. Together we represent more than 800 CMOs delivering mental health services nationally.

MHCC read the Terms of Reference for the Inquiry into false and misleading health related information or practices with some concern. We are unsure as to where the driving force emerged to initiate the terms of this inquiry, but it would appear to us that this comes from a narrow based focus aiming to stem the growth in an increasingly emerging market for important alternatives to 'medically based' interventions and products.

¹ Also known as NGOs (non-government organisations)

We stress the importance of inquiring into how we can support this market, rather than view products and practices through the lens of science alone. We need to support people making medical / health decisions and not assume that the public has to be government protected from unscrupulous providers because they are not scientifically trained and lack capacity to assess information in the public domain.

We acknowledge recent concerns raised by the response to an ABC documentary on the efficiency of Statins which was represented as being responsible for people at risk taking themselves off medication without appropriate consultation with their doctors. However, for decades the pharmaceutical lobby has promoted 'the evidence' around prescribing medication for every illness and disorder that exists and discredits alternative therapies and products. And yet many people accept for example, in the area of palliative care; that some natural products that have proved beneficial to people with a variety of cancers and are recommended by doctors and nurses, despite the lack of scientific evidence, but based on qualitative experience.

Similarly, we accept in the mental health field, the positive responses people can have to Electro Convulsive Treatment, and yet after 50 years of practice and research no one has yet been able to identify scientifically why it is mostly effective for people experiencing the depths of depression, who are catatonic or manic and treatment resistant to mood stabilisers, anti- psychotics etc.

People with long term mental illness experience far higher rates of physical health issues including kidney, liver, heart and lung diseases and metabolic syndrome than the wider population. Metabolic syndrome is a collection of symptoms that often occur together and can increase risk of stroke or heart disease and Type 2 diabetes. Studies also show increased rates of high blood pressure, respiratory disease, sexually transmitted illnesses (STIs) and osteoporosis. Almost all antipsychotic medications, especially clozapine and olanzapine, significantly increase appetite, food cravings and weight gain. Weight gain during antipsychotic treatment has been reported in up to 60% of people. The second generation antipsychotic medications are also highly associated with diabetes, dyslipidaemia, insulin resistance and the metabolic syndrome. Despite this evidence our mental health system in many instances obligates people under the *NSW Mental Health Act 2007* to adhere to treatment plans that produce negative physical health outcomes.

Moreover, we fail to see how the HCCC has the capacity to investigate research into what may be considered 'unscientific'. Evidence-based practice can be qualitative as well as quantitative, and we question how investigations can be undertaken to question empirical evidence that is not traditionally lab or trial based. Are we to assume that all products will be considered suspect if they fail to demonstrate positive results from randomised control trials?

We cannot envisage how the HCCC could be tasked with such a broad brief to investigate and take action, unless they were to be additionally funded to appoint a team of medical research and social scientists.

We suggest that our current legal system provides for action against individuals and companies who do harm to others, and that it is the role of public watchdogs such as Fair Trading or the Australian Competition and Consumer Commission to undertake investigations surrounding false and misleading information.

To commence an inquiry that focuses specifically on alternative health treatments and practices, based on the premise that only what is presented as 'medically scientific' is valid, smacks of discrimination. MHCC support the concept of a broad-based inquiry that reviews ethical issues concerning health related information and practices whether they emanate from the medical, pharmaceutical or alternative health sectors.

MHCC is a current member of the HCCC Community and Consumer Consultative Committee, and is well aware of the role and functions of the Commission.

We thank you for considering our perspectives on the Terms of Reference and express our willingness to discuss any matters surrounding this Inquiry and the contents of this submission at any time. If such a need arises please contact Corinne Henderson, Senior Policy Advisor at corinne@mhcc.org.au or telephone: 02 9555 8388 # 101.

Yours sincerely,



Jenna Bateman
Chief Executive Officer