



FICTA
Federation of Irish
Complementary Therapy Associations

Submission to the Mental Health Expert Group

Introduction

The Federation of Irish Complementary Therapy Associations (FICTA) is composed of professional associations and regulatory bodies representing a number of complementary therapy disciplines in Ireland. The practitioners represented by the regulatory bodies making this submission aim to provide the highest level of service to their clients. FICTA represents approximately 5000 practitioners of complementary therapy which is the treatment of choice of a growing number of people. The Federation of Irish Complementary Therapy Associations is also a participant in the National Working Group on the Regulation of Complementary Therapists established by the Dept. of Health and Children and Minister Micheal Martin. The focus of the working group is to develop a framework for a State recognised registration of complementary therapy and medicine practitioners in Ireland.

On behalf of our members we welcome a review and the reform of the mental health care system in Ireland which we believe is vital at this time and long overdue. We wish to make the following points:

A Truly Comprehensive Service: FICTA applauds the determination of the Mental Health Expert Group to be informed by a wide range of thinking in developing a policy for a mental healthcare service that offers "more than medication." The inclusion of such therapies as massage, reiki, breathwork, kinesiology & Yoga - to name but a few - is to offer just such a service. Evidence of the effectiveness of complementary therapies in the treatment of psychological/emotional difficulties is by now well documented. Aspects of the health service in general in Ireland have recognised this fact and are currently employing complementary therapists in a variety of settings. The full integration of such therapies into the mental health services would provide patients with a truly comprehensive service that is tailored to their needs rather than the requirements of an institution or a theoretical approach.

Medical Model Approach: The approach to treating emotional/mental/spiritual disorders as mental illness is inappropriate and often seriously detrimental to the well being of patients for a number of reasons. It relies too much on drug treatment. FICTA recognises the important role drugs can play in the relief of mental/emotional suffering. However, drugs are frequently prescribed as the sole treatment. Patients are left on medication long term, even when the specific drug prescribed is contraindicated for long term use. Reliance on drug treatment alone and over a prolonged period may even worsen the condition by distracting from the underlying causes. "All biopsychiatric treatments share a common mode of action - the disruption of normal brain functioning." (Peter Breggin, MD, Brain Disabling Treatments in Psychiatry, Springer Publishing Co.,

1997).

Except in appropriate cases, medication should be seen as short term respite care only and prescribed in conjunction with other forms of treatment such as psychotherapy, massage, reiki, breathwork, etc. as indicated by the clients needs. To withhold recommendations to other forms of therapy, including complementary therapy, is potentially damaging to the patient and falls short of Best Practice.

Holistic approach to diagnosis: The medical approach to mental health tends to see mental illness in isolation. FICTA believes that a holistic approach would be much more effective for the patient. Mental/emotional difficulties need to be seen in the context of life circumstances, support systems, physical health, nutrition, stress, spiritual beliefs, socialisation, educational developmental issues, etc. Diagnostic interviews need to be much more holistic in approach, with the practitioner seeing the patient as a whole person rather than as a condition or a collection of symptoms.

Holistic approach to treatment: FICTA believes that patient/client care is far more important than theoretical approaches. To withhold recommendations/suggestions to forms of therapy other than drugs is a very serious ethical concern. We recommend therefore that all mental health care professionals be made aware of the variety of options available to their patients, the suitability of each option and that a database of registered practitioners in all disciplines be available throughout the mental health care system. This includes complementary and allopathic approaches and training around referral should be done by people with qualifications in their field of practice.

The medical approach is based on the doctor-patient relationship which is frequently one of expert and dependent. It therefore limits the patient's level of responsibility for and involvement in the resolution of his/her problems. The complementary therapy approach to health is holistic and based on the equality of therapist and client. The client is a very active participant in his/her own 'cure'. FICTA therapists have found that the client responsibility and involvement is a vital element in the resolution of both mental and physical problems.

The medical model labels mental/emotional/spiritual difficulties with an often bewildering variety of terms. FICTA practitioners have found that the labelling process itself is a problem. While it can be a relief to many people to find a name for their problem and they can use this as a basis for finding a cure, labelling can also work against progress. Because the label is given to them by someone with the authority of a medical doctor, clients often see it as a condition out of their control, something they are stuck with for life. When, for example, lack of self-acceptance is labelled ego dystonic, clients can and often do take this as an incurable condition. There needs to be far greater care with the diagnosing and labelling of 'conditions'.

Mental Illness v. Learning Disability: There is an urgent need to distinguish between learning disability and mental illness. In general, the learning disabled are not mentally ill and people suffering from mental/emotional difficulties are not learning disabled. Consequently they have different needs, require different supports and a different approach to understanding their circumstances. Yet in various organisations and institutions such as Rehab the two categories of people are mixed in what seems like a catch all solution to people with problems. This approach does not adequately serve the needs of either group. Institutionalising people with physical or learning disabilities stunts the development of normal faculties and as a result people can be mentally and emotionally due to "wrong" care.

Community Based Mental Health Services: These centres are often required to deliver programmes that are not necessarily suitable to the needs of the individuals

participating in them but which look good on paper and statistically. There needs to be a much greater level of attention to the person. We recommend a year of person centred care focused on individual needs that would include counselling, personal development, nutrition, exercise and a range of hands on therapies such as massage, reiki, breathwork, kinesiology, etc. FICTA practitioners have found that simple caring touch and human attention are hugely affective in aiding recovery and are frequently not available under a current system. Throughout this year a client can be more accurately assessed and further educational and vocational programmes tailored to their needs.

Psychiatric Day Care: The same applies to psychiatric day care and out patient services. Frequently only occupational therapy is available, the approach is too drug oriented. Patients get to see a psychiatrist for a few minutes at a time and the psychiatrist is changed on a regular basis. The atmosphere in such centres is often very clinical and systems rather than person centred. This is not the caring, holistic approach that promotes recovery.

TLC: The clinical approach of most mental health care services does not offer the caring, time and physical contact that have been found to be effective. Research has repeatedly found that attention, interest in the person and kind physical contact promotes healing and growth. Sensation is related to cognition, attention to self-esteem. This is missing in current health care provision but it could be provided through a range of interventions from the complementary field. This fact is already recognised by the community based services for drug addiction. Local Drug Task Forces, through their Community Drug Teams, offer a range of complementary therapies. Such openness is not evident in the more mainstream mental health facilities and institutions and patients are suffering as a result.

Addictions: The cost of drug and alcohol addiction is a major drain on the health services as well as causing unquantifiable suffering in the community. Most alcohol treatment services are beyond the means of the average person and unless paid for by employers, are not an option for most people. Even in such facilities the range of treatment is limited to group and individual psychotherapy and sometimes some occupational therapy. Like with all other services there needs to be a much broader range of interventions available and designed to suit individual needs. Services in Poland have pioneered the use of breathwork for the treatment of alcoholism and state funded treatment centres in Sweden use breathwork in integrated programmes of treatment for drug addiction.

Conclusion: In conclusion, FICTA wishes the review group well with its work, hopes that a comprehensive, integrated and more client centred service will result and are willing to assist the development of such a service in any way it can.

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FICTA Members 2004

Amatsu Association Ireland
Association of Naturopathic Practitioners.
Bio-Energy Therapists Association
Bio-Testing and Therapy International.
Irish Association of Cranio Sacral Therapy.
Irish and International Aromatherapy Association
Irish Massage Therapists Association,
Irish Reflexology Institute
Irish Seichem Association
Irish Yoga Association
Kinesiology Association of Ireland
Natural Healing Institute of Ireland.

Rebirthing Psychotherapy Association
Reiki Association of Ireland
Reiki Federation Ireland
Scenar Practitioners Society of Ireland
Shiatsu Society of Ireland
The Association of Irish Reflexologists
Yoga Federation of Ireland
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