

GLOBAL BURDEN OF DISEASE HOW MENTAL HEALTH DOESN'T FIT

Flanking the rapid development of psychiatry's *Diagnostic and Statistical Manual of Mental Disorders*, Lewis Judd, director of the National Institute of Mental Health (NIMH) from 1987 to 1990, created the psychiatric marketing strategy, "Decade of the Brain," which was signed into United States law by Presidential Proclamation. Since then, terms like "treatable brain disorder," "no-fault brain disease" and "chemical imbalance in the brain" have been marketed, successfully grouping legitimate brain disorders, such as Alzheimer's, spinal cord injury and stroke, with "depression" and "schizophrenia," conditions that cannot be medically confirmed.

The "Decade of the Brain" ushered in a new era of psychotropic drugs: Selective Serotonin Reuptake Inhibitor (SSRI) antidepressants—touted as safer and more effective than older antidepressants because they balanced out the chemicals in the brain that, imbalanced, caused mental illness. There was no scientific evidence to support this and today psychiatrists admit it was a "drug industry driven marketing plan."

Bernard Carroll, a professor emeritus of psychiatry from Duke University recalls, "You never saw anything like the mass hysteria over the 'next generation' antidepressants." Academic psychiatry drove the enthusiasm, he says, "desperate to demonstrate that all the federal research dollars that had been shoveled their way for 25 years actually had a payoff."¹

However, Elliot Valenstein, Ph.D., author of *Blaming the Brain*, says: "[A]ll of the impressive knowledge of neuropharmacology has not really brought us closer to understanding the origin of mental disorders...people with mental disorders may be encouraged when they are told that the prescribed drugs will do for them just what insulin does for a diabetic, but the analogy is certainly not justified."²

The "Global Burden of Disease"

Flanking the "Decade of the Brain" is the "Global Burden of Disease," where whole populations are now surveyed to determine and compare types and levels of so-called mental disability.³ Called the Composite International Diagnostic Interview (CIDI), the survey is based on an arbitrary and unscientific measuring system devised by psychiatrist Norman Sartorius of the World Health Organization and members of the NIMH.

Among CIDI surveys are statements like, “major depression [is] the number one disease in the world today” and “...no other class of diseases comes close to mental disorders...”⁴ However, as it is based on the scientifically discredited DSM-IV, the CIDI is simply more of psychiatry’s “junk science.”

The disability is determined by conjecture, called “disability adjusted life year” (DALY), defined by The World Bank as “a unit used for measuring both the global burden of disease and the effectiveness of health interventions, as indicated by reductions in the disease burden. It is calculated as the present value of the future years of disability-free life that are lost as the result of the premature deaths or cases of disability occurring in a particular year.”

None of this is based on sound methodology. It’s arbitrary. Depression, for example, scores higher on DALYs than multiple sclerosis, Parkinson’s disease, AIDS or cancer of the breast, cervix, ovaries, colon or prostate.⁵

Carl Hampus Lyttkens from the Department of Economics, Lund University, Sweden and Lund University Center for Health Economics, says that the measuring method is “ethically dubious” and “does not provide us with what it purports to do (a measure of population health)...”

Trude Arnesen and Erik Nord, researchers from the National Institute of Public Health in Norway, publishers of a study on this methodology, said: “A valuation of human beings according to their functional capacity is in sharp contrast to the humanistic values laid down in the Declaration of Human Rights: ‘recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation’.”

Edward Shorter, author of *The History of Psychiatry*, states, “Psychiatrists have an obvious *self-interest* in pathologizing human behavior...”⁶ Including mental disorders in the “global burden of disease” equation is simply self-serving and will drive up drug sales, while damaging the mental health of the people it claims to serve.

¹ Shannon Brownlee, "Mysteries of the Mind; We're in the Dark About the Drugs We Use," *The Washington Post*, 2 Oct. 2004.

² Elliot S. Valenstein, Ph.D., *Blaming the Brain*, (The Free Press, New York, 1998), pp. 4, 6, 125, 224.

³ CIDI, <http://www.unsw.edu.au/clients/crufad/cidi/cidi/htm>.

⁴ Ronald C. Kessler, "The International Consortium in Psychiatric Epidemiology,"

<http://www.tigis.cz/PSYCHIAT/PSYCH100/03kess.htm>, p. 4.

⁵ Susan J. White, "Statistical Errors in Papers in the British Journal of Psychiatry," *British Journal of Psychiatry*, 135 (1979), pp. 336-337; S.M. McGuigan, "The Use of Statistics in the British Journal of Psychiatry," *British Journal of Psychiatry*, 167 (1995), pp. 683-687.

⁶ Edward Shorter, *A History of Psychiatry: From the Era of the Asylums to the Age of Prozac*, (John Wiley & Sons, Inc., New York, 1997), p. 289.