

Community Involvement in Orthomolecular Therapy

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Three years ago we first reported on a unique integrated community system for the treatment of schizophrenia (Hawkins, 1973). Since that time, the entire network of services and programs has expanded at an incredible rate all over North America, and we are now depicted as the leaders of the counter culture of psychiatry (Saturday Review, 2/21/76). The Huxley Institute has moved to new and larger quarters and has expanded its activities and membership and has received sizeable support. The number of chapters of both the American and Canadian Schizophrenia Associations has increased to 56 chapters in North America. Schizophrenia Associations have started in foreign countries such as England and even the Philippines.

Additional Orthomolecular clinics have been established across the United States and their activities and patient populations have expanded rapidly in association with the local Schizophrenia Foundation chapters and Schizophrenics Anonymous groups. There are now more

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hospitals where Orthomolecular treatment can be obtained, and we have seen the establishment of day activity centers, rehabilitation programs, and halfway houses. The clinics have grown rapidly and are all involved in independent research projects. Some of them have also established their own low-cost dispensaries. All of them do their own fund raising and are also supported by the local chapters of the Schizophrenia Foundation. This entire complex of rapidly expanding activity, programs, and services has resulted in no cost to the taxpayer and without government help. As a reflection of the above activities, public knowledge and interest in the disease of schizophrenia has been greatly increased. The increase in public awareness and concern has stimulated an increase in professional interest in the disease of schizophrenia and has stimulated greater activity regarding the illness. The system which we have devised on Long Island was characterized as a model integrated system by the American Schizophrenia Association which stimulated the development of similar complexes in other areas of the U.S.A. The Academy of Orthomolecular Psychiatry has been established and has

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been growing, and instead of one annual meeting, the Academy now has two annual meetings and publishes a **Journal**. In addition to Academy members there are now hundreds of private physicians practicing Orthomolecular psychiatry as well as many other health professionals who utilize many of our concepts and practices.

The usual pattern of development of an integrated treatment complex is as follows:

One or more families from the same locality have family members with schizophrenia who have not responded to the usual and customary treatment. They then appeal to the treating doctor or local institutions to try Orthomolecular psychiatry which they had heard or read about. The local treatment facility then expresses doubt, antagonism, or ignorance of Orthomolecular methods. The family then writes an inquiry to either the Huxley Institute or local Schizophrenia Chapter or the clinic. The patient comes to the clinic or hospital, or is treated successfully and returns home. The families then get together, other families then hear about the success and send their patients for treatment who also return home improved. The families get together and contact Huxley as to how to form a local Schizophrenia Association and try to recruit some local physician to become interested in and try Orthomolecular psychiatry.

After a period of time, a physician is found who is sent for training to an Orthomolecular center, and the training may be paid for by the Huxley Institute. The doctor returns to the community and is now usually deluged by patients and their families who soon develop a need for greater services usually resulting in the establishment of not only an ongoing Schizophrenia Chapter but a local SA group; other health professionals become involved and the clinic is established. The clinic is then deluged by patients and it grows rapidly, soon develops its own educational, research, diagnostic, and treatment services, and its own fund-raising activities. The new treatment

complex stimulates further public interest, attracts other professionals into learning Orthomolecular methods. The increasing number of patients and practitioners then establishes a need for halfway houses, day activity centers, and local hospital treatment facilities. Establishing a connection with a hospital is often difficult and takes some time, depending on the local political situation and barriers to be overcome. Finally, the complex is completed with the components being hospital, clinic, Schizophrenia Chapter, and SA groups. In addition, there is an increasing network of private practitioners, many of whom devote part-time to the clinic. As the complex grows, it establishes connections with many self-help groups in the local community, especially the Alcoholics Anonymous, Al-A-Non, and others which begin using the components of the complex and incorporating Orthomolecular concepts into their own program. All of this intense activity results in a great deal of public education as well as publicity which eventually results in the establishment of another treatment complex in a different part of the country, and so the expansion goes on.

Another important development has been the involvement of colleges and universities which have sponsored symposia, and mental health fairs, and are now developing academic courses on nutrition in mental health, and at the University of Alabama, a full professorship of Orthomolecular psychiatry has been established. Graduate schools have been increasingly involved so that it is now possible to get a Masters Degree in Nutrition and Mental Health, and many students are writing papers on the subject.

The public media have detected all this activity, and it seems they have a never-ending appetite for information about our work. There has been an explosion of articles, books, television and radio programs devoted to the subject, and just thus far this year, for example, we have had articles about our

work in **Prevention, McCall's, Town and Country, Saturday Review, Cosmopolitan, Psychology Today**, and numerous lesser publications. Even the skeptics have had to begrudgingly admit that whatever the criticisms might be of our work, the results have often been astonishing and impressive.

All of this enormous growth has been based on just two things: the accomplishment of results and the re-establishment of hope. I have repeatedly predicted that the success of Orthomolecular psychiatry would be based on the accomplishment of practical results. Although Americans are imaginative, in the end they are pragmatists, so that, for instance, Freudian theory captured the imagination of the American public; however, they abandon it because of the lack of practical results. Orthomolecular psychiatry, by contrast, appeals little to the imagination; in fact, one of the difficulties it has had in capturing the imagination of at least the professionals is that it sounds so mundane and pedestrian compared to more imaginative and appealing theories.

I think we can fairly say that the growth and development of ortho-molecular psychiatry has been overwhelming. It has led to the development of a complex, enormous network of services and there has been an enormous, positive public response. All of this would seem to indicate that we have been working along lines that are fundamental, and we have pulled together powerful forces which will result in a renaissance of psychiatry which had been falling into public disfavor and lack of confidence. The picture is even more impressive when you realize that this enormous growth and development has taken place despite not only reluctance, but outright hostile opposition on the part of the psychiatric establishment. It has developed without government backing, and it has developed with no money or financial backing except for the voluntary contributions and support of our constituents.

Part of this success can be ascribed to the fact that we have filled a vacuum. Ours is the first

treatment system which has established openness and honesty with patients and their families as a fundamental basis of operation. We were the first to have open public discussion of the disease of schizophrenia and, of course, the first to establish organizations such as the Canadian Schizophrenia Foundation and the American Schizophrenia Association to deal directly with this disease which, heretofore, like cancer, had been unmentionable. Labeling theorists like to decry the use of the term schizophrenia, and the peculiar logic they give for this is that they imply that it is a derogatory term. Well, I would like to ask, how did it become a derogatory term? It became derogatory because the illness was thought to be hopeless and there was a professional pessimism and nihilism concerning the eventual outcome. The solution is not to pretend that schizophrenia does not exist, that it is some kind of peculiar way of life or some type of aberrant growth experience or some kind of a valid protest against the evils of society. Instead, through our work, we hope to bring about the consideration of schizophrenia as just another treatable disease to which people are genetically disposed through no fault of their own and from which increasingly higher percentages of patients will recover and return to normal lives.

The vacuum and human needs which we attempt to meet with our treatment system is illustrated by an article in the **American Journal of Psychiatry** entitled "Mistreatment of Patients' Families by Psychiatrists" (Appleton, 1974). I will quote from a summary of that article published by a professor of psychiatry at Harvard Medical School who is on the staff of the Massachusetts Mental Health Center—"Many schools of psychiatric thought implicate the patient's family in aggravating and even generating his illness. Thus psychiatrists often blame and mistreat the family through either open hostility or vague innuendo. The family in turn becomes less willing to

cooperate in the patient's treatment. As a solution, the author recommended that psychiatrists be taught how to treat families with sympathy and understanding in order to win their confidence and cooperation and with respect, rather than subtle contempt." The author goes on to point out that the concept of the schizophrenogenic parent has been enormously damaging to patient and family. I might add that it has been equally damaging to the image of the profession of psychiatry. The author points out that young psychiatrists are particularly susceptible to this distorted attitude which emanates not only from Freudian theory, but also theories having to do with familial causation of schizophrenia such as the work of Wynne, Bates, and Lidz. Interestingly enough, these theories and work which have emanated from the National Institute of Mental Health have been repudiated by more recent research. A recent book entitled **Abnormalities in Parents of Schizophrenics** by Hirsch and Leff (1975) from the Mandsley Institute of Psychiatry disproves the theories of Bateson, Lidz, Singer, and Wynn that the parents of schizophrenics have caused the illness by faulty or defective communication. They point out that correlations are not causes, and by their own research show that proper use of control groups disproves the family etiology theory of schizophrenia.

In the article which I mentioned—that psychiatrists ought to learn humility—and they first ought to learn what causes a disease before they begin accusing family members of having caused it—at the end of the article, the author makes recommendations which interestingly enough are our very *modus operandi*. He suggests that the attitudes of mental health workers, this especially includes social workers, nurses, and attendants, as well as psychiatrists, be corrected; that instead of blaming parents, they should be encouraged in their role of caretaker, they should be given information so as to be more adequately equipped to fulfill that demanding role. They should be

encouraged as volunteers, fund raisers, teachers, and their desire to help should be viewed as valid and encouraged and channeled instead of being derided. I believe that our approach liberates and utilizes these energies in a constructive way, and the rapid expansion of our treatment system has been the result.

I want to go on to describe in greater detail the development of our own treatment complex which I believe was the first of its kind and served as a starting point for the development of similar treatment complexes in North America.

Our own clinic, North Nassau Mental Health Center, was an established, licensed, general all-purpose outpatient clinic. In 1966, we began using this new treatment method based on viewing schizophrenia as a genetically determined biochemical illness characterized by perceptual alterations and accompanied by other correctable biochemical abnormalities. We began doing research and publishing papers which attracted the interest of others and led to the development of a formal education and training program. This led to the development of SA groups and the establishment of the Long Island Schizophrenia Association. The biochemical orientation of this treatment program required the establishment eventually of a diagnostic laboratory which expanded into a clinical laboratory and eventually an EEC lab, cerebral allergy testing lab, and, finally, a sophisticated research laboratory with a research division. The professional involvement eventually led to the need for a medical organization, and we helped establish the Academy of Orthomolecular Psychiatry. We have a referral service and receive countless thousands of inquiries for treatment service and referral.

The clinic formulates new diagnostic and treatment procedures, incorporates recent research findings into diagnostic and treatment programs. It conducts pilot studies, feasibility studies, and efficacy studies. The Research Division is, for instance, currently studying blood

and urine levels of essential amino acids, their precursors and metabolites, in a number of illnesses, including endogenous depression. We have studied and published papers on glucose metabolism and especially hypoglycemia and new treatment approaches to Gilles de la Tourette Syndrome (Yaryura-Tobias and Neziroglu, 1975; Yaryura-Tobias and Neziroglu, 1975a). We are working on a new drug which is helping patients with obsessive-compulsive neurosis and treatments for patients who are self-destructive, such as wrist slashers, and Dr. Yaryura has published papers on a new triad consisting of cerebral dysrhythmia, hypoglycemia, and violent behavior for which the treatment is specific. The clinic was instrumental in starting a halfway house and day treatment center, and in helping other clinics get started in other parts of the country. The clinic provides not only training for professionals and para-professionals, but members of the staff are called upon for public educational activities. We rely heavily on volunteers who help in some way with every activity of the clinic. Volunteers help with the administrative work, data processing, orienting patients and their families to the treatment system; they serve on the Board of Directors, disseminate public information in mailings, and help with data collection, and fulfill other vital functions of the complex day-to-day operation of the clinic.

One of our most important activities and one that reflects our degree of community involvement was our establishment of mental health fairs. The Clinic Administrator is the coordinator, and we have given mental health fairs at four different colleges and universities. The first was in 1971 at Post College of Long Island University, our second was at the State University of Stony Brook, the third at Queensborough Community College, and the most recent one was at the State University at Farmingdale. These mental health fairs have been enormously successful. For instance, the last fair was opened by the President of the University, Dr. Charles Laffin, who was assisted by Senator

John Dunne, the Honorable Ralph Caso, County Executive of Nassau, the Honorable John Klein, Chief County Executive of Suffolk County, Dr. Henry Brill, Regional Director of the State Department of Mental Hygiene, and representatives of **Newsday**, the Long Island newspaper, which at the opening ceremony was given awards for consistent reporting of mental health events.

At the health fair there were free health services by the Department of Nursing of Farmingdale University, and the public was addressed by the Chairman of the Department of Nursing, Dr. Barbara Heller. The meeting took place in the auditorium of the University, and there were display booths manned by representatives of all the self-help groups in the area. These were Alcoholics Anonymous, Al-A-Non, Al-A-Teen, Association for Children with Down's Syndrome, Association for Children with Learning Disabilities, Families United for the Succor of the Elderly, Gamblers Anonymous, Gam-A-Non, Gilles de la Tourette Syndrome Association, Gray Panthers, Hypoglycemia Foundation of Long Island, Juvenile Diabetes Association, the Long Island Committee on Dying and Bereavement, the Long Island Council on Alcoholism, the Long Island Schizophrenia Association, Nar-A-Non Family Group, National Foundation for Sudden Infant Death, National Tay-Sachs and Allied Diseases Association, Overeaters Anonymous, Parents Anonymous of New York, Parents Without Partners, Prison Families Anonymous, Recovery and Schizophrenics Anonymous. Throughout the day there were special presentations by many of these groups in other rooms where there was a special showing of special video tapes, demonstrations, films, open discussions, panel demonstration, orientation for new members, and typical exchange therapy sessions with questions and answers. Mrs. Mollie Shriftman who is our Clinic Administrator and who was the coordinator and key person in the formation of all the mental health fairs received a special

recognition award and she, in turn, gave credit for the development and success of these mental health fairs to the hundreds of volunteers who had actually made it possible.

The Long Island Schizophrenia Association is a strong and active chapter of the Huxley Institute for Biosocial Research. It engages in diverse educational activities, has put together an educational information package of which many thousands have been distributed all over the world. It does fund raising on a grassroots level. Members have had dinner parties and luncheons at their homes. They have opened their homes for professional level musicales, theatre nights, art sales, and in general, have supported research at the clinic and have enabled the purchase of essential research equipment for the laboratory. The organization puts on public forums and lectures and meetings and makes available audio and video tapes which are mailed all over the country. There are monthly orientation meetings for new members, parent counseling groups, and many activities devoted to mutual aid and support. They publish a monthly newsletter and help similar groups get started in other parts of the country, and in general work for the betterment of patients and their families and supply a real sense of community action. They were very active in the founding of the day activities program as well as the halfway house, and it is mainly through the activities of the local Schizophrenia Chapters such as this one that so much lay publicity has come about.

The clinic is unofficially but pragmatically affiliated with the Psychiatric Division of the Brunswick Hospital, and the Director of the Clinic is Director of Psychiatric Research at the Hospital as well as the Medical Consultant to the Alcoholism Program. Brunswick Hospital was the first hospital in the U.S.A. to accept, encourage, and welcome the development of research in Orthomolecular psychiatry. It has not only supported research, but has allowed the establishment of a Schizophrenics

Anonymous group in the hospital, has afforded meeting rooms for meetings of the Schizophrenia Association. The Administrator, Mrs. Bertha Meisner, was on the Board of the Day Activities Center which she helped start. The hospital has special in-service training programs for the various aspects of Orthomolecular treatment and it is quick to respond to research development. For instance, it is the first and only hospital in the greater New York area to establish gluten-free diets as well as hypoglycemia diets for schizophrenic patients.

It is the first to allow cerebral allergy testing, and it was Brunswick Hospital that sponsored the first professional meeting on Orthomolecular psychiatry in the United States when in 1967 the members of the Scientific Advisory Committee of the American Schizophrenia Association met under the auspices of the hospital. The hospital sponsored a research project, demonstrated the benefit of ECT in young schizophrenic patients, conducted a two-year follow-up study which showed that patients on Orthomolecular treatment had a 50 percent lower readmission rate. Most recently, the hospital has developed a new 76-bed intensive and rehabilitation unit for alcoholism. It has meetings of Alcoholics Anonymous and Al-A-Non and professional meetings on alcoholism. In addition to being receptive and supportive of our work, most importantly the hospital admits patients without delay 24 hours a day. Patients and their families are not put through the ordeal of a long wait and humiliating intake procedures, and the social work staff tries to offer practical help to the patient's family rather than insist that they come in for counseling to investigate just how the family brought about the patient's illness.

Dispensary: The dispensary is a self-supporting component of the treatment complex, housed for accessibility on the clinic's premises. It arose to fulfill a definite need because of the difficult availability of many of the vitamin and mineral formulations which we have

found necessary in the treatment of patients. It carries a complete stock of the most frequently needed items which are sold at cost and mailed to patients all over the world. The dispensary immediately stocks difficult-to-obtain items, for instance, L-tryptophan in 500 mg capsules which is a naturally occurring amino acid and which naturally induces sleep, and because it is a non-addictive, non-drug formulation, is especially useful in recovered alcoholics and in patients for whom a sleeping pill would be a risk. It supplies fructose for hypoglycemic patients. All of this is made available at lower than wholesale costs because the dispensary was able to establish contact with a manufacturer directly and thereby bypass distributors and wholesalers and the price mark-ups that those processors would require. Through the dispensary, we are able to develop a special formulation of the four most basic vitamins to the megavitamin program in megadoses in a single, soft gelatin capsule, and as a result, the manufacturer has produced a whole product line of unique formulations devised for Orthomolecular work.

Halfway House: The first Orthomolecular halfway house in the U.S., Gateposts, was founded by Mr. H. B. Pearl, then President of Long Island Schizophrenia Association, in conjunction with the clinic (1973). It was a very successful pilot project and established that a halfway house could operate based on Orthomolecular treatment. The results were very good and most of the patients have gone on to normal lives, many of them have married, most of them have jobs, many went back to finish their schooling, and it established certain principles for the successful establishment of similar halfway houses. A chapter in the book, **Orthomolecular Psychiatry**, was devoted to this halfway house and its experiences. After it was closed for local political reasons, other Orthomolecular halfway houses were established and older halfway houses such as Gould Farm were willing to accept patients on Orthomolecular treatment so

that the clinic now has a variety of halfway houses to which it can refer patients.

Day Activity Center: The establishment and operation of a successful day activity center was another function of the treatment complex. Established with the help of the Episcopal Diocese at St. George's Church, formation was assisted by representatives from the hospital and the clinic, the Long Island Schizophrenia Association, and the Youth Consultation Service, a family agency for the Episcopal Diocese. This was the first operation of its kind based on Orthomolecular principles, but as time went on its financial requirements were beyond our capacities and we began utilizing the rehabilitation services of the County agencies which were publicly funded instead. Patients are referred to the Office of Vocational Rehabilitation of the State Education Department. At this time, there is still a need for additional programs to supply activities on a pre-vocational level, and we are currently working towards such a goal utilizing our past experiences as a guide.

Family Service Agency: The Youth Consultation Service of the Episcopal Diocese of Long Island, an old established social work agency, works closely with the clinic which provides psychiatric, diagnostic, and treatment services for clients referred because of the presence of a psychiatric disorder. As a result, the social work agency rapidly reduced its waiting list and there was a freeing of personnel time and resources so that the agency has expanded with satellite clinics around Long Island. The clinic provides psychiatric consultations to the Agency, and we have worked on joint projects together. They have published the results of their experiences, and their work has been greatly facilitated by greater awareness of the Orthomolecular concepts and diagnostic procedures, especially the use of the HOD test which enabled them to become aware for the first time of the nature of the disability which was previously unsuspected. This work is documented in

a chapter in the book, **The Hoffer-Osmond Diagnostic Test** (Hulse and Kehoe, 1975). YCS, together with the clinic and the Long Island Schizophrenia Association, has sponsored public luncheons and symposia with speakers on the subject of nutrition and mental health. These luncheons have been very successful and crowded with attendance by 900 mental health professionals, teachers, school psychologists, public health nurses, and school nurses. In October, 1976, they sponsored another symposium in which the speakers were Drs. Ben Feingold, Emanuel Cheraskin, R. Glen Green from Canada, and myself, as moderator.

The Academy of Orthomolecular Psychiatry: The Academy of Orthomolecular Psychiatry was founded by 113 clinicians and researchers who met in London in 1971 to formally organize as the Academy which has subsequently had annual scientific meetings, published the **Journal of Orthomolecular Psychiatry**, established training programs, and which is currently setting up formal procedures for certification in the subspecialty of Orthomolecular psychiatry. The Academy now meets twice yearly and for the last two years has been meeting jointly in an informal congress of medical organizations with common interest in nutrition, such as the Academy of Preventive Medicine. At these meetings, our Scientific Program has been well attended by general medical practitioners, as well as members of other specialties and members of our Academy who have in turn increased their knowledge of nutritional medicine so that our meeting format at present is that we meet once yearly with other medical organizations and once yearly in juxtaposition to the American Psychiatric Association's annual meeting. In this way, we hope to make information available to not only the psychiatric community, but the medical profession as a whole which has shown considerable interest in Orthomolecular methods as it is closer to the tradition of mainstream

medical practice. As a result, many medical practitioners have incorporated Orthomolecular concepts, diagnostic and treatment procedures into their practices. This is a considerable change of direction as medicine, in general, up to this time, has pretty much avoided or rejected psychiatry as being esoteric and impractical and unscientific, as well as cloistered.

National Societies: These consist of the American Schizophrenia Association founded in 1964, the Canadian Schizophrenia Foundation, 1970, Huxley Institute for Biosocial Research, and the Academy of Orthomolecular Psychiatry. All of these organizations support education, training, research, and public education. The Schizophrenia Associations support public meetings and symposia and serve as a common meeting ground for patients' families, mental health workers, and professionals, such as this Fifth Annual Conference of the Canadian Schizophrenia Foundation. As a result of the work of these organizations, the public as well as the profession has become more aware of the relationship between nutrition and mental health, and it is interesting to note that **Science**, the publication of the Association for the Advancement of Science, has had three articles thus far this year on Diet and Brain Function, and articles have appeared on the subject of hypoglycemia and mental illness in traditional psychiatric journals which have also been publishing articles on the value of self-help groups.

In summary, the community involvement in Orthomolecular therapy has been both vital and singularly effective. Its unique and landmark nature has been noted even by our critics who have acknowledged that it has been one of the most beneficial spinoffs of Orthomolecular therapy. The community involvement has been of a spontaneous, grassroots nature. It has expanded rapidly to fulfill a critical human need and fulfill a social vacuum. The accomplishments of these self-help and family member groups is immeasurable. They have succeeded in relieving anguish,

bringing public awareness of the problem to a national level, stimulating scientific research to bear on this difficult illness, all at no cost to the public or the taxpayer. In many cases, costly therapy has been avoided or greatly minimized by self-help groups that have acted as a guide through crisis periods. I believe that community involvement in Orthomolecular therapy will continue to grow and expand and proliferate. There will be an ever-increasing need for the human touch as medical practice is in the process of becoming increasingly bureaucratically controlled, standardized, and mechanized.

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