

## Correspondence

### Why Put the Mentally Ill in Jail ?

In 1970 less than 200,000 mentally ill patients wound up in prison in the United States. In 2002 about 1.3 million were incarcerated. A great many unfortunate citizens are getting a one way ticket to jail instead of being treated for their mental illness in hospitals.

In late 2006 a shortage of facilities for care of mental patients created a crisis which required the State of Florida to budget over \$70 million for an expansion program. The State is spending \$250 million yearly to provide 1,700 beds for inmates with mental illness according to a Florida Supreme Court sponsored study. According to Dr. Katharine Lyon, Director of Florida's Mental Health Program Office, there is now secure capacity for 1,232 individuals and a forensic step-down capacity for 517 individuals. The National Alliance on Mental Health suggests that this money would be better spent on keeping the mentally ill out of jail rather than maintaining them in jail.

A couple of centuries ago it was not uncommon in the Western World for the mentally ill to be chained in dungeons and treated like wild animals. Since that time their treatment has had a tendency to be more humane and enlightened. However there does not seem to have been much consistency from one generation to the next. In America, treatments have varied from state to state as well as from time to time. Early last century most of our mental patients were housed in hospitals. Today a great many find themselves in jail.

The transition from hospital to jail started about the middle of last century after Thorazine was developed. This neuroleptic drug appeared to be a perfect solution to a difficult problem. It quickly turned even extremely violent patients into unresisting cooperators. It was welcomed with open arms by psychiatrists, hospital personnel and politicians. They were led to believe that housing the insane

was no longer a problem. Mental patients were discharged from the hospitals. Many hospitals went out of business. Unfortunately the closed doors that had been opened turned into revolving doors. The supposedly cured patients did not do well. Many returned again and again for rehospitalization. One psychosis changed into another. Furthermore, the neuroleptic drugs caused nervous system changes and about 36% of patients who were given Thorazine developed Parkinson's disease. There were lots of laws to break and soon more than 10% of the inhabitants of jails were mental patients.

Therapies included in "The Standards of Care for Psychiatrists" have been turning most of their patients into dependent wards of the state. Only about 10% of American psychiatric patients become fully effective taxpaying citizens. This is not acceptable. Something better is needed. Fortunately something better is available.

About 50 years ago, Abram Hoffer, Ph.D., M.D., the father of orthomolecular psychiatry, and Dr. Humphrey Osmond demonstrated, with a double blind study and long term follow up, that schizophrenic patients could be turned into Canadian taxpayers. They did this with conventional psychiatric treatment while changing the chemistry of their patient's brains with orthomolecular therapy. Their hypothesis was that an abnormal conversion of adrenalin into adrenochrome caused mental illness. Dr. Hoffer's training in biochemistry led him to conclude that vitamin B<sub>3</sub> might prevent this conversion. His years of successful experience with this protocol indicates that 75 to 85% cure rates are possible, with lowered requirements for hospitalization. Large doses of vitamin B<sub>3</sub> have helped his insane patients become sane—worked miracles beyond the range of psychiatric drugs. But if this is so good, why isn't every psychiatrist using it?

In 1973 the American Psychiatric Association published a report which is said to have used lies and innuendos to discredit the Hoffer-Osmond experimental work and publications. It was very effective. Psychiatrists didn't bother to investigate the original work or read the publications on orthomolecular medicine. As a result they have failed to take advantage of a remarkable advancement in the state of the medical arts which could have benefited millions of people and saved billions of dollars.

It should be noted that there is a precedent for using niacin and niacinamide, vitamin B<sub>3</sub>, to cure mental patients. In the early 1900s about 10% of patients in some insane asylums were there because they had a disease called Pellagra. When they received 14 milligrams of niacin daily, they recovered their mental capabilities and were discharged as cured. Niacin added to flour and bread has kept many people out of mental hospitals since then (see Orthomolecular Medicine Hall of Fame

inductee, Joseph Goldberger, p 109).

Considering the large potential savings, which appears to be achievable by inexpensive niacin supplementation, wouldn't it be insane not to give it a try? Is it possible that our psychiatrists need to be reconditioned with education in nutrition in order to improve their effectiveness? Something needs to be done to improve their performance. It has been far from satisfactory over the last 50 years. In addition our politicians might want to consider mandating the addition of more niacin in bread. It is the basic food of the poor who are most subject to malnutrition. Dr. Hoffer believes that this would keep more people sane and effective and reduce the need for hospital beds.

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