

Submission to the Parliamentary Committee on Youth Suicide

By Jim Sullivan

In addition to being an active member of the Katherine Hospital Board, I am a long-time pastoralist in the Top End and have been involved in new and innovative practices in agriculture. I have lived in the Territory for nearly 50 years, and have a keen interest in building and strengthening the rural communities in which I live.

Causes of Youth Suicide

A very significant factor in youth suicide, and in particular, youth suicide in Aboriginal communities, relates to social factors which are well-known and endemic: unemployment, substance abuse, family breakdown and violence. Whilst these factors are familiar to me, they are not areas in which I have particular knowledge or suggestions for remedies.

Instead, this submission is targeted at ways in which medical understanding that is presently excluded from mainstream medicine could contribute to better treatment and thus better outcomes for those at risk of suicide.

The three major points I wish to make are as follows:

1. Holistic medical approaches, such as chiropractic and naturopathy, *among other* could assist in the treatment of depression and prevention of suicide.
2. The exclusion of holistic, preventative medicine such as chiropractic and naturopathy in medical services offered by the Health Department supports the self-serving efforts of the medical industry to create a 'closed shop' for medical care, consequently leaving people without access to medical care that has been proven to assist.
3. Medical courts are stifling access to innovation and new knowledge and this is preventing all medical understanding being brought to address the crisis in indigenous health

Spinal Manipulation and Chiropractic treatment

In the early 1980s my daughter was involved in a minor motor accident while she was going to boarding school in Brisbane. Nobody was hurt in the accident, and we assumed all was well. Unfortunately, in the weeks after the accident, she began experiencing migraine headaches.

This gradually become more and more frequent, so that a year later her ability to complete schoolwork and participate in normal life was becoming severely compromised. She saw several doctors, and their only prescription was for stronger and stronger analgesics.

Fortunately, we knew that Dr Eric Milne had shifted to Tweed Heads from Mt Isa so I arranged for her to be treated by spinal manipulation under anaesthetic. She rang me a fortnight later to say hadn't had a migraine since. This dramatic improvement is testified to by research conducted by the study conducted by Tuchin, Pollard and Bonello (Tuchin P, Pollard H. & Bonello R. *A randomised controlled trial of chiropractic spinal manipulative & therapy for migraine* in JMPT 2000 23: 91-95)

My daughter was a prime candidate to get the blues, and thus be vulnerable to suicide. Fortunately, our access to alternative medical practice enabled us to protect her health and well-being. Almost thirty years later, she still regularly accesses chiropractic treatment to prevent the migraine headaches to which she is prone.

Alternative Treatments in the Health System

Australia has a great health system in the areas where it excels such as treatment of trauma, surgery, resuscitation, obstetrics, pain relief and public health. The system fails in areas where people do not respond to drug-based medicine.

I believe we need to establish a separate arm of health practice that enables more widespread use of those therapies, with formal training, which could bring to bear other health knowledge, such as spinal manipulation, chiropractic, naturopathy, and other philosophies that have formal training. At present these treatments are excluded from the Department of Health and all hospitals as well as local clinics all over Australia.

I suggest an alternative, or adjunct clinic be established, which could provide different and "outside the square" treatments not accepted by traditional medicine. But since traditional medicine is failing these patients, surely we should have the attitude 'whatever it takes'.

Such treatments could have an impact on the youth suicide rate, in part because they could assist with the treatment of depressive illnesses. Whilst mainstream medicines condemn much of this practice as being merely the placebo effect, the reality is even the placebo effect would be better than nothing. The advice I have received is that the adjunct clinic could affect suicide rates to a substantial degree.

The adjunct clinic is low cost and hands on, and so approaches the problem from a different angle. *Reluctance*
The Katherine Hospital board has had its attention drawn to a growing resistance by Aboriginal people to drugs. Establishing an adjunct clinic will avoid the massive resistance to anything other than the status quo by the medical industry. There is huge money and big reputations at stake in health. Any threat to the status quo will not be taken lying down.

The new hospital initiative of local hospital networks may perhaps bring new money into the hospital system. Nevertheless, the need to reduce the cost of health to the NT and state governments is urgent. As a hospital board member may I bring some observations to your attention?

Legal Protection for the Health System

I'm advised that a lot of the tests and pharmaceuticals ordered are really a way of covering one's back from legal attack. The parliament needs to investigate this and give people in the health front line much better defence against legal attack or complaint. This may enable a cut-back on these expensive options of as much as 20 per cent over a number of years.

Spinal manipulation has shown itself to offer a different approach to many health problems. This offers low risk treatment just one in 50 million, according to Associate Professor Rod Bonello at Macquarie University.

Dr Beaumont,) stated at a medical tribunal hearing in 2011 that spinal manipulation has a scientific basis to at least three levels out of five. There are many procedures used in hospitals that have no more than three levels of assessment, so the two mantras of high risk and no scientific support for the idea of spinal manipulation are just ways to cling to the status quo. Also the idea "its alternative" can be used to dismiss a new approach is clinging to the status quo in another guise.

Finding ways to reduce suicide among the young is not going to be easy. However, bringing all the guns to bear is a good start. At present a big swag of knowledge is not allowed to be used as it offends the medical industry.

Let me give you some examples of sacred cows that must not be touched. The first was tariffs: up to 180 per cent on clothes, etcetera. Nobody was prepared to touch tariffs for 75 years. They were loved by the cities and the unions, however the damage to the Australian economy was immense. To his great credit Gough Whitlam grasped the nettle and cut tariffs by 25 per cent across the board. Bob Hawke brought in foreign banks, John Howard reigned in guns.

There is an urgent need to reign in the sacred cow of medical courts. These courts are set up by parliament in all states to protect the public. However they are being used to protect the medical industry from criticism and dissent.

4. Yet any medical practitioner who uses different treatments which challenge conventional medical practice will be driven from the profession.

The civil courts are not prepared to interfere, even at very high levels ;
The effect of this is that no doctor is prepared to take on the system as they risk getting deregistered.

This is a major sacred cow that parliament must deal with.

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