

The Big Read

“He threw his hands in the air and said, ‘We have nothing else in our armoury for her’

There is too much emphasis on medication and therapy, writes

Jennifer McBain



AN average of two Scots a day took their own lives in 2019, and that figure is expected to rise when the 2020 numbers are released next month. At the same time, increasing numbers of Scots continue to suffer – and die – from addiction issues. The burning question, and a new hot political topic, is what can be done to reverse this trend?

Each of these increased death rates is a tragic reminder of the state of the nation in terms of mental health.

Calls for a complete change to the treatment model for mental illness in Scotland are now being amplified by experts, politicians and by those with experience of current mental health services. Most of the treatments are almost entirely focused around the dispensing of medication and various traditional talking therapies.

For the most part, the so-called medical model predominates in psychiatry in Scotland. Symptoms such as anxiety, depression and psychosis are often seen as the result of faulty brain chemistry, requiring powerful psychoactive medication.

The genetics explanation for mental health is also commonly pushed. However, recent developments in the field of epigenetics, reveal that genes are not destiny. Rather they are switched on and off in response to environmental factors.

Moreover, the brain is now known to be subject to neuroplasticity. That means it can alter and change in a positive way. This is an extremely hopeful development in the field of psychiatry, and one that should spawn new and better treatments.

Freelance writer Mark Smith, a former deputy business editor at The Herald before he and his family relocated to the US in 2012, lost his daughter, Joshi, to mental illness last year.

Joshi suffered from deep depressions, anxiety and obsessive-compulsive disorder. When mental health professionals in Scotland and America failed to treat her conditions successfully, she began to self-medicate. She died after an accidental drug overdose at age 24.

Mr Smith says: “I have a clear and haunting memory of sitting with Joshi and my wife in a room at Stirling Royal Infirmary. After several years of therapy and multiple therapists, the head of psychiatry literally threw his hands in the air and said, ‘We have nothing else in our armoury for her’.”

It is believed about 90 per cent of trauma is interpersonal. In other words, it is caused by dysfunctional human interactions, rather than one-off dramatic events. Joshi did not suffer traumatic abuse, but did have an extremely difficult birth. It is known that early exposure to trauma can have far-reaching consequences.

In the 1990s a team of researchers in California conducted a large survey evaluating participants’ exposure to adverse childhood events (ACES). They quantified experiences of traumas such as verbal, physical and sexual abuse, neglect, parental mental health issues and domestic violence, allocating points for each one. The results were startling and have been replicated many times over by other researchers in other countries.

In summary, the higher number of ACES, the greater the risk to future mental and physical health. Interpersonal trauma also causes emotional dysregulation that leads to problems in relationships, which can compound matters and exacerbate ill health. Good physical and mental health is known to be rooted in positive connections with others.

Fiona Macauley, a therapist and mental health practitioner who runs Highland Trauma Services, agrees.

For many years, she worked within NHS Highland, supporting frontline workers. When she discovered the ACES study in 2006, a lot of her experiences began to make sense. She could see that many of the people coming to her for support had been traumatised and were having that trauma reactivated by a negative work culture.

Feeling out of her depth despite her postgraduate qualifications in cognitive behavioural therapy, Ms Macauley undertook trauma specific training and learned many conventional therapies can actually make trauma worse.

She said: “There needs to be more accountability of psychological therapists to provide evidence-based trauma treatment under supervision of a consultant trauma therapist. Clinicians should have a proven clinical background, not an academic one.”

Ms Macauley is now trained to deliver eye movement and desensitising reprocessing (EMDR). It involves patients making rapid eye movements successively for short periods of time, while focusing on



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Mental health system ‘is failing us all’ as suicides and addiction deaths rise



Mark Smith with his daughter Joshi



Fiona Macauley: ‘We must address causes’



Joshi suffered deep depressions

specific traumatic feelings and events. It is not known exactly how it works. One theory is it recreates what happens during rapid eye movement sleep that occurs when we dream. Dreams help us to process events. It is just a theory, but what is clear is patients derive great benefit from EMDR.

Carol is one such patient. In her mid-50s, she had collected numerous psychiatric diagnoses before finally being recognised as suffering from complex trauma and being treated by a NHS psychologist with expertise in EMDR.

Now symptom-free, Carol said: “Life is good now, I no longer suffer mood swings or an urge to harm myself. Life is good. It is like stepping into the sunshine after years in a darkened room.”

It is known that stress and trauma have physical manifestations. In the case of post-traumatic stress disorders, such as those at play in Carol’s case, the body is put into a state of high alert or hyper-vigilance because certain experiences have not been processed by the brain.

Instead of being neatly filed in the rational part of the brain – the pre-frontal cortex – memories reside in the amygdala, in the prehistoric or limbic part of the brain, where they are prone to reactivation. These put people into a state of flight, fright or freeze.

Being in a state of fight-or-flight is a good thing if you are a hunter-gatherer, as our ancestors were. However, the overproduction of stress hormones, such as

cortisol are known to cause inflammation, the root cause of many diseases.

The British Heart Foundation cites research that appears to support this. On its website, it is noted that prolonged exposure to stress causes the surfeit production of white blood cells. It goes on to ask and answer a salient question: “Why does this matter for heart and circulatory health? Because those angry white blood cells circulate in your blood vessels, and can contribute to vessel diseases.”

Waiting lists for children and young people in Scotland who have been referred to Children and Adolescent Mental Health Services (CAMS) are at record high levels. Mental health issues have been exacerbated during lockdown and children are no exception.

How to address this is key and it is not unusual for children to have to wait years to be seen by a specialist. Services are stretched to breaking point and there is a deficit of people qualified to work in CAMS.

Ms Macauley says: “Unless we speak with children and young people at the time their trauma is happening, we will create

an adult population with untreated trauma.

“If we think of a tree with trauma at the roots, we will not get anywhere if we just lop off a few branches. We need to address causes and not symptoms, and we need to stop classifying people with unhelpful labels, such as emotionally unstable personality disorder. In every case I have come across where such a diagnosis has been reached, the patient is actually suffering from complex trauma.”

Psychologist Professor Ad De Jongh, who works with traumatised patients and those suffering from extreme depression in the Netherlands, also supports EMDR. Some of his patients have presented themselves to an end-of-life clinic, but after participating in an intensive eight-day session of EMDR and CBT, interspersed with sporting activities and rest days, about 70% of patients no longer fulfil the diagnostic criteria for PTSD.

Even the most challenging cohort of euthanasia candidates benefit. Professor De Jongh said: “It happens a few times a year that people – after their PTSD treatment – cancel their appointment at the clinic and indicate they want to live again...”

Mr Smith believes the current mental health system in Scotland needs a complete overhaul. He has set up the Joshi Project, which aims to run a pilot project based on a programme run in Trieste, Italy, where its implementation has seen the rate of suicides and drug deaths dramatically decreased.

He added: “This is the result of a model that treats individuals through a system of community outreach, compassion, dignity and a focus on the sufferer’s long-term needs. It rejects the notion that people’s mental health can be fixed with a few therapy sessions and a bottle of antidepressants.

“The Trieste model is recognised by the World Health Organization and is practised in multiple countries around the world. At least half a dozen NHS trusts in England and Wales are now implementing it. I keep asking: Why not Scotland? I believe it is time to change a system that is clearly failing all of us.”

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