

APPENDIX 3

Comparison of Medical-Model and Holistic, Traditional, Energy/Spiritual Mental Healthcare

Comparison	Medical Model Approach	Holistic, Traditional, Spiritual, Energy, Body Approaches
Scandals	Serious, including deliberate creation of false memories of Satanic cults, sexual abuse, multiple personalities in 1990.	None
Involvement in torture, mind-control experiments	Epidemic, including psychologist design of Quantanimo torture program	None
Lawsuits, legal actions, sexual abuse against practitioneres	Massive numbers	None
Taxpayer funding for approach	100%	None
Cost to taxpayer	50% of taxes	None
Costs to maintain bureaucratic system of government regulation	Massive	None Like-minded association in voluntary-membership organizations, paying modest fees that are not passed on to the public.
Contribution to economy independent of tax-payer funding	None	\$7-10 billion annually
Employers	Mostly government funded	All non-government funded small business, mostly

		women
View on emotional suffering	A psycho-medical problem to be resolved with chemicals, harmful diagnoses and theories of brain function	A natural reaction to the bumps and bruises of life that resolve with natural, life-sustaining mind-body-spirit approaches devoid of judgment, diagnoses and chemical interventions.
Suicide rate among professionals	Physicians are more than twice as likely as the general population to commit suicide; psychiatrists are four times as likely	No evidence of any
Suicide contemplation, attempts	1 in 4 psychologists consider suicide at least once and 1 in 16 have attempted at least one time to kill themselves.	No evidence of any
Suicide details	Of the physicians who committed suicide, 42% were being treated by a conventional mental health professional at the time of death.	N/A
Rates of addictions, substance abuse, depression, and divorce	Higher for conventional health care professionals than the general population. The biggest names in psychology/psychiatry who used psychotherapy/talk-therapy, including Freud and Jung, suffered unresolved serious mental issues, addictions, and are still today defining 'normal' for the rest of society.	Unavailable
Sexual abuse of patients	A source of serious concern for both the public and the authorities. <ul style="list-style-type: none"> A woman is statistically at greater risk of being raped while on a psychiatrist's couch than while jogging alone at night through a city park. 	No history of such

	<ul style="list-style-type: none"> • In a British study of therapist-patient sexual contact among psychologists, 25 percent reported having treated a patient who had been sexually involved with another therapist. • A 2001 study reported that one out of twenty clients who had been sexually abused by their therapist was a minor, the average age being 7 for girls and 12 for boys, the youngest child was three. 	
Response to sexual abuse of patients	Typically treated as 'professional misconduct' by licensing bodies, resulting in a temporary suspension of license to practice	Offenders are treated the same as the general population
Core requirements	Psychotherapist, psychologist or psychiatrist: pathologization of suffering and reaction to life, drug therapy, talk-therapy based on psychological theories of brain function, diagnoses and patient compliance with treatment.	Empathy, non-judgement, desire to empower clients, encourage responsibility, and share wisdom, knowledge The core requirements of a psychotherapist, psychologist or psychiatrist are considered detrimental to effective mind-body-spirit healing
Regulatory redundancy	Massive	None
Suicide of patients	Countless veterans in conventional treatment (especially on psychiatric drugs)	No history of such
Mass school shootings, massacres, homicide, other violence	Most involve killers treated within conventional mental health system, typically on psychiatric drugs	No history of such
Adverse events resulting from treatment (deaths,	The overall incidence of adverse events of 7.5% in one study suggests that, of the almost 2.5 million	No history of such

complaints, disabilities, hospitalization)	<p>annual hospital admissions in Canada similar to the type studied, about 185,000 are associated with an adverse event and close to 70,000 of these are preventable. In Canada the reporting of adverse events is entirely voluntary. Researchers believe that only about 10% of adverse events are actually reported.</p> <p>Prescription drugs, used as prescribed, are the fourth leading cause of death in Canada – leading to approximately ten thousand deaths per year and causing 100,000 serious injuries. 70% of these deaths are preventable.</p>	
Provision of well-established mind-body-spirit treatment approaches that are not regarded as 'psychotherapy' or medical-model	In these rare instances, the therapy is typically carried out in public institutions and with public funding, by practitioners from regulated professions, such as medical doctors, social workers and psychologists	Always
Curing of mental illness	<p>No evidence of any patient having been cured of any mental illness</p> <p>In a study of 17,000 Canadian children treated with psychiatric drugs for mental health issues, not a single one had improved, there was no evidence that their school work benefited and in most cases family relationships deteriorated. Many children committed suicide.</p>	Documentation from pre-pharma days show greater than 90% success rates in curing mental illness, even as severe as depression and schizophrenia through natural, empathic treatments at facilities such as Soteria House and Quaker Hospitals
Worsening of mental	Common	No history of such

illness caused by treatment		
Scientific support	<p>None, for any mental illness diagnosis, for effectiveness of any mental illness treatment in curing mental health issues, for evidence that any psychological theory is correct.</p> <p>Most studies show that placebo is more effective than conventional treatments for mental illness.</p>	<p>Hundreds of studies have shown the effectiveness of natural, empathic and holistic approaches to mental wellness, including Barrio studies from 1967 and 1970 proving that hypnosis resolves many issues, both emotional and physical, significantly more cost-effectively than psychiatric, psychotherapeutic treatments.</p> <p>Natural therapists have the benefit of the absence of conflict of interests and shoring up by government agencies; their success is dependent entirely on the client's assessment...it is truly an evidence-based industry.</p>
Attitude towards placebo effect	Placebo efficiencies are dismissed.	The entirely safe placebo effect is harnessed; it's effective use is key to holistic approaches.
Use of nocebo (inert substance or interaction that creates a harmful effect)	Routinely utilized to keep patients compliant	None
Invasive procedures or testing	Typical	None
World-wide use	Only 20-30% of the world's population use western medicine	70-80% of the world's population rely on and prefer natural, drugless healthcare.
Training in nutritional and lifestyle approaches	<p>MDs receive virtually none</p> <p>Psychotherapy training in any conventional institute or university is inherently informed by the medical-</p>	Most natural therapists advocate and/or teach healthy nutritional and lifestyle choices, ensure all available information is shared about quality of food,

	<p>model approach to healthcare, institutionalized by David Rockefeller when once he directed all curriculums at those institutions to eliminate all natural approaches to healthcare.</p>	<p>chemicalized foods and beverages, since, as many studies show, mental health issues are often resolved by making such natural changes.</p> <p>Training for much of mind-body-spirit practice includes the kinds of learning and principles of evaluation that a university setting is not designed to provide. The personal and experiential nature of all holistic healthcare training cannot be pursued in that environment, given that since 1930, medical-model educational facilities have suffered holistic, non-drug approaches poorly.</p> <p>Many have training in medicine and earned medical degrees.</p> <p>Many studies have shown that improving a child's learning and home environment, including their unhealthy diets typically result in well-adjusted, healthy, balanced children with normal responses to life, resiliency and resourcefulness.</p>
<p>Impetus for regulation</p>	<p>Public's perception: efforts by psychologists and psychiatrists to protect their 'turf' via coercion and manipulation of clients into using their services, in the face of public migration to natural approaches after the scandals of the 1990s involving these professionals were made public</p>	<p>Little desire for regulation</p>
<p>Public preference</p>	<p>The public is increasing disillusioned, distrustful,</p>	<p>During the latter half of 2005 and first half of 2006, at</p>

	<p>and unwilling to risk harm, and or wasted time and effort via medical model treatment</p> <p>Nine years ago, in 2005 alone, more than 1.2 million adults aged 18 or over consulted an Ontario alternative health care provider, representing about 13% of the total population of Ontario.</p>	<p>about the same time medical/ pharmaceutical lobby groups accelerated their efforts to 'regulate' alternative and holistic practitioners, more recent studies were suggesting that out-of-pocket expenditures on alternatives were doubling every decade.</p> <p>An extrapolation for the Ontario population based on Fraser Institute Public Policy Sources:</p> <p>13% of the Ontario population were using alternatives by 2005, suggesting that some \$4-5 Billion out-of-pocket was spent on alternative treatments in 2005-6, in Ontario alone, saving the imploding healthcare system billions.</p> <p>Almost ½ of the natural health services and natural health providers were located in Ontario by 2005-2006, when at least \$3-4 Billion or more of spending on natural therapies was and is found in Ontario.</p> <p>At the rate the expenditures were doubling, a decade later in 2014-15, it can be expected that Ontario residents have spent close to \$8-10 Billion on alternatives annually.</p> <p>In 2006, alternative therapy providers were the major expenditure component, making up 72 % of average per capita expenditure. Books, classes, equipment, etc., was the next largest category at 13 %, with herbs and vitamins only slightly smaller at 12%. Expenditures on special diets were the smallest expenditure per capita at just 3 %.</p> <p>In 2005 the vast majority of religious/spiritual workers</p>
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Coersion of Patients	Commonly threaten withdrawal of service if patient seeks non-conventional assistance; label patient as 'non-compliant'	Extremely rare
Education, standardization	Forced indoctrination; arbitrary academic credentialing; Master's Degrees that are of no practical benefit to any patient and are often the default position during College Registration Psychotherapy:. Common requirement at CRPO now a Master's Degree in anything.	Standardization is enhanced with individualization and uniqueness of the practitioner Relevant education that directly and practically impacts the client; no arbitrary requirements
Comfort of clients in disclosing use of other approach	2/3 of people who use complementary and alternative medicine do not tell their medical doctor	Clients of natural practitioners unafraid to share if they are utilizing conventional practitioners
Practitioner income	Mostly from provincial and private insurance reimbursement	Paid out of pocket by clients
Attitude and approach to client's self-reliance	Patients are encouraged to rely on the practitioner	Self-reliance and education is thoroughly encouraged
Individualized treatment	Treatments are based on a medical-model, cookie-cutter approach dictated by a regulatory college, without exception	Practitioners are free to tailor treatments as they and their clients see fit
Professional identity	Psychotherapy has no clear professional identity; loosely associated practices of talk therapy with no common denominator, often subsumed under other already-regulated professions such as psychology, medicine, nursing, social work, and	Many clear professional identities, in order to offer the public the most comprehensive treatment options possible; all treatments have their own unique identity, clear sets of requirements in training and skill set Active associations and affiliations of national and

	sometimes practiced under pastoral ministries, sometimes under its own general name or variants thereof	international organizations that are among the most developed and respected in the field of natural healthcare. Specific titles, specific skill sets and identifying core competencies
Length of treatment	Psychotherapy is designed to be a long-term intervention, often years	Designed to work quickly; long-term reliance on the therapist is discouraged
Self-employment in the private sector	Minimal; most practitioners employed by large 'healthcare system' employers	Primarily; thousands of small to medium sized businesses
Public Complaints	Serious and numerous	None
Involuntary treatments	Becoming epidemic	None
Cutback to services	Routine	None: increased demand results in increased services
Foundation	Psychotherapy founded on 'theoretical' orientations	Founded on training and approaches passed down through decades, centuries and even thousands of years in their pure form