

Mental Health Draft Report (Oct 2019) Written Submission

1. GPs, nurses, occupational therapists, psychologists, psychiatrists and any other relevant professionals supporting mental health consumers to be educated not only in contemporary biological psychiatry, but also other less known mental health treatments that are evidence-based, namely, the Walsh Protocol (nutritional medicine) and Functional Neurology (rehabilitation therapy to promote neuroplasticity). (Please see: <https://www.walshinstitute.org/advanced-nutrient-therapy.html>; <https://www.biobalance.org.au/> and: <https://www.drrobertmelillo.com/about/>). These therapies, especially when combined together, aim at reducing and, in some instances, eliminating the need/option of psychotropic medicine. This means mental health consumers experience less to no side-effects from medication which has a tremendous impact on their prospects for employment, enables them to contribute to the economy, earn a livelihood with less or no demand on government support (Centrelink), and gain self-esteem from this process. Because GPs are the frontline service for most mental health care in urban and regional parts of Australia, it would especially benefit them to learn of these above-named therapies in order to help manage the side effects of mental health medications. Please include, at least, an introduction to these therapies in their academic training.
2. Add to the Pharmaceutical Benefits Scheme (PBS) melatonin (as a sleep aid). The risks and side-effects of sleeping pills (which include suicidality) are not ideal. Those consumers using a good quality Australian sourced melatonin are paying around \$85 for a 3 month supply. Consumers paying this amount for their melatonin that are also receiving the Disability Support Pension (DSP) and are without paid work, find this adds to their financial stress.
3. Add to the PBS MD prescribed bio-available nutritional supplements as per the Walsh Protocol. A 3 month supply can cost \$250-\$300. Even a \$5 contribution is of financial benefit and it would show that the Australian health system validates prescription nutritional medicine, and the role nutrition plays to balancing one's body chemistry and the important link this has to mental wellness,
4. Include Medicare covered blood tests for pyrole disorder, undermethylation and overmethylation disorders, especially for those diagnosed with a mental illness embarking on the Walsh Protocol program. Two years ago, these tests cost just under \$200. They are expensive when one's mental ailment precludes them from working.
5. Include in resources for help for mental health consumers/patients, alternative options of treatment namely that of the Walsh Protocol and Functional Neurology. Information brochures/flyers given to consumers in hospital, medical centres and so forth.

6. Include financial dental assistance for those on psychotropic medications that are deleteriously affected as a result of their medication. Seroquel and Zyprexa, for instance, can cause the need for tooth fillings due to chemical enamel erosion, tooth crowns due to cracking teeth and even tooth extractions due to serious tooth disintegration. A crown, for instance, which I have recently been quoted \$1,600 in a private dental practice, is not provided as a service from the public dental hospital system. If one has 2 cracked teeth and in need of 2 crowns, one is in need of around \$3,200 dollars! The financial stress is enormous.
7. I whole-heartedly support the proposition to increase the number of MBS-rebated psychological therapy sessions from 10 to 20 in a calendar year. There is a real need for this support.
8. Increased funding for respite for Carers, families and mental health consumers in the form of holiday retreat packages for a short getaway. The Schizophrenia Fellowship up until 2 years ago, had holiday houses at Manly, NSW, for 3 day stays. This allowed Carers in particular, the opportunity to be pampered whilst evening meals were provided for instance, and they could be revived emotionally and physically.
9. Introduce education for doctors, mental health support workers, patients and their families on the hazards of psychiatric medicines as noted by Peter Breggin (psychiatrist and psychotherapist) on <https://breggin.com/>; Robert Whitaker (medicine author and speaker) please see https://www.youtube.com/results?search_query=robert+whitaker+md; and Peter Gotzsche (MD) please see <https://www.youtube.com/watch?v=9cfjK0mPF8> (Prof Peter Gøtzsche: Why Few Patients Benefit and Many are Harmed).

This suggestion is not necessarily to support or promote the complete abolishment of psychiatric medications, but to inform people of the following:

- a) The agenda of Big Pharma
- b) The risks associated with psychiatric drugs regarding their numerous side-effects
- c) Alternative treatment options.