

## Prevention and early intervention.

### Mental health as the rule not an exception.

I argue that the term mental health, mental illness is divisive and preserves the premise we are born mentally healthy. Seeking out help in a crisis is not preventative and will require a revolution to how we perceive mental stability and health. A dialogue around the premise we all have some form of neurosis and seek help when maladaptive patterns limit our goals, relationships, health would be more productive. Using WHO “a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.” The perniciousness of maladaptive behaviours require a pro-active and supportive stance by Australia’s bureaucratic departments. Ten visits under a MHCP is not sufficient enough to achieve a sustained and complete treatment, the cost and availability of competent therapy is currently prohibitive to our vulnerable populace.

### High risk potential residents and citizens.

ACE International Questionnaire (ACE-IQ) as a metric for early intervention. We have the tools to identify and reserve resources to reduce the impact and severity of wellbeing symptoms on the individual and the community. The longer we wait to proactively intervene, the more we prolong multi-generational trauma and perpetuate and compound the cycle of complex chronic neurosis. I recommend deploying predictive tools via the frontline relationships of schools, churches and NGO staff, with the intent to only offer avenues for education and support and not to judge or criticise.

### Relationship patterns and repeating maladaptive caregiver habits.

There is enough evidence to construct an argument we are attracted to and choose partners that represent fragmented or wounded parts of ourselves. Partners that also represent unaddressed parental defences and maladaptive coping strategies. Addressing this dynamic earlier in life will lead to greater outcomes for partner choice, which can feed into greater efficacy in therapy and reduced ACE scoring. If we agree that no parent is perfect and parents at the peak of responsibility did their best with the skills they had, we are all subject to maladaptive attachment behaviours. This is an epidemic, concealed as normality — with reference ranges creeping into the surreal.

### Efficacy of prevention

Bring body psychotherapeutic integrated techniques into the mainstream. We are seeing a re-emerging of body and mind related therapies. CBT will have diminishing returns over time, especially if focusing on the reduction of the pathologizing is seen as the key performance indicator. Mindfulness and the like methods that seek to override or dismiss feelings do not address the underlying trauma in the body system. Making these financially and geographically accessible to the population, with an independent overview for appeals and complaints will see a decrease in trauma and maladaptive attachment born relationships; reducing the overall risk of a higher ACE-IQ score.

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## Issues relating to users of mental health services and supports

### Compassion fatigue

Carers and support services are impacted by persistent compassion fatigue, which reduces the efficacy of the treatment or options provided. Carers, particularly those with a predisposition for co-dependent relationships will be at high risk of compassion fatigue. Creating support services and strategies that allow for compassion and empathy with outlets for service providing staff is paramount. Resources to report and track compassion fatigue and/or vicarious trauma for NGOs needs to be a metric for a national emotional ROI. Compassion fatigue increases chances of self harm and perpetrating abuse, which then flows into higher ACE scoring going forward. A systems approach is paramount and I feel think tanks with a priority for financial incentives will never broker a solution for the people on the front lines.

### Efficacy of men's behaviour change programs and source material.

Gender studies, specifically post-modern source material is under scrutiny. This includes unethical ties during the peer review process, research that fails to understand and incorporate biology; the pernicious relationship between childhood caregivers and relationship dynamics. Tools and modalities like CBT, that include intellectualising emotions are subject to diminishing returns. Theory that only seeks to address the male component through the lens and framing of Patriarchy, will not benefit from a holistic approach and continue to obscure influences discussed in earlier psychological models. The term abuse is increasingly receiving scope creep as more behavioural trends are associated and integrated into theoretical models and legal systems. This model of therapy and intervention is flawed. Persistence to only view men's behaviour in a vacuum will continue to yield inefficient results. The wellbeing of the man under therapy is not taken into consideration, as he is pathologized as the perpetrator, there is no reprise or sharing of responsibility in relationship dynamics. Physical violence against another is abhorrent, and it is outrageous to not pursue a non-ideological approach going forward. Addressing men's disposability in the upbringing of his children and place in society is of utmost importance and all efforts to support modalities to expose the underlying trauma, suppression, beliefs and expectations are paramount.

### Opioid crisis and failures within the therapeutic model.

Patient health and being able to transparently communicate the efficacy and competence of professionals is in need of review. Self regulation has failed in the relationship between those that can prescribe and industry promoters. By viewing the mind and body as separate, the requirement for pharmaceutical intervention has been intensely prescribed. This is not a solution and requires a non-ideological review of treatment efficacy and a return to an integration of mind, body and spirit. Research funding with an intention to establish patient outcomes to include a holistic approach will be important going forward.

Efficacy of pharmaceuticals, side effects and a review of the placebo and nocebo combined with a transparent review of the professional will keep authenticity and integrity at the forefront of treatment. GP's and therapy professionals are gatekeepers to our health and further government support; they must be kept accountable. I propose a branch of ICAC hybridised with the Commonwealth Ombudsman to expose and align our medical and therapeutic practices to assist the Australian population going forward. I feel Australia has potential to lead the way in a holistic wellbeing model for health.

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