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**SUBMISSION TO
THE HOUSE OF REPRESENTATIVES COMMITTEE
REGARDING MENTAL HEALTH
AND WORKFORCE PARTICIPATION.**

INTRODUCTION:

The aim of all workers in the mental health industry is to improve the client's functionality, to improve their integration into "normal life", to allow them to better socially integrate and to reinstate "meaning" into their daily life.

To achieve these aims would be classified by all as successful intervention.

Re-entry into the work force will be more likely to occur if the targets stated above are first met.

Many admirable submissions have been put to this committee and all are worthy of consideration and / or adoption. They do, however, presuppose that the client is ready to make this step, that preceding therapy is completed and the client is as good as he or she is going to be.

We put forward a different view that many clients are in fact not ready to make this step.

We feel that many sufferers of depression, schizophrenia, bipolar disorder, anxiety, autism spectrum disorder etc have had nil attention focussed on biochemical imbalances that may be profoundly impacting on their functionality and thus severely effecting successful workforce re-entry.

*The prevalence of zinc depletion in patients with mental illness is largely unrecognised, undiagnosed and thus untreated.

*The work of Pfeiffer, Hoffer, Walsh and others is unknown to most workers in the mental health fields.

*Aberrations of the methylation pathway are common in sufferers of mental illness and yet seldom looked for and thus largely left untreated. This being despite an abundance of research looking at the interrelationship between this crucial biochemical pathway and mental illness in general.

*The emerging science of epigenetics is shedding some light on why crucial enzymatic pathways may be malfunctioning in sufferers of mental illness.

EVIDENCE:

Many workers in this field cite a lack of evidence suggesting and interrelationship between these biochemical issues and mental illness. A simple search on the Google Scholar site would suggest otherwise. Following are the number of references [usually published work] with the following simple two word searches:

-Zinc deficiency / Schizophrenia	8,300
Zinc deficiency / Depression	24,100
Zinc deficiency / Autism	4,200
Zinc deficiency / Bipolar	4,120
-Methylation / Schizophrenia	12,400
Methylation / Depression	24,700
Methylation / Autism	6,760
Methylation / Bipolar	5,660
-Epigenetics / Schizophrenia	11,600
Epigenetics / Depression	17,400
Epigenetics / Autism	7,940
Epigenetics / Bipolar	6,070

PATIENT OUTCOMES:

Central to this submission will be the tabling of a 12-month follow-up study of 567 patients who attended a single practitioner.

In this study the above-mentioned biochemical imbalances were looked for, identified and in most cases corrected or improved.

Subjective outcome data is presented and comparison is made with a group who attended the practitioner but did not embark on treatment.

The published paper is tabled as a separate attachment and can be discussed with the reviewing committee.

Whilst workforce re-entry was not specifically studied there are many cases where this has occurred in major part due to correction of the imbalances discussed. Examples:

- A poorly controlled schizophrenic resuming university and completing an arts degree.
- A severely depressed, hospitalised artist resuming painting and public displays of her work
- An unemployed depressive establishing an international water purifying business.
- A 20 year old autistic being employed 3 days per week

Another practitioner cites successfully treated schizophrenics including a psychiatrist; two Oscar nominated movie stars, an air traffic controller, and an Olympic athlete silver medallist.

Given the improvement rate, the inescapable conclusion is that mental health sufferers are more likely to successfully integrate into the workforce if the discussed biochemical imbalances are identified and corrected.

RECOMMNDATIONS:

- [1] That the committee and those who have presented submissions to the committee have a better understanding that the majority of mental illness sufferers have identifiable and correctable biochemical abnormalities.
- [2] That practitioners who are trained in his work have consultations up to the medicare scheduled fee included in FaHCSIA funding packages for autism spectrum disorder patients.
- [3] That a nutritional prescription written by authorised medical practitioners be claimable up to a set amount under the FaHCSIA package.
- [4] That the recent changes to the Better Access to Mental Health be reversed so to encourage general practitioners to spend more time with their patients.