A New Mental Health Paradigm

Presentation to the New Zealand Ministerial Enquiry into Mental Health

We see New Zealand leading the way into a new mental health paradigm which is inclusive and effective for all people across all cultures.

Ka kitea te pae tawhiti.
See the broad horizon.

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It is with great excitement that we share with you a win / win solution to both mental health and addiction problems and promote wellbeing (pae ora) within the New Zealand community.

**Within this submission we are providing specific answers to the three main concerns:**

1. How to prevent mental health and addiction problems
2. How to intervene early and respond better to people in need
3. How to promote wellbeing among all people in New Zealand

When we look closely at the above three points, we see a harmonious relationship where (2) early intervention helps (1) prevent mental health and addiction problems. From here we create a platform to (3) promote wellbeing in our communities.

Here a corresponding relationship exists with the Emotional Reset Technique which we will be presenting later in this submission and it is represented in the vision of the Draft Strategy to Prevent Suicide in New Zealand as below:

*Ka kitea te pae tawhiti.*

*See the broad horizon.*

The initial part of the Emotional Reset Technique is to set your intention towards your horizon (whatever that means for you) and to focus on what you want, and not on what you don’t want. Early intervention requires resolving the reactions to the emotional triggers in our relationships and our lives (the root cause), whilst simultaneously having a plan to move forward.
Before we go into a detailed explanation, we would like to reply to the five questions put forward by this Ministerial Inquiry:

1. What’s working well?
   - It’s great to see a dedicated team leading the Government Inquiry and committed to improving mental health and addiction, as this is vital in re-establishing wellbeing (pae ora) within our New Zealand community
   - Recognising the many valuable support systems in place, yet being open and willing to enhance these programmes with insightful new knowledge

2. What’s not working well?
   - Support systems focus mainly on “ambulance at the bottom of the cliff” processes
   - The root cause of most mental health and addiction issues is not being addressed

3. What could be done better?
   - Identifying the root cause so we have a clear directive toward creating community wellbeing
   - Dealing with the root cause with an effective strategy inclusive of existing organisations and programmes which are focused toward prevention and early intervention

4. What sort of society would be best for the mental health of all of our people?
   - A society where we encourage, support, educate and empower individuals to be in charge of their mental and emotional wellbeing (by teaching a person how to fish)
   - A society that is compassionate, understanding of those experiencing mental health challenges and are able to empathise and engage with those from all walks of life

5. Anything else you want to tell us?

We find it refreshing to see that the Ministerial Inquiry panel are looking for the same solution that we have been developing over the last 15 years through working with people in crisis. Whether it be suicidal ideology, relationship breakup, depression, anxiety, and other mental health concerns, we have seen many services offering great assistance.

From the feedback we have received in working with the New Zealand Police, general public and other community organisations; the support seems to be mainly focused on being the “ambulance at the bottom of the cliff” and not necessarily dealing with the root cause of the issue.

In identifying then dealing with the common root cause, we address complex social problems; remove anxiety, eliminate the need for addictions, prevent family violence and relationship breakup (and therefore reduce poverty), and eliminate the isolation which leads to depression and suicide.
Identifying the Root Cause

The MATES Organisation has for many years provided environments which encourage open dialogue between participants. It is through the thousands of stories from everyday people, where we have seen one commonality and root cause of our community’s complex social problems and mental health concerns.

From our vast experience, we have seen the way people respond to others especially in sensitive matters or tense situations is the cause of much anguish, emotional pain and relationship breakdown. Emotional triggering in our eyes, is where much of our society’s problems arise from, therefore is the root cause.

This one common cause leads to isolation of individuals from the people around them. Unresolved, this natural human process can create associated feelings of desperation and disempowerment and leads to issues such as suicidal ideology, anxiety, addictions, depression, family violence, relationship breakdown, disconnection and isolation.

The driving factor behind all human desires and actions is to ultimately achieve a feeling, rather than the accomplished goal or desire itself. When we block an emotional response, we become locked into a reactional state which overrides logic and keeps us feeling separate. This prevents clear communication and satisfying interactions with others.

**Unresolved emotional responses are at the crux of most addictions, relationship breakdown and mental health issues.**

As human beings we have an inherent need to feel connected. We also have the need to feel heard, the need to feel understood and the need to feel as though we belong. When we perceive ourselves as not having these needs met, an emotional response is triggered. How we deal with that emotional response determines the equilibrium of our mental and emotional state throughout the day.

**An unresolved emotional response plays out in several different (yet similar) ways:**

**Addictions** – Every individual has the inherent need to feel better. Therefore, every action which an individual take is in the hope that they will feel better in what they achieve from doing that action. When an emotional response is triggered and is unresolved, the person looks to an external fix to make them feel better. This may include smoking, alcohol, drugs, food, sexual connection, gambling, amongst other addictions.

The addiction is the incorrect belief that it is that “thing” that makes the person feel better. The thought of not having access to that thing (fix), triggers further emotional responses which unresolved, reinforce the need for the fix. It’s not the method of the addiction, but the underlying hurt and sense of disconnect that needs to be addressed, because this is what makes the person reach for a better feeling.
The Emotional Reset Technique itself, neutralises the emotional response and brings the brain into an empowered state. In the moment the triggered emotional response is resolved, the need for the external fix disappears because there is no need for a dopamine hit.

**Bullying** – When a person feels out of control within themselves, it is a natural follow-on to then start controlling others to gain some semblance of control in their lives. This can result in bullying behaviour. An effective way to break the cycle of bullying is to teach children and adults how to resolve an emotional response whenever it’s triggered, and how to upgrade their skills in other essential life areas.

**Family Violence** - Suppressing the initial emotional response (fight/flight or freeze/shutdown) causes an individual to default into a reactionary mode. This can include verbal and/or physical reactions. Fuel is added to the fire when the other person is also triggered into an unresolved emotional state. This, compounds the sense of frustration as both individuals battle to feel heard and understood. Neither person can clearly communicate in this state and little to no self-control is exerted.

**Sexual Harassment** – In some individuals, an unresolved emotional response leads to the need for sexual connection. Without knowing how to self-regulate sexual arousal, this emotional need can become a sexual obsession. This can result in inappropriate sexual behaviour, sexual misconduct, sexual assault or rape. The severity of the harassment will depend on the individual’s current mental and emotional state.

**Depression** – Overriding human needs include the sense of connection and self expression. An unresolved emotional response can lead to us to feeling disconnected and out of sync with ourselves. From an operational perspective, this makes us feel misaligned with others. It is the nature of the mind to analyse all present and remembered data. This frequently leads to judgmental thoughts about ourselves and others which triggers further emotional responses.

The mind then becomes engaged in an endless loop which analyses negative thoughts and the related emotions. The depressed state is exacerbated when the individual has problems which he doesn’t know how to solve. These may include financial, relationship, work and sexual function issues.

Statistically, over one-third of the adult population suffer from sexual dysfunction. This is mostly due to the current lack of relevant sex education answers which older teens need, to be able to fully function in an adult relationship.

**Suicide** – frequently tied in to the depression cycle, suicide is often a spur-of-the-moment action in an attempt to end the problem. Suicide is often generated by an unresolved emotional response which leads to disconnection, isolation, and desperation.
Introducing the Emotional Reset Technique

In this submission we would like to provide an effective and cost-effective strategy to:

1. **Understand the problem** - emotional triggering, the rising cost of mental health and the need for effective processes to stop the cycle of violence toward ourselves and others.

2. **Reduce the cost** - by providing an innovative and efficient programme and service to deal with mental health, family violence, addictions and incarceration to reduce these problems.

3. **Encourage wellbeing** - of New Zealand people, especially in regard to mental health and addictions including working with existing programmes, services and systems.

We propose a solution that will:

1. **Build positive mental wellbeing for all New Zealanders**
   
   We all have challenges with our mental health and wellbeing. It is how we manage the emotional triggers within our life’s challenges, that both influences our state of mind and therefore our ability to cope with stress or anger, do our jobs and maintain healthy relationships.

2. **Help people to deal with mental health challenges early (before specialist treatment is required)**

   Early intervention with mental health challenges is predominantly dealing with the emotional triggers before they reach a level of crisis and empowering an individual by “teaching them to fish”. Therefore, enabling the person to be in control of their mental and emotional state and less likely to require outside intervention.

3. **Enable people to avoid becoming addicted to something that causes harm**

   Studies show that it is not necessarily what we are addicted to, but the underlying hurt that creates the addiction in the first place. The vast majority of hurt feelings come from failed interactions in relationships, usually due to emotional triggers getting out of control.
4. **Prevent people from taking their own lives**

From our experience in helping to prevent suicide in the community for over 15 years, it has become quite evident to us that the most prominent factor in suicidal ideology is relationship breakdown in some form.

The negative outcomes from conflicts within ourselves and with others sets up an environment which encourages disconnection and isolation. The point of suicide is the loneliest place on Earth for the person contemplating taking their own life. Giving people a proven “technique” to overcome the reactions to their emotional triggers can help save lives.

5. **Make it easier and faster to identify when someone is facing mental health or addiction challenges and get them help more quickly**

When we are feeling safe our openness and communication are potentially at optimum levels in both relating to and deciphering information collected from the world around us.

Our sensory acuity (ability to decipher feedback from our senses) enables us to identify how a person is feeling - mentally, emotionally or physically and is paramount in using our verbal and physiological mechanisms to engage with others.

The complex neurology of this process is that the social engagement system located within the vagus nerve of the autonomic nervous system only activates effectively when we are not in fight/flight or freeze/shutdown mode. The fastest way to achieve a state of feeling safe is to resolve the emotional response when it is triggered. This allows the parasympathetic nervous system to create a feeling of calm.

6. **Improve the quality of the support and interventions given to those who need it**

By providing access to programmes and initiatives which can empower those who need it with the necessary tools to overcome the emotional challenges in their relationships and lives. We find one of the best ways to do this is through online programmes and mobile apps as they are an efficient, effective and inexpensive method of reaching the most people in the shortest time.

7. **Any other ideas about how to improve mental health and wellbeing in Aotearoa**

Funding and supporting innovative new programmes and interventions that show authentic, measured and positive outcomes can have dramatic and positive impacts for solving the complex social issues in our community.
“Give a person a fish, and you feed them for a day. 
Teach a person to fish, and you feed them for a lifetime.”
Anne Isabella Thackeray Ritchie (1837 -1919)

Vision
Pae ora (healthy futures) by empowering all New Zealanders with their personal key to relationship mastery, to end the cycle of violence toward ourselves and others.

Purpose
- To achieve a successful, happy and healthy life is the inherent right of all people
- Every interaction with those around us to be from a place of calm and empowerment
- Controlling our emotional triggers and beginning the cycle of personal wellbeing
Benefits

- Have the power to respond instead of reacting when you’re triggered
- Master your ability to connect with others
- Relate with confidence
- Eliminate feelings of isolation and loneliness
- Assists in prevention of controlling and reactive behaviours
- Helps ease anxiety and other strong emotions
- Removes emotional resistance and feelings of separation
- Create meaningful connections and achieve heartfelt interactions
- Reduces feelings of being triggered
- Enables clear, calm, and inspired communication
- Provides clarity to help resolve life challenges
- Enables a clear sense of moving forward in life
- Self-mastery over your responses when feeling triggered
- Empowering the individual to maintain their own mental health environment

Additionally:

- Helps to de-stress and allows people to engage with one another
- Resolves emotional triggers, preventing relationship issues
- Helps men in developing their emotional intelligence
- Has less tax on the organs of the body
- Is implicitly connected to the variable heart rate and heart disease
- Uses a highly evolved way of controlling the human body
- Aligns body, mind and soul
- Was proudly conceptualised and developed in New Zealand
Pathways

"He ora te Whakapiri, he mate te whakatariri – there is strength in unity, defeat in anger”

1. **Respond**: Deal with the fight or flight, freeze or shutdown hormonal response when it’s triggered by applying the Emotional Reset Technique. This prevents your mind from over analysing and reacting to situations.

2. **Resolve**: By resolving the triggered emotional response, it will allow you to achieve a powerful state of pause so you have time to feel and think clearly.

3. **Reset**: Naturally reset your point of focus into a more neutral, calm, and aligned perspective. This provides an intelligent way to express your thoughts and feelings from an empowered state instead of feeling overwhelmed.

4. **Relate**: The Emotional Reset Technique enables you to relate with confidence by being able to respond in the most appropriate manner when triggered from an internal or external event. The best way to respond is to act from a place of safety, calm and power.

5. **Respect**: By applying the Emotional Reset Technique consistently, you live a life of respect to yourself and others which leads to mental and emotional peace and well-being. This helps prevent family violence, addictions, depression, violence, bullying, harassment, isolation and suicide.
Empirical Evidence

The Emotional Reset Technique has been co-developed in New Zealand in 2017-2018 by Jacqui Olliver and Kerry Babbage who combined, have over 25 years of direct practical experience in supporting and helping people through crisis.

The initial concept of the Emotional Reset Technique was established by Jacqui Olliver in 2010 and this has been combined with processes developed in the Mates Organisation which was established in 2003.

1. Jacqui Olliver - with thousands of practical interventions, physiological and motivational support for men and women struggling through relationship difficulties and life challenges, Jacqui has developed a process over the last 10 years that can eliminate emotional triggering in crisis situations and prevent triggering in future.

2. Kerry Babbage - with more than 15 years’ experience in working with men and women in relationship challenges, suicidal ideology, depression, anxiety and family violence issues, Kerry has developed initiatives and programmes especially in supporting men through personal development. Utilising group dynamics and face-to-face consulting.

3. Dr Brett Langley from the Neuroscience department at Waikato University is assisting us in following through with empirical evidence and to establish clinical trials within the University to further establish support and understand the neuroscience behind the Emotional Reset Technique.

4. Dr Vijay Raghavan MBBS - a prominent medical doctor in India who specialises in treating Diabetes, Cancer, Heart Disease and other metabolic disorders. He has utilised the Emotional Reset Technique in his medical practice with proven success in the treatment of severe anxiety and other negative emotions brought on by terminally ill patients being told that their medical condition is incurable. With the efforts of Dr. Vijay Raghavan, the Government of India made changes in the study of Allopathic Medicine.

Dr Vijay Raghavan has provided empirical evidence that the Emotional Reset Technique is effective in treating anxiety and “incurable” diseases including kidney failure and heart disease. Please see medical documentation attached to this submission.
Within the evidence supplied, is empirical proof of:

A. Heart and Kidney Failure Summary:

A 23-year-old male patient with chronic heart and kidney disease who required both heart and kidney transplants to survive. As this multiple transplant operation cannot be performed in India, the patient was told his heart problem was incurable. He was on dialysis 3x weekly and couldn't move due to the severity of heart problems. Within 15 days of applying the Emotional Reset Technique, he felt well, no longer required dialysis and had normal readings for both heart rate and blood pressure. Previously his ECG showed he had Ventricular tachycardia but now it is normal.

Kidney Failure Summary:

23-year-old female with chronic kidney failure requiring transplant. Symptoms included high cholesterol, low blood pressure, swollen back, full body itching, fear, palpitations, unable to breathe properly. After 4 weeks treatment including applying the Emotional Reset Technique, patient able to breathe well, eat food, itching has reduced.

In working with Dr Brett Langley and Dr Vijay Raghavan, it has become self-evident that the Emotional Reset Technique has three clear channels in benefitting the New Zealand community:

1. It prevents negative reactions normally brought on by emotional triggers and therefore addresses the main root cause of family violence, suicide, addictions, anxiety and depression.

2. Because it re-engages the Social Engagement System of the Parasympathetic Nervous System which keeps the heart rate below the pacemaker in the heart, can help treat and prevent heart disease and avoid kidney failure (due to decreased stress hormones within the body).

3. The Emotional Reset Technique can help to eliminate isolation in our community and prevent our children in losing everyday communication and emotional awareness for social interactions. This is due to helping to repair vagal tone from the effects in children and adults who have been exposed to prolonged danger or stress in early life which tends to atrophy or impair development of the ventral vagal system. The ventral vagal system is critical in establishing and developing the complex communication needed in our social environment which are essential life skills.
A Snapshot of Mental Health in New Zealand (Ref.1)

The People's Mental Health Review report, released in April 2017, canvassed 500 people who have either accessed or worked within mental health services in New Zealand. Almost 95 per cent of those surveyed had negative experiences of the sector and shared stories of inappropriately long wait times, an over-reliance on medication and an under-resourced, stressed workforce.

"In a number of stories people expressed concern that they couldn't get the help they needed until their health had deteriorated to the point of crisis," said ActionStation, the community campaign group behind the survey.

Marianne Elliott, author of the report and director of strategy at ActionStation, said:

"The stories in this review show there are entrenched problems in the ways we think about and respond to people experiencing mental distress in this country."

“People described being treated in ways that were dismissive, dehumanising and punitive and felt they had no say or power over their own treatment.”

Elliott explained at a press conference that many submissions included people who “were effectively told ‘you’re not sick enough' if they weren't suicidal”. This led to some waiting up to three months for help.

Police are called out to 90 mental-health-related incidents every 24 hours, Elliott said. The resources other sectors, like Police, spent on the repercussions of mental health issues was a good argument any additional funding would be an investment, she said.

Police Becoming the Frontline Mental Health Workers (Ref.2)

Police have found themselves becoming default frontline mental health workers, responding to almost 35,000 mental health callouts in 2017.

NZ Police Association Vice President vice-president Craig Tickelpenny in a statement published last week (May 2018) said “to the association and many others, it seems that Police has become the country’s default mental health crisis service”.

Analysis of non-suicide mental health 111 calls showed a 77% increase in calls between 2009 and 2016, and in some areas of the country those calls for service had more than doubled, he said.
"Suicide callouts increase about 9 per cent year on year, police officers respond to a family harm incident every five minutes, and every day they attend thousands of other events including hundreds of traffic incidents."

Family harm and mental health calls now account for 70% of a frontline officers work.

"Adequately funding for these societal stressors will first of all assist those who need them, but also relieve police of a major component of a frontline officers workload," Tickelpenny said.

One officer attending a Ministerial Inquiry meeting in a personal capacity, afterwards said he supported the inquiry but is worried the October deadline will be pushed out. In reality, he said, any resulting action will likely be at least two years away. And two years is too long for those with mental health and addiction issues, their families, mental health professionals, and police, to wait for help to come.

Attempted suicide, which police refer to under the code '1X' is shockingly common. Last week (Oct 2017) in the Waikato District Police attended 38 1X jobs.
**Prevention First** remains the national operating model for NZ Police. It aims to prevent crime before it happens. Police have added mental health as one of their core "drivers of demand" which are at the heart of the police "prevention first" operating strategy.

Communication is still one of the most important tools an officer has at their disposal. The vast majority of incidents (including most violent confrontations) are resolved by talking to the people concerned.

While New Zealand Police still remains a routinely unarmed force, it is critical officers have access to all the tools they need to keep themselves and the public safe. The availability of all options gives officers tools that have proven extremely successful in de-escalating potentially dangerous situations that might otherwise have required firearms to be used.

One of our areas of focus is the training of threat and risk assessment. During the course of any day, Police can deal with people in mental health distress or people who are adversely affected by alcohol and drugs or are emotionally charged.

Training helps officers choose the most appropriate response to the situation and behaviours of members of the public facing them. The vast majority of the thousands of mental health incidents that police deal with every year do not involve the use of force.

**Lowering Family Violence:** (Ref. 3)

New Zealand has the worst rate of family and intimate-partner violence in the world. The economic cost of domestic violence on the individual, family, community and country as a whole is considerable.

Police investigated 118,910 incidents of family violence in 2016, an increase of more than 8000 on the year before. This is up from 110,126 in 2015 and 101,955 in 2014.
- Family violence is estimated to cost the country between $4.1 billion and $7 billion each year
- On average, police attend a family violence incident every five and a half minutes - that's 279 calls each day
- At least 80% of family violence incidents are not reported to the police
- In 2016 if all incidents were reported, they would have attended at least 525,000 calls for help
- Children are present at about 80% of all violent incidents in the home
- On average 13 women and 10 men are killed each year as a result of family violence
- One in three women experience physical and or sexual violence from a partner in their lifetime one in two if that includes psychological abuse
Most recent statistics show that the magnitude of these occurrences are significant on a nationwide scale with 8,951 serious assaults occurring in New Zealand in 2013 (New Zealand Crime statistics 2013), in 2008 there were 34,186 apprehensions of male’s perpetrating family violence with 74,785 children present at family violence incidents (New Zealand Family Violence Clearinghouse, www.nfc.org.nz).

**Relationship breakdown is one of the main causes of problems**

**Reducing Poverty:** Numerous crimes are committed due to extreme poverty and scenarios created from poverty. The poverty rate for sole parent families is 62% versus 15% in two-parent families.

The cold reality today is that between 85,000 to 90,000 children under 18 years old (28%) at least are in severe, profound and deep poverty - experiencing material hardship and living in a low income household. 14% of children are living in material hardship (living without seven or more necessary items for their wellbeing).

In 1982 children in families experiencing income poverty was 14% compared to 28% now.

We believe that providing those in relationships with the Emotional Reset Technique programme can lead to less relationship breakdown. This will lead to less poverty and therefore, less crime related to poverty.
Life After Prison: Keeping people in prison is expensive, and that tax money would be better spent on social services that would keep people out of prison.

The Emotional Reset Technique is not just about keeping people out of prison, it’s about being the most effective way to direct their thoughts in a positive way when they get out. More than 90% of prisoners have a lifetime diagnosis of a mental health or substance use disorder (2016). More than 62% of prisoners had a mental health issue in the last 12 months. Prisoners are 3x more likely to have a 12 month diagnosis of any mental disorder.

One of the great things about the Emotional Reset Technique is that it gives a person a simple tool to use to empower their lives.

The more they use it, the more they benefit. Instead of costing the Government huge sums in retraining and education and reoffending, quite simply put, the Emotional Reset Technique gives those people leaving prison a fishing rod.
Reducing Fatherless Children: One in five children are not living with their father. Reflected in benefit data showing that in the same year, 17.5% of babies would be dependent on welfare by year-end, most commonly Sole Parent Support.

The poverty rate for sole parent families is 62% versus 15% in two-parent families. It is unavoidable that a country with high numbers of sole parent families will also have a high incidence of child poverty, depression and addictions.
The link between family violence, stress, poverty, and social isolation:

The majority of abusive relationships is about power and control which requires a breaking down of a victim's self-esteem and sense of self-worth. Leaving a relationship may seem like an easy solution however, it can be a very dangerous and challenging time.

In fact, some studies say that the survivors of abuse return to their abusive partners an average of seven times before they leave for good. They can be ashamed of getting back together with their partner, or may even defend their partner - and don’t want to admit that things aren’t ok. People within these relationships often feel like they have little control over their lives.

It is important to recognise that a big component in an abusive relationship is constantly living in fear. Family violence related trauma can manifest as shock, terror, guilt, anxiety, hostility, confusion, lowered self-efficacy, sleep disturbance, social withdrawal, interpersonal stress, substance abuse and other self-harming behaviour. Many of these can have a lifelong impact on a person’s ability to function properly within their family, workplace and community.

Feeling unsafe and fearful both exacerbates the problem of making a relationship work or asking for help due to constant triggering from real or imagined threats. The Emotional Reset Technique empowers a person to deal with their emotional triggers, creating less stress and enabling better communication.

Victims of domestic violence are among the groups most at risk of poverty and social isolation. Social isolation happens when people suffer from a variety of related problems such as poor housing, homelessness, low incomes, addictions, violence and trauma. The emotional triggers from these events and situations can lead to negative reactions and lack of beneficial communication.

When family violence occurs and one of the partners need to leave the home, due to the housing crisis shortage in New Zealand, there is a high probability that this will lead to homelessness - especially in low socio-economic areas. The best outcome to avoid abusive relationships, poverty and homelessness in relationship breakdown is for communication to be effective and not restricted through feelings of fear and lack of self-confidence.

The Emotional Reset Technique, through its proven processes of overcoming emotional triggering and re-engaging the body’s natural biological mechanisms to communicate with others, is an imperative component of making a relationship work, ending a relationship, or reaching out for help.
The Benefits of the Emotional Reset Technique to the Police

Include:

1. Provide the police with an effective option when attending family violence incidents
2. Best option to avoid repeat offending and therefore saving time and money
3. Applies to those apprehended by police and those who have been incarcerated
4. Saves police costs in attendance, paperwork, court, services, incarceration, duress, time
5. Helps frontline police in not having to provide counselling and consolation
6. Feedback from the programme to the police so they know who completed programmes
7. Less stress to frontline police knowing children will benefit from programme outcomes
8. Leads to less relationship breakdown; less poverty and less crime related to poverty
9. Complimentary programmes issued to Police to help them cope with emotional triggers and stay calm in challenging situations.

An effective alternative: Offer the police an effective option when attending family violence incidents, by providing the Emotional Reset Technique programme to the male or female offender and the affected partner.

This would be an alternative to immediately involving other services such as the Women’s Refuge and Family Violence initiatives as well as what we see as potentially the best option to avoid repeat offending and therefore saving time and money in less repeat police call-outs.

This could also be applied to the thousands of people apprehended by police and those who have been incarcerated (especially those who are being released from prison).

Saving time and money, the cost of repeat offending (police attendance, paperwork, court costs, service costs, incarceration costs, duress, stress, time). This would also help frontline police in not having to provide counselling to those that have become of interest for potential crimes and offending.

Feedback from the programmes to the police would provide leverage in making sure offenders have completed the programme. It will also give valuable insights into the most effective processes for ongoing programme development and application.
Psychological value: One of the huge benefits to frontline police would be the knowledge that the children they see at the numerous domestic violence attendances, might finally see a change in their circumstances and the end of the cycle of violence.

Along with our in-depth online program to eliminate emotional triggers and restore ease in relationships, the MATES organisation is providing a free mobile app that will:

1. Provide access to the Emotional Reset Technique programme to help both men and women overcome emotional triggers in their relationships at the crucial moment
2. Help men engage with the help and support from other men through the Mates Cafe programme
3. Gather important and relevant information and insights into relationship breakdown and its associated negative outcomes such as family violence, depression and suicide

Our Recommendation

After 25 years of working with crisis in the community we believe that providing access to the Emotional Reset Technique will impact on many aspects of mental health and addictions and radically reduce family violence and suicide.

It is with this in mind, that we are applying to the Ministerial Inquiry for Addictions and Mental Health. Due to the many benefits the Emotional Reset Technique will offer to the NZ police and other frontline support organisations, we see it to be a strongly win/win scenario for us to join forces and work together.

Relationships can hold the greatest growth and happiness, yet when they break down can be a great source of pain and despair. Our passion and drive to make personal development easy, has therefore been to inspire and empower individuals and couples toward building great relationships with themselves and others.

Relationships are one of the greatest (if not the greatest) investments in your time and energy you will have in your life.

We believe the root cause of family violence, suicide and associated ideology, addictions, depression, bullying and many mental health related problems result from unresolved emotional triggers which also lead to relationship breakdown.

Based on our Emotional Reset Technique, we have created an online programme (which will also be available as a phone app for those who don't have a computer) which educates people on how to immediately resolve an emotional trigger, so they can respond instead of react, and to prevent being excessively triggered in future.
This breakthrough programme then explains how to use this essential key to prevent relationship breakdown and master relationships with other people. These relationships include those in the persons home, at their place of work and within their community.

Potentially this will lead to less crime, increased social engagement within the community as well as thriving workplaces where all people can start feeling heard, acknowledged and appreciated.

**Ultimately, applying this technique to your life is going to mean less arguments and fighting, less being triggered and constantly living in fear and feeling defensive, unsafe and vulnerable.**

And more about living in a place of peace, health, wellbeing and sharing and enjoying life with the people you love. Being able to express who you are and achieving satisfying outcomes in your relationships.

**In Summary**

Depending on whether the person being triggered is predominantly externally or internally expressive they will either act out in aggression or inwardly in passive-aggressive behaviour. The outcomes of triggers going off can be like a loaded gun and can cause great damage and drama in the social setting where it occurred.

When the person being triggered is predominantly externally expressive they will usually act out in an aggressive manner in some form, from which the outcome will lead to feelings of guilt, blame, regret and remorse.

If the person being triggered is predominantly internally expressive, the initial fight/flight response or adrenaline spike will not be effective as it will be repressed out of fear of perceived outcomes, beliefs or cultural traditions.

Depending on how you naturally express yourself (either externally or inwardly) during triggers, your pathway back to a state of calm could quite easily be misunderstood because it is different.

It is our understanding that events such as family violence, addictive behaviours, and suicide as well as feelings such as depression, guilt, and anxiety are all created through people being triggered. One of the common patterns in these scenarios when speaking with those affected, is the relative feeling of powerlessness that the person being triggered was overcome with.

We have seen numerous times that unresolved emotional triggers and their responses cause relationship breakdown. By learning to control emotional triggers you can stop the cycle of violence toward yourself and others and empower yourself to start a cycle of personal wellbeing. This will expand into your relationships and your life.
Over the course of our programme we share an unknown process that will literally blow your mind (and not just because it’s based on neuroscience). What we know from working in the personal development arena for decades, is that people who want to improve their lives become overwhelmed with the processes they have to implement before they can achieve results.

The Emotional Reset Technique can yield speedy results, because it bypasses the resistance people have to learning new behaviours. It makes transforming your life relatively easy, by using the processes already available in your brain.

You don’t need to make major changes, you just need to apply a few tweaks here and there. Within a short period of time, you’ll realize that you’re feeling less triggered, you’ve become less reactive, and you’re generally feeling a whole lot better within yourself. This is the power of the Emotional Reset Technique.

Who are we?

Jacqui Olliver is the Psycho-Sexual Relationship Consultant at End the Problem. Through her work, she conceptualized the Emotional Reset Technique. A published author, Jacqui has been nominated for the 2018 Prime Minister’s Award for Literary Achievement. Having personally experienced sexual abuse, addictions and depression as a teen and a father who committed suicide, Jacqui is passionate about helping people develop new mindsets and strategies to overcome life challenges.

Kerry Babbage is the CEO of the Mates Organisation. Over the last 15 years, Kerry has been passionate about helping people in the community work through suicidal ideation, family violence and mental health, especially men. In working closely with both men and women Kerry has, through his own experience and understanding, realized the significance of relationship and the dramatic impact on society when relationship breaks down.

Together, Jacqui and Kerry have worked tirelessly to develop Jacqui’s original concept to bring it to where it is today - an innovative, medically proven technique which improves mental, emotional and physical wellbeing and is being further developed with the help of the Neuroscience team at Waikato University.

We conclude this submission with our opening statement:

We see New Zealand leading the way into a new mental health paradigm which is inclusive and effective for all people across all cultures.

Together we can achieve miracles. We hope you agree, and are committed to work with us to improve the quality of life for all New Zealanders.

“He ora te Whakapiri - there is strength in unity.”
5 June 2018

Kerry Babbage and Jacqui Oliver
Mates Organisation
100 Grandview Road
Nawton, Hamilton 3200
New Zealand

Re: Letter of support to understand the neuroscience behind the Emotional Reset Technique and for your Ministerial Inquiry into Mental Health and Addiction Submission.

Dear Kerry and Jacqui,

Please use this letter as my endorsement for your Ministerial Inquiry Submission. It goes without saying that anything we can do, personally, as a community, and as a society to lower family violence, suicide, addiction and depression is of critical and urgent need.

The Emotional Reset Technique that you have developed through your many years working in community health and wellbeing with at-risk and risk people is simple, effective, and has a strong neuroanatomical and neurophysiological basis. Rather than focusing on the miniature of a trigger, the Emotional Reset Technique focuses on the body’s innate response and teaches an individual to focus on the experience and reinforce (strengthen) evolutionary higher order and more appropriate responses. Most importantly, it provides a person with the tools to take back control; therefore, not only does it provide a place of safety and calm to act from, it leads to empowerment and responsibility. It is exciting to believe that the Emotional Reset Technique, used in the correct way can transform lives, save people, and have indirect positive follow-on effects in society, such as decreased poverty, violence, bullying, and harassment.

Moving forward beyond this submission, I would like to extend to you my offer of working with you to promote Emotional Reset Technique, and explore further the roles of the amygdala, the reticular activating system, the vagus nerve, the cerebellum, and the neuroscience connecting them.

Sincerely,

Brett Langley, Ph.D.
Associate Professor of Neuroscience
Associate Dean Research
University of Waikato

ph: +64 7 838 4060
e-mail: blangley@waikato.ac.nz
To Whom It May Concern:

Dr. Vijay Raghavan MBBS, MD
Diabetes and Metabolic Specialist for Incurable Diseases

I am a medical doctor in the allopathic system of medicine. The following statement I am giving from my own personal and clinical experience of the Emotional Reset Technique developed by Jacqui Olliver.

I include evidence pertaining to one of number of patients I have treated through applying Emotional Reset Technique. Patient was suffering from kidney failure, dilated cardiomyopathy, ventricular arrhythmia for two years. The patient was advised kidney transplant and heart transplant.

Hemoglobin was 4g/dl creatinine 13 mg/dl with inability to move due to serious ventricular tachycardia. It was impossible to save his life since no institute in India can perform heart and kidney transplant in single person. The person was advised metabolic treatment along with Jacqui Olliver's Emotional Reset Technique.

This technique saved his life. After 15 days treatment he is now off dialysis feeling well. Normal blood pressure and normal ECG. He is not taking dialysis now, previously dialysis 3x week was given to him. His present ECG is normal.

In using Emotional Reset Technique it prevent further emotional triggering from external sources and emotional problem. This prevent further stress hormone like epinephrine, norepinephrine and cortisol which constant over supply have negative impact on body organ especially heart and kidney (as shown).

My protocol for cancer is mainly based on Emotional Reset Technique theory and together with metabolic medical science. Once I incorporated this knowledge of Emotional Reset Technique in treatment of cancer, I started getting result. This has been my guide in my clinical practice as well and I strongly feel that the Emotional Reset Technique must be included in teaching programmes and for treating disease.

I, Dr. Vijay Raghavan MBBS, MD am thankful to Jacqui Olliver for this innovative technique in which I am using to save many lives.
Empirical Evidence #1

Dilated Cardiomyopathy & Kidney Failure

23 Year Old Male
Empirical Evidence #1 Dilated Cardiomyopathy & Kidney Failure - 23 Year Old Male

23 year old male patient with chronic heart and kidney disease who required both heart and kidney transplants to survive. As this multiple transplant operation cannot be performed in India, the patient was told his heart problem was incurable. He was on dialysis 3x weekly and couldn't move due to the severity of heart problems.

Empirical Evidence Provided:

1. Cardiogram 15/04/2018
2. Initial diagnosis and prescription 25/04/2018
3. Bio Chemistry exam 25/04/2018
4. Haematology exam 25/04/2018
5. Bio Chemistry exam 24/05/2018
6. Haematology exam 24/05/2018
7. ECG 24/05/2018
8. Prescription 24/05/2018

Within 15 days of applying the Emotional Reset Technique, patient felt well, no longer required dialysis and had normal readings for both heart rate and blood pressure. Previously his ECG showed he had Ventricular tachycardia but now it is normal.
Kidney failure 2 yrs
- Dialysis for 10 days
- BP = 140/70
- 700 ml urine output

\[ \text{Avagyana} \]
- Dilated cardiomyopathy

\[ \text{Adv} \]

1. Renofine powder 15x3 = 3 \text{ ml}

2. Jasbon tab 1x1 = 3 \text{ ml}

3. Livinity granules 15x1 = 3 \text{ ml}

4. Calsura tab 1x2 = 3 \text{ ml}

Report after 1 month

25/4/18
**BIO-CHEMISTRY EXAMINATION**

<table>
<thead>
<tr>
<th>Investigations</th>
<th>Observed Value</th>
<th>Unit</th>
<th>Reference - Range</th>
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<tbody>
<tr>
<td><strong>Kidney / Renal Function Test</strong></td>
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<td></td>
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<tr>
<td>Blood Urea</td>
<td>↑ 97</td>
<td>mg/dl</td>
<td>13.0 — 45.0</td>
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<tr>
<td>Serum Creatinine</td>
<td>↑ 7.0</td>
<td>mg/dl</td>
<td>0.6 — 1.2</td>
</tr>
<tr>
<td>Serum Uric Acid</td>
<td>↓ 1.8</td>
<td>mg/dl</td>
<td>3.5 — 7.2</td>
</tr>
<tr>
<td>Total Protein</td>
<td>↓ 4.5</td>
<td>g/dl</td>
<td>6.0 — 8.3</td>
</tr>
<tr>
<td>Serum Albumin</td>
<td>↓ 2.3</td>
<td>gm/dl</td>
<td>3.5 — 5.0</td>
</tr>
<tr>
<td>Serum Globulin</td>
<td>↓ 2.2</td>
<td>gm/dl</td>
<td>2.3 — 3.3</td>
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<td>A:G Ratio</td>
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<td>0.9 — 3.3</td>
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<td>Blood Urea Nitrogen BUN</td>
<td>↑ 82</td>
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<td>Total Calcium</td>
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<td>mg/dl</td>
<td>8.6 — 10.3</td>
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<td>Phosphorus Inorganic</td>
<td>2.5</td>
<td>mg/dl</td>
<td>2.5 — 5.0</td>
</tr>
<tr>
<td>Sodium (Na)</td>
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<td>136 — 143</td>
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<tr>
<td>Potassium (K)</td>
<td>3.6</td>
<td>mcg Eq/L</td>
<td>3.5 — 5.0</td>
</tr>
<tr>
<td>Chloride (Cl)</td>
<td>↓ 96</td>
<td>mcg Eq/L</td>
<td>97.0 — 108.0</td>
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# HAEMATOLOGY EXAMINATION

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<th>Investigation</th>
<th>Observed Value</th>
<th>Unit</th>
<th>Reference - Range</th>
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<tr>
<td><strong>COMPLETE BLOOD COUNT (C. B. C.)</strong></td>
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<tr>
<td>Haemoglobin</td>
<td>1.62</td>
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<td>Red Blood Cells (RBC) Count</td>
<td>14.7</td>
<td>%</td>
<td>30.0 — 50.0</td>
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<tr>
<td>PCV / Haematocrit (HCT)</td>
<td>90.74</td>
<td>fl</td>
<td>80.0 — 99.0</td>
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<td>Mean Cell Volume (MCV)</td>
<td>24.69</td>
<td>pg</td>
<td>26.5 — 33.5</td>
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<td>Mean Cell Haemoglobin (MCH)</td>
<td>27.21</td>
<td>g/dl</td>
<td>32.0 — 36.0</td>
</tr>
<tr>
<td>RBC Distribution Width RDW</td>
<td>14.1</td>
<td>%</td>
<td>10 — 16</td>
</tr>
<tr>
<td>Mean Plasma Volume (MPV)</td>
<td>10.5</td>
<td>fl</td>
<td>7.0 — 11.0</td>
</tr>
<tr>
<td>Platelet Count</td>
<td>181</td>
<td>x10^9/µL</td>
<td>140.0 — 400.0</td>
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<tr>
<td>Platelet Distribution Width (PDW)</td>
<td>16.5</td>
<td>fl</td>
<td>10.0 — 18.0</td>
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<tr>
<td>Total Leucocyte Count (TLC)</td>
<td>7.7</td>
<td>x10^9/µL</td>
<td>4.0 — 10.0</td>
</tr>
<tr>
<td><strong>Differential Leucocyte Count (DLC)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neutrophil</td>
<td>70</td>
<td>%</td>
<td>45.0 — 65.0</td>
</tr>
<tr>
<td>Lymphocyte</td>
<td>16</td>
<td>%</td>
<td>25.0 — 45.0</td>
</tr>
<tr>
<td>Eosinophil</td>
<td>02</td>
<td>%</td>
<td>1.0 — 6.0</td>
</tr>
<tr>
<td>Monocyte</td>
<td>12</td>
<td>%</td>
<td>2.0 — 10.0</td>
</tr>
<tr>
<td>Basophil</td>
<td>00</td>
<td>%</td>
<td>0.0 — 1.0</td>
</tr>
<tr>
<td>Absolute Neutrophil Count</td>
<td>5.39</td>
<td>x10^9/µL</td>
<td>1.8 — 6.5</td>
</tr>
<tr>
<td>Absolute Lymphocyte Count</td>
<td>1.23</td>
<td>x10^9/µL</td>
<td>1.0 — 4.5</td>
</tr>
<tr>
<td>Absolute Eosinophil Count</td>
<td>0.15</td>
<td>x10^9/µL</td>
<td>0.1 — 0.6</td>
</tr>
<tr>
<td>Absolute Monocyte Count</td>
<td>0.92</td>
<td>x10^9/µL</td>
<td>0.2 — 1.0</td>
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<tr>
<td>Absolute Basophil Count</td>
<td>0</td>
<td>x10^9/µL</td>
<td>0.0 — 0.1</td>
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</table>

Continue On Next Page
# BIO-CHEMISTRY EXAMINATION

<table>
<thead>
<tr>
<th>Investigations</th>
<th>Observed Value</th>
<th>Unit</th>
<th>Reference - Range</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Kidney / Renal Function Test</strong></td>
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<td></td>
<td></td>
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<tr>
<td>Blood Urea</td>
<td>207</td>
<td>mg/dl</td>
<td>13.0 – 45.0</td>
</tr>
<tr>
<td>Serum Creatinine</td>
<td>3.6</td>
<td>mg/dl</td>
<td>0.8 – 1.2</td>
</tr>
<tr>
<td>Serum Uric Acid</td>
<td>4.6</td>
<td>g/dl</td>
<td>6.0 – 8.3</td>
</tr>
<tr>
<td>Total Protein</td>
<td>0.97</td>
<td>g/dl</td>
<td>3.5 – 5.0</td>
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<tr>
<td>Serum Albumin</td>
<td>3.63</td>
<td>g/dl</td>
<td>2.3 – 3.3</td>
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<tr>
<td>Serum Globulin</td>
<td>0.27</td>
<td>g/dl</td>
<td>0.9 – 2.0</td>
</tr>
<tr>
<td>A/G Ratio</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Urea Nitrogen BUN</td>
<td>201</td>
<td>mg/dl</td>
<td>6.0 – 21.0</td>
</tr>
<tr>
<td>Total Calcium</td>
<td>8.6</td>
<td>mg/dl</td>
<td>8.6 – 10.3</td>
</tr>
<tr>
<td>Phosphorus Inorganic</td>
<td>2.4</td>
<td>mg/dl</td>
<td>2.5 – 5.0</td>
</tr>
<tr>
<td>Sodium (Na)</td>
<td>133</td>
<td>mcg Eq/L</td>
<td>136 – 143</td>
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<tr>
<td>Potassium (K)</td>
<td>3.4</td>
<td>mcg Eq/L</td>
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</tr>
<tr>
<td>Chloride (Cl)</td>
<td>96</td>
<td>mcg Eq/L</td>
<td>97.0 – 108.0</td>
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**HAEMATOLOGY EXAMINATION**

<table>
<thead>
<tr>
<th>Investigation</th>
<th>Observed Value</th>
<th>Unit</th>
<th>Reference - Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haemoglobin</td>
<td>4.7 gm/dl</td>
<td>(32.05%)</td>
<td>12.0 — 17.5 gm/dl</td>
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<tr>
<td>Red Blood Cells (RBC) Count</td>
<td>1.45</td>
<td>x10^6/μL</td>
<td>3.80 — 5.80</td>
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<tr>
<td>PCV / Haematocrit (HCT)</td>
<td>15.4</td>
<td>%</td>
<td>30.0 — 50.0</td>
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<tr>
<td>Mean Cell Volume (MCV)</td>
<td>106.21</td>
<td>fl</td>
<td>80.0 — 90.0</td>
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<tr>
<td>Mean Cell Haemoglobin (MCH)</td>
<td>32.41</td>
<td>pg</td>
<td>26.5 — 33.5</td>
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<tr>
<td>Mean Cell Hb. Concentration (MCHC)</td>
<td>30.52</td>
<td>g/dL</td>
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</tr>
<tr>
<td>RBC Distribution Width (RDW)</td>
<td>16.3</td>
<td>%</td>
<td>10.0 — 16.0</td>
</tr>
<tr>
<td>Mean Plasma Volume (MPV)</td>
<td>9.7</td>
<td>fl</td>
<td>7.0 — 11.0</td>
</tr>
<tr>
<td>Platelet Count</td>
<td>157</td>
<td>x10^9/μL</td>
<td>140.0 — 400.0</td>
</tr>
<tr>
<td>Platelet Distribution Width (PDW)</td>
<td>15.9</td>
<td>fl</td>
<td>10.0 — 18.0</td>
</tr>
<tr>
<td>Total Leucocyte Count (TLC)</td>
<td>7.5</td>
<td>x10^3/μL</td>
<td>4.0 — 10.0</td>
</tr>
<tr>
<td>Differential Leucocyte Count (DLC)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neutrophil</td>
<td>77</td>
<td>%</td>
<td>45.0 — 65.0</td>
</tr>
<tr>
<td>Lymphocyte</td>
<td>15</td>
<td>%</td>
<td>25.0 — 45.0</td>
</tr>
<tr>
<td>Eosinophil</td>
<td>0.2</td>
<td>%</td>
<td>1.0 — 6.0</td>
</tr>
<tr>
<td>Monocyte</td>
<td>0.6</td>
<td>%</td>
<td>2.0 — 10.0</td>
</tr>
<tr>
<td>Basophil</td>
<td>0.0</td>
<td>%</td>
<td>0.0 — 1.0</td>
</tr>
<tr>
<td>Absolute Neutrophil Count</td>
<td>5.78</td>
<td>x10^3/μL</td>
<td>1.8 — 6.5</td>
</tr>
<tr>
<td>Absolute Lymphocyte Count</td>
<td>1.12</td>
<td>x10^3/μL</td>
<td>1.0 — 4.5</td>
</tr>
<tr>
<td>Absolute Eosinophil Count</td>
<td>0.15</td>
<td>x10^3/μL</td>
<td>0.1 — 0.6</td>
</tr>
<tr>
<td>Absolute Monocyte Count</td>
<td>0.45</td>
<td>x10^3/μL</td>
<td>0.2 — 1.0</td>
</tr>
<tr>
<td>Absolute Basophil Count</td>
<td>0.0</td>
<td>x10^3/μL</td>
<td>0.0 — 0.1</td>
</tr>
</tbody>
</table>

*Continue On Next Page*
Shishupal Verma
- Kidney faith
- Dilated Cardiomyel

Age
Sex
(s)/Male
Boy

T HEALTH CAR

0.5 gm/dl
0
0
5
6

1

1

1

Test

1. Renofine Powder
   1 + 2 X 2 = 3

2. Finecard tbl.
   1 X 2 = 3

3. Isulen tbl.
   1 X 1 = 3

4. Rejunit tbl.
   1 X 2 = 3

Report after 1 month

Reg'd
24/5/18
Empirical Evidence #2

Kidney Failure

23 Year Old Female
Empirical Evidence #2 Kidney Failure
23 Year Old Female

Empirical Evidence #2 Kidney Failure - Zabeen
23 year-old female with chronic kidney failure requiring transplant. Symptoms included high cholesterol, low blood pressure, swollen back, full body itching, fear, palpitations, unable to breathe properly.

Empirical Evidence Provided:

1. Initial diagnosis and prescription
2. Bio Chemistry exam 26/04/2018
3. Haematology exam 26/04/2018
4. Bio Chemistry exam 26/05/2018
5. Haematology exam 26/05/2018
6. Prescription 26/05/2018

After 4 weeks treatment including applying the Emotional Reset Technique, patient able to breathe well, eat food, itching has reduced.
BP: 140/70

- CKD
- Itching whole body
- Lack of sleep
- BP: 160/100
- Nodule in wrist hand
- B.T.: 2 units done
- Contraception

Adv:
1. Renofine Powder
   10g x 3 – 3 tablets
2. Rejivit tabs
   1 tab x 2 – 3 tablets
3. Insulon tabs
   1 tab x 2 – 3 tablets
4. Calsoxa tabs
   1 tab x 2 – 3 tablets

Repeat alt. 1 month.

26/4/18
<table>
<thead>
<tr>
<th>Investigations</th>
<th>Observed Value</th>
<th>Unit</th>
<th>Reference - Range</th>
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<tbody>
<tr>
<td>Blood Urea</td>
<td>1.01</td>
<td>mg/dl</td>
<td>13.0 — 45.0</td>
</tr>
<tr>
<td>Serum Creatinine</td>
<td>7.3</td>
<td>mg/dl</td>
<td>0.6 — 1.2</td>
</tr>
<tr>
<td>Serum Uric Acid</td>
<td>5.9</td>
<td>mg/dl</td>
<td>3.5 — 7.2</td>
</tr>
<tr>
<td>Total Protein</td>
<td>3.1</td>
<td>g/dl</td>
<td>6.0 — 8.3</td>
</tr>
<tr>
<td>Serum Albumin</td>
<td>2.8</td>
<td>gm/dl</td>
<td>3.5 — 5.0</td>
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<tr>
<td>Serum Globulin</td>
<td>1.11</td>
<td>gm/dl</td>
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<tr>
<td>A/G Ratio</td>
<td></td>
<td></td>
<td>0.9 — 2.0</td>
</tr>
<tr>
<td>Blood Urea Nitrogen BUN</td>
<td>5.0</td>
<td>mg/dl</td>
<td>6.0 — 21.0</td>
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<tr>
<td>Total Calcium</td>
<td>10.0</td>
<td>mg/dl</td>
<td>8.6 — 13.0</td>
</tr>
<tr>
<td>Phosphorus Inorganic</td>
<td>5.0</td>
<td>mg/dl</td>
<td>2.5 — 5.0</td>
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<tr>
<td>Sodium (Na)</td>
<td>138.0</td>
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<td>Potassium (K)</td>
<td>3.9</td>
<td>mcg Eq/L</td>
<td>3.5 — 5.0</td>
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<tr>
<td>Chloride (Cl)</td>
<td>102.0</td>
<td>mcg Eq/L</td>
<td>97.0 — 108.0</td>
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**HAEMATOLOGY EXAMINATION**

<table>
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<th>Observed Value</th>
<th>Unit</th>
<th>Reference - Range</th>
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</thead>
<tbody>
<tr>
<td>Complete Blood Count (C. B. C.)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Haemoglobin</td>
<td>7.7 gm/dl</td>
<td>52.51%</td>
<td>11.0 — 15.5 gm/dl</td>
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<tr>
<td>Red Blood Cells (RBC) Count</td>
<td>3.2 x10^6/uL</td>
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<td>3.80 — 5.80</td>
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<tr>
<td>HCT</td>
<td>22.0%</td>
<td></td>
<td>30.0 — 50.0</td>
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<tr>
<td>MCV</td>
<td>68.75 fl</td>
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<td>80.0 — 99.0</td>
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<tr>
<td>MCH</td>
<td>24.06 pg</td>
<td></td>
<td>26.5 — 33.5</td>
</tr>
<tr>
<td>MCHC</td>
<td>35 g/dl</td>
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<td>32.0 — 36.0</td>
</tr>
<tr>
<td>RBC Distribution Width RDW</td>
<td>14.0%</td>
<td></td>
<td>10 — 16</td>
</tr>
<tr>
<td>MPV</td>
<td>11.0 fl</td>
<td></td>
<td>7.0 — 11.0</td>
</tr>
<tr>
<td>Platelet Count</td>
<td>217 x10^3/uL</td>
<td></td>
<td>140.0 — 400.0</td>
</tr>
<tr>
<td>Platelet Distribution Width (PDW)</td>
<td>17.0 fl</td>
<td></td>
<td>10.0 — 18.0</td>
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<tr>
<td>Total Leucocyte Count (TLC)</td>
<td>8.6 x10^9/uL</td>
<td></td>
<td>4.0 — 10.0</td>
</tr>
<tr>
<td>Differential Leucocyte Count (DLC)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neutrophil</td>
<td>59 %</td>
<td></td>
<td>45.0 — 65.0</td>
</tr>
<tr>
<td>Lymphocyte</td>
<td>40 %</td>
<td></td>
<td>25.0 — 45.0</td>
</tr>
<tr>
<td>Eosinophil</td>
<td>01 %</td>
<td></td>
<td>1.0 — 6.0</td>
</tr>
<tr>
<td>Monocyte</td>
<td>00 %</td>
<td></td>
<td>2.0 — 10.0</td>
</tr>
<tr>
<td>Basophil</td>
<td>00 %</td>
<td></td>
<td>0.0 — 1.0</td>
</tr>
<tr>
<td>Absolute Neutrophil Count</td>
<td>5.07 x10^3/uL</td>
<td></td>
<td>1.8 — 6.5</td>
</tr>
<tr>
<td>Absolute Lymphocyte Count</td>
<td>3.44 x10^3/uL</td>
<td></td>
<td>1.0 — 4.5</td>
</tr>
<tr>
<td>Absolute Eosinophil Count</td>
<td>0.09 x10^3/uL</td>
<td></td>
<td>0.1 — 0.6</td>
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<tr>
<td>Absolute Monocyte Count</td>
<td>0 x10^3/uL</td>
<td></td>
<td>0.2 — 1.0</td>
</tr>
<tr>
<td>Absolute Basophil Count</td>
<td>0 x10^3/uL</td>
<td></td>
<td>0.0 — 0.1</td>
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Continue On Next Page
**BIO-CHEMISTRY EXAMINATION**

<table>
<thead>
<tr>
<th>Investigation</th>
<th>Observed Value</th>
<th>Unit</th>
<th>Reference - Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Urea</td>
<td>6.1</td>
<td>mg/dl</td>
<td>0.6 — 1.2</td>
</tr>
<tr>
<td>Serum Creatinine</td>
<td>6.09</td>
<td>mg/dl</td>
<td>3.5 — 7.2</td>
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<tr>
<td>Serum Uric Acid</td>
<td>5.9</td>
<td>g/dl</td>
<td>6.0 — 8.3</td>
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<tr>
<td>Total Protein</td>
<td>2.0</td>
<td>gm/dl</td>
<td>3.5 — 5.0</td>
</tr>
<tr>
<td>Serum Albumin</td>
<td>3.9</td>
<td>gm/dl</td>
<td>2.3 — 3.3</td>
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<tr>
<td>Serum Globulin</td>
<td>0.51</td>
<td></td>
<td>0.9 — 2.0</td>
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<tr>
<td>Blood Urea Nitrogen BUN</td>
<td>35</td>
<td>mg/dl</td>
<td>6.0 — 21.0</td>
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<tr>
<td>Total Calcium</td>
<td>9.7</td>
<td>mg/dl</td>
<td>8.6 — 10.3</td>
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<tr>
<td>Phosphorus (inorganic)</td>
<td>3.6</td>
<td>mg/dl</td>
<td>2.5 — 5.0</td>
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<tr>
<td>Sodium (Na)</td>
<td>136</td>
<td>mcg Eq/L</td>
<td>136 — 143</td>
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<tr>
<td>Potassium (K)</td>
<td>3.7</td>
<td>mcg Eq/L</td>
<td>3.5 — 5.0</td>
</tr>
<tr>
<td>Chloride (Cl)</td>
<td>105</td>
<td>mcg Eq/L</td>
<td>97.0 — 108.0</td>
</tr>
</tbody>
</table>

---

*Dr. K. S. Rani*

MD. (Microbiology)
<table>
<thead>
<tr>
<th>Investigations</th>
<th>Observed Value</th>
<th>Unit</th>
<th>Reference - Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haemoglobin</td>
<td>7.8 gm/dl</td>
<td></td>
<td>11.0 — 15.5 gm/dl</td>
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<tr>
<td>Red Blood Cells (RBC) Count</td>
<td>2.96</td>
<td>x10⁶/μL</td>
<td>3.80 — 5.80</td>
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<tr>
<td>CV / Haematocrit (HCT)</td>
<td>24.4</td>
<td>%</td>
<td>30.0 — 50.0</td>
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<tr>
<td>Mean Cell Volume (MCV)</td>
<td>82.43</td>
<td>fl</td>
<td>80.0 — 99.0</td>
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<tr>
<td>Mean Cell Haemoglobin (MCH)</td>
<td>26.35</td>
<td>pg</td>
<td>26.5 — 33.5</td>
</tr>
<tr>
<td>Mean Cell Hb. Concentration (MCHC)</td>
<td>31.97</td>
<td>g/dl</td>
<td>32.0 — 36.0</td>
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<tr>
<td>Red Cell Distribution Width RDW</td>
<td>13.1</td>
<td>%</td>
<td>10.0 — 16</td>
</tr>
<tr>
<td>Mean Plasma Volume (MPV)</td>
<td>10.5</td>
<td>fl</td>
<td>7.0 — 11.0</td>
</tr>
<tr>
<td>Platelet Count</td>
<td>174</td>
<td>x10³/μL</td>
<td>140.0 — 400.0</td>
</tr>
<tr>
<td>Platelet Distribution Width (PDW)</td>
<td>15.6</td>
<td>fl</td>
<td>10.0 — 18.0</td>
</tr>
<tr>
<td>Total Leucocyte Count (TLC)</td>
<td>6.9</td>
<td>x10³/μL</td>
<td>4.0 — 10.0</td>
</tr>
<tr>
<td>Differential Leucocyte Count (DLC)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neutrophil</td>
<td>77</td>
<td>%</td>
<td>45.0 — 65.0</td>
</tr>
<tr>
<td>Lymphocyte</td>
<td>17</td>
<td>%</td>
<td>25.0 — 45.0</td>
</tr>
<tr>
<td>Mononuclear</td>
<td>02</td>
<td>%</td>
<td>1.0 — 6.0</td>
</tr>
<tr>
<td>Eosinophil</td>
<td>04</td>
<td>%</td>
<td>2.0 — 10.0</td>
</tr>
<tr>
<td>Basophil</td>
<td>00</td>
<td>%</td>
<td>0.0 — 1.0</td>
</tr>
<tr>
<td>Absolute Neutrophil Count</td>
<td>5.31</td>
<td>x10³/μL</td>
<td>1.8 — 6.5</td>
</tr>
<tr>
<td>Absolute Lymphocyte Count</td>
<td>1.17</td>
<td>x10³/μL</td>
<td>1.0 — 4.5</td>
</tr>
<tr>
<td>Absolute Eosinophil Count</td>
<td>0.14</td>
<td>x10³/μL</td>
<td>0.1 — 0.6</td>
</tr>
<tr>
<td>Absolute Monocyte Count</td>
<td>0.28</td>
<td>x10³/μL</td>
<td>0.2 — 1.0</td>
</tr>
<tr>
<td>Absolute Basophil Count</td>
<td>0</td>
<td>x10³/μL</td>
<td>0.0 — 0.1</td>
</tr>
</tbody>
</table>

Continue On Next Page
RX

Fakhet Zubeen

Kidney Failure

Adm

1. Ramoflin Powder 1 (st) X 2 — 3 gms
2. Rajawat tds 1 X 2 — 3 times
3. Insulin tds 1 X 1 — 3 times
4. Ocrecy Powder 1 (st) X 2 — 3 times

Report after 1 month

Reg

26/5/18
References:

Ref. 1 - A Snapshot of Mental Health in New Zealand (Page 12)

Ref. 2 - Police Becoming the Frontline Mental Health Workers (Page )
https://www.stuff.co.nz/national/politics/104176279/will-the-inquiry-really-be-the-saviour-of-the-mental-health-system

Ref. 3 - Lowering Family Violence: (Page)
Most recent statistics show that the magnitude of these occurrences are significant on a nationwide scale with 8,951 serious assaults occurring in New Zealand in 2013 (New Zealand Crime statistics 2013), in 2008 there were 34,186 apprehensions of male’s perpetrating family violence with 74,785 children present at family violence incidents (New Zealand Family Violence Clearinghouse, www.nfc.org.nz)

Ref. 4 - Understanding the Ventral Brake and the Social Engagement System
https://reichandlowentherapy.org/Content/Vegetative/ventral_shift.html

The social engagement system is a two-way interaction system (receptive and expressive). Eye contact, smiling, and tone of voice have always been understood to be pivotal in good relationships. Without these sensory and motor connections, it seems that both implicit and explicit understanding of what is happening socially will always remain crude, even with very intelligent people.

Without a functioning social engagement situation, any modicum of hostility in a situation will seem exaggerated, and ambiguous or neutral aspects will be perceived as negative - this is a sympathetic shift at work. True empathy surely depends on the social engagement system.

We intuitively understand the idea of 'defensiveness.' Defensiveness is the inability to employ the social engagement system when a social challenge arises. Instead, a sympathetically-mediated response is evoked that seems overdone and out of place. Defensiveness as a trait is famous for bringing on the very dislike that seems to justify it but which was not there in the first place.
Usually defensiveness is viewed as a problem that arises because of a complete misjudgement of the benign as threatening. This can happen. But defensiveness often arises in response to an actual social threat that is just a small part of the overall situation.

In a sympathetically-shifted person, the threat becomes of survival significance and activates a fight-or-flight response. Cognitive distortions are just part and parcel of that. But if the social engagement system is available, a phenomenon I would like to call ventral discrimination occurs, in which a finely nuanced response is possible depending on the severity of the threat.

Typically, limitations on engaging socially have been attributed to never having cognitively 'learned' or 'developed' social skills, or to losing such skills through brain injury. However, the currently fashionable concept of emotional intelligence seems to describe simply the relative development of the social engagement system.

The hallmark of our culture is that autonomic states of a person tend not to reflect the present situation but reflect, rather invariably, the persistent autonomic set-point of that person.

The ventral vagal nervous system can act like a very precise intensity controller for arousal and doing. In this function, it affects more than the heart but its effect on the heart is very illustrative. The ventral vagal keeps the heart rate well below its intrinsic rate of the pacemaker.

This means that a decrease in the ventral vagal slowing frees up energy for activity in a prompt and precise way. This 'brake' once lifted can be reapplied just as promptly and precisely. This makes for fluid shifting and balance between goal related activity and social activity.

If it was not for the vagal brake, then an increase in activity or goal related behaviour would require an increase in the firing of the sympathetic-adrenal system. The downside of this is that the sympathetic system, partly because it uses the release of 'adrenaline' tends to be an all or none system rather than a finely tuned system. Adrenaline cannot be retrieved promptly once it is released. This makes it hard to shift gears.

There are many people who have a hard time shifting gears once they have become alarmed, even if shortly afterwards, information comes that indicates it was a false alarm. This is because chemicals have 'flooded' the body. This state has long been intuitively referred to in psychology as flooded for that reason and it is understood it is impossible to shift quickly.

Play physiologically is only possible when both the ventral-vagal (social engagement) system and the sympathetic (doing) system are simultaneously activated. This allows play to be both adventurous and active, and also very social. If someone is say accidentally hit with an elbow during play, they will not get (very) upset if the ventral vagal tone is strong, but they will get very upset, involuntarily, if the ventral vagal tone is weak, even if intellectually, they 'know better.'