

14th January 2020

Submission: Prevention and Early Intervention
Re Screening of Children 0-3 yrs

Dear Sir/Madame,

I do not want my grandchildren to undergo “social and emotional wellbeing checks” for mental illness. There is too much information now available showing there is no science, medical or otherwise involved in the process. The screening relies on a checklist and opinion of mental health workers, nurses and doctors who then have the power to prescribe powerful and damaging psychoactive medication to the child. That is not medical science.

An example of published concerns covered in a recent 2018 report from the Australian Institute of Family Studies - Diagnosis in Child Mental Health:

(ref. https://aifs.gov.au/cfca/sites/default/files/publication-documents/1805_cfca_diagnosis_in_child_mental_health.pdf)

“Pathologising normal human experience - Perhaps the most widespread criticism of the DSM is that it has led to the “medicalization of normal life” (Frances, 2013, p. iii), expanding the concept of mental disorder to include difficult but expectable human experiences such as sadness, grief, shyness, anxiety, disappointment, inattentiveness, irritability, anger and stress (e.g. Frances, 2013; Greenberg, 2013; Paris, 2015). Criticisms of this sort usually come in one of two variants (Maj, 2015). First, some argue that specific diagnoses such as ADHD and disruptive mood dysregulation disorder do not qualify as legitimate mental health conditions. Second, some suggest that the thresholds for diagnosis of legitimate conditions, such as major depressive disorder and generalised anxiety disorder, are too low. Unfortunately, the question of over-pathologisation is very difficult to settle because there is no clear definition as to exactly what a mental disorder is. The current boundaries between normal human problem and mental health condition are decided not by clear-cut laboratory tests, but rather by a mixture of professional opinion, empirical evidence and risk-benefit analysis (Frances & Widiger, 2012; Maj, 2015). It is undoubtedly difficult to create diagnostic criteria that adequately recognise human distress and impairment without encroaching on experiences that are generally considered a part of “normal life”. Nonetheless, labelling healthy people as mentally disordered has many negative results, including stigma, unnecessary treatment, overuse of potentially harmful psychotropic medications, the misallocation of medical resources, and personal and familial distress (Batstra & Frances, 2012). “

Australians depend on a strong health system based on evidence based medical science. To offer anything else to the public is a failure of the system and those who manage and administer it. The mental health system is already broken in many respects as reported continually in the media. We have already gone through the ADHD checklist test and medication controversy and the proposed screening of babies and very young children is another leaf from the same book. We do not need unscientific screenings for “social and emotional well-being” to add to an unhealthy mental health system in Australia.

Your sincerely,
Brian Johnston