

## **Submission to Productivity Commission into Mental Health**

In reading the recommendations of the Interim report,

“The existing physical development checks of Australia’s 1.25 million 0 to 3 year olds in community health services can be expanded to incorporate social and emotional wellbeing aspects of development, so that any necessary assistance can be provided to both the child and parents/carers.” Page 11 Overview draft report

I disagree that children be screened for “social and emotional wellbeing aspects of development”. The reason for this is due to my past experience in dealing with young children , I have observed many of the so called symptoms from the DC:0-3 checklist in children of all ages. This does not mean they have a mental illness or will possibly get a mental illness in the future. What I believe it means is that a child who is inattentive, fidgets, can’t concentrate, and the other ADHD symptoms named are normal childhood behaviour.

When I would communicate with the individual child as to find out what was going on, what I would find out was that often the child had had an argument with the parent before they came to school, or they hadn’t had breakfast, or hadn’t eaten sufficiently before coming to school, or they had difficulty understanding what we were doing in class and needed some more 1 on 1 help.

When we start labelling these unnecessarily, we open the door in the future to having these children believing that there is something wrong with them. This exacerbates the problem and then it would be more likely for the child to be sent to a “specialist” and given a psychiatric drugs.

The same goes for babies and toddlers. If we decide that there are certain “symptoms” of “emotional and well being” that we can tick off a checklist and the child is tired, hungry, teething, etc then the parent of the child will think there is something wrong with their child and not handle it with good parenting.

By doing this it has opened the door for the pharmaceutical industry to make billions of dollars at our expense. It is time to look at real solutions and get back to basics were a teacher can be a teacher and a parent can be a parent.

We need to take psychiatry out of parenting and the schools and get back to the basics that worked for generations.

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