

22/01/2020

To Whom It May Concern:

I am writing a submission to the Productivity Commission as I am extremely concerned about what is really occurring with proposals in the Draft Report for our children.

I note that the Draft Report proposes “a social and well-being check of development” for 1,25 million 0-3 year olds. (Pages 11 & 12).

However, in the Summary of the report, it states indeed that it *is* mental health screening:

***“Consistent screening of social and emotional development should be included in existing early childhood physical development checks to enable early intervention.” (Page 2)***

I also note that there is a particular reference of “Zero to Three 2016” given on pages 652 and 656 of Volume 2. Quotes follow:

***“In other words, just like physical health and development, infants and young children develop social and emotional skills that are the cornerstone of future wellbeing (Zero to Three 2016).” (Page 652, Volume 2)***

And

***“Supporting parents and improving their knowledge of children’s social and emotional development can enhance prevention and early intervention (Zero to Three 2016).” (Page 656, Volume 2)***

Using the words “prevention” and “early intervention” is practically a by-word for screening in clinical parlance.

But more than that, the reference of Zero to Three 2016 in the Draft Report is to the following Policy Resource: <https://www.zerotothree.org/resources/1221-planting-seeds-in-fertile-ground-steps-every-policymaker-should-take-to-advance-infant-and-early-childhood-mental-health>

As you no doubt know, Zero to Three is the organisation who wrote the earlier *DC:0-3* and the updated version now called *DC:0-5* which is the diagnostic manual used in Australia and elsewhere to diagnose infants and children under 5 with a psychiatric disorder.

The webinar on the web page of the reference for the Draft Report for Zero to Three to above specifically covers treatment and covers how there needs to be services and support intended to directly address mental health disorders (page 11).

The disorders listed for children aged 0-5 include ADHD (page 13 of *DC:0-5*). I wish to point out that these are some of the symptoms of ADHD in the *DC:0-5*:

***“f. Frequently avoids or objects to activities that require prolonged attention (e.g., reading a book with a parent or working on a puzzle).***

***g. Loses track of things that are used regularly (e.g. favourite stuffed animal, shoes, or a school bag).***

***h. Frequently gets distracted by sounds and sights (e.g. sounds from another room or objects or activities out the window).” (Page 26)***

And under item 2:

- “a. Frequently squirms or fidgets when expected to be still, even for short periods of time.***
- c. Often climbs on furniture or other inappropriate objects.***
- d. Usually seems to make more noise than other young children and has difficulty playing quietly.***
- e. Often shows excessive motor activity and nondirected energy (as if “driven by a motor”).***
- f. Usually talks too much.***
- g. Often has a hard time taking turns in a conversation or interrupts others in conversations (e.g., talks over others).***
- h. Often has difficulty taking turns in activities or waiting for needs to be met.***
- i. Is frequently intrusive in play or other activities (e.g., takes over toys or activities from other young children, interrupts an established game)” (Page 26)***

These are just a selection, but I could have selected virtually all the listed symptoms as examples of being a) unscientific, b) highly subjective and c) erroneous.

These “symptoms” are merely normal behaviour from children. For instance, taking point “f” above “Usually talks too much.” By whose standard is this being checked? Different adults speak at different rates, so what is the “normal” rate of speech? Is this merely to be located by a teacher or nurse based on their judgement and the child then referred to a mental health worker?

Before beginning nationwide screening of infants, would it not first be advisable to remove subjectivity from testing procedure? To do otherwise, and risk wrongly diagnosing and medicating thousands of vulnerable infants is highly irresponsible.

**Not surprisingly the webinar which serves as the “Zero to Three 2016” reference in the Draft Report, advises on page 18: “Require use of age-appropriate diagnostic classification system (e.g., DC:0-3R) for diagnosing infants and young children for payment and utilization review purposes.”**

The Zero to Three Policy Brief is specifically about providing funding for treatment, and to train workers to identify early warning signs in infants and children for this specific purpose.

It is patently obvious that no matter how the diagnosis of psychiatric disorders is worded, it is still going to involve screening for mental illness and treatment - which of course will lead to infants being diagnosed and subsequently treated with psychiatric drugs.

I note that Ritalin is classified as a Schedule 8 drug in Australia<sup>i</sup> in the same class as cocaine, morphine and opium<sup>ii</sup>. This is in fact the very last sort of thing I would ever consider giving my children, and for health professionals to recommend it and actively promote this sort of treatment is deplorable.

The litany of side effects from these drugs is very long, and includes such appalling things per the Product Information as aggression, hallucinations, psychosis, increased blood pressure, heart problems, increased risk of sudden death<sup>iii</sup>. They are also not approved for use in children under the age of 6, but are prescribed off label. As you would know even the United Nations is concerned about the high numbers of children on ADHD drugs in Australia as was recently evidenced in media and a report issued by the United Nations.

The fact that these are symptoms of the very thing that the Commission is attempting to prevent should be cause for alarm, not a reason to increase the amount of medicating that is done by proposing screening based on opinion as any diagnosis is based upon.

Then if there is the problem, that if an infant or child is screened, diagnosed and given a psychiatric drug, this will *not* help any child who genuinely has a problem. This is not hep for our infants and young children.

I ask the Commission to please investigate how unscientific a diagnosis is, investigate the numbers of infants and children on these drugs including any side effects reported for children as well as safe alternatives for those children who do need help. This proposal cannot go ahead if we want to assist our vulnerable children.

Yours Sincerely,

Oliver Shead

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*i* Schedule 8: Poisons Standard- <https://www.legislation.gov.au/Details/F2019L01471>, commencing page 242.

<sup>ii</sup> <https://www.ebs.tga.gov.au/ebs/picmi/picmirepository.nsf/pdf?OpenAgent&id=CP-2010-PI-03175-3&d=202001231016933>

<sup>iii</sup> See the DAEN list of side effects for Methylphenidate Hydrochloride (Attenta, Concerta, Ritalin, Ritalin LA, and Tradename not Specified): <https://apps.tga.gov.au/PROD/DAEN/daen-report.aspx>