

TO WHOM IT MAY CONCERN

Submission Regarding the Productivity Commission Mental Health Draft Report

I am a teacher, a mother and a grandmother. I began teaching in 1973 and I still work in the field of education.

I strongly disagree with this idea of early intervention and prevention of 'mental illness when it comes to helping a child. I believe this is totally the wrong view. I have three beautiful daughters and seven incredible grandchildren. I have worked with many, many children in my teaching career.

You say in chapter 17 of the Productivity Commission Mental Health Draft Report that:

'One in seven children and young people are reported to have a mental illness, though the true prevalence is likely to be higher (chapter 2). "Many mental illnesses emerge at a young age and can have substantial effects on the life trajectories of children and young people. For example, in year 3, children with mental illness are lagging in their learning outcomes by about 7 to 11 months compared with children who are not affected by a mental illness, and this gap expands to 1.5–2.8 years by the time children reach year 9."

Today's literacy and numeracy levels are apparently lower than they should be. We even hear it on the media. How could it be with so much knowledge and technology available to us that there are children who are still not being properly educated? If we base this on their mental capacity do, we then draw the conclusion that one can't read because one has a mental illness or might be prone to one? This type of thinking then leads to the idea that a child has something wrong with him or he might have something wrong with him. This is going down the wrong track.

If a child's literacy and numeracy levels are not developing as they should then one has to look at the educational programs being used, and the educational

support being given. This must be a priority. This is common sense and seemingly being overlooked.

I have seen the change in education since I started in 1973. It has moved away from being child centered i.e. based on what the child needs – we used to plan our own programs based on the individual child. Today's programs are very complicated - a one size fits all approach. We used to work out our programs based on a well devised plan based on the students in our classes. We taught basic skills. We taught at a gradient to suit each child. Today's teacher must conform to an arbitrary standard that then has to be met by the class.

We were taught to educate children. This is where our attention should be focused in schools – not on our teachers being trained to look for mental illness.

This concept of mental illness – what is it anyway? Can it be tested? Are there actually tests that give foolproof accurate results. We can test for heart disease, cancer, infection etc. We can get actual results.

We even insist on proper inspection and proof in real terms before we get something 'fixed' on a car. How could we possibly make judgement about a child's mental capacity without real proof.

A mental illness diagnosis is quite subjective and can easily be wrong because there are no real tests. I see this.

With all I know based on what I have seen a child can be led down a road where he, his parents and anyone else involved think he has something wrong with him. This is not fair. This is not right.

Back in the early 2000s in one of my prep classes I had a little boy who was thought by a 'health' professional to be suffering from a 'mental' condition because he mucked up in class. He had a twin brother. They had been put into different classrooms. His dad had left home and his mum wasn't coping very well. As his teacher it was obvious to me why he mucked up. I had an aide in the classroom to work with him. Together we did amazing things with him. He responded well to a caring stable environment, good teaching, a sound

curriculum and a good routine. He was doing much better. He had settled in and he was beginning to read and write. There was an obvious improvement in his desire to join in with classroom activities. However, despite my recommendations as his teacher his 'health professional' had him put into a special school. This was devastating.

A mental illness is a very severe diagnosis, and, in my experience, can easily lead to prescription drugs. I see this.

On one occasion I did an emergency teaching job at a school. The students ran around the room jumping over chairs and hiding under tables. At play time the receptionist brought round a tray with little white cups for the children to take their medication. It was horrifying.

I was at another school where the children lined up at the office to get their medication and another where children were given drugs by their classroom teacher. This was over 15 years ago. What on earth is it like now?

At another school a mother of a child in my class was insistent that he see a visiting psychologist. Her husband was on anti-psychotic medication and she was afraid that he would 'catch' whatever his father had. I suggested her child was doing fine in class which he was, but despite my efforts he was removed from the class for 'special' help.

Rather than jumping to the conclusion that we have this great epidemic of mental illness and whatever must follow from this why not go back to basics where teachers teach, and children learn from a good sound child centered curriculum.

Thank you.

Regards,

Jan Lester