

Submission on Mental Health
from Tom Grimshaw

This proposal cannot proceed because it is fatally flawed.

Psychiatry cannot cure, it only harms in the name of help. The statistics of those not mentally well continue to climb, suicides continue to climb, all despite psychiatric programs like Beyond Blue being given increased funding. Clearly, psychiatry does not result in a benefit to its victims.

While medical disease can be screened for and verified, there are no valid tests to confirm any psychiatric diagnosis. Three different psychiatrists can deliver three completely different diagnoses of the same patient.

The screening questions asked are so subjective that any child could be at risk of being labelled mentally ill and potentially recommended for a prescription of psychiatric drugs.

Psychiatrists cannot predict future mental illness (“emerging mental illness”) by the use of an arbitrary list of questions on a checklist.

Since the creation in the 1980’s of psychotropic medication, psychiatrists have lied about their dangers and effectiveness. https://www.youtube.com/watch?v=Wd3_Iq8P3Fo

The drugs prescribed to treat depression have suicidal and homicidal ideation as side effects. How can a drug that causes a person to think about committing suicide or homicide be a valid therapy for depression? Quite simply, it can’t. Nearly every mass shooter in recent history was on psychiatric medication at the time of the shooting. Quite simply, the drugs do not work. And they set a person up to believe that drugs are the solution to their problems, which they never are.

Nobody every gets ill, physically or mentally, for lack of a drug. They get physical nutritional deficiencies from poor dietary choices or inadequate nutrient intake. These nutritional deficiencies can result in a wide variety of physical, mental and emotional disorders. Subjective, observational assessment does not factor in nutritional deficiencies and psychiatrists almost never order tests to see if the underlying cause is inadequate nutritional intake or malabsorption.

People get depressed if someone antipathetic to their survival invalidates them, their products or ambitions. They get depressed if someone antipathetic to their survival blocks them from their attaining their goals. Malnourished people are more susceptible to these effects.

In neither the case of nutrient deficiency nor in the case of association with a person antipathetic to their survival does drug identify the cause nor provide a workable solution to it.

A walk has been found to be more therapeutic than a psychiatric drug. So has exercise.

“In summary, exercise appears to be an effective treatment for depression, improving depressive symptoms to a comparable extent as pharmacotherapy and psychotherapy. Observational studies suggest that active people are less likely to be depressed, and interventional studies suggest that exercise is beneficial in reducing depression. It appears that even modest levels of exercise are associated with improvements in depression, and while most studies to date have focused on aerobic exercise, several studies also have found evidence that resistance training also may be effective. While the optimal “dose”

of exercise is unknown, clearly any exercise is better than no exercise. Getting patients to initiate exercise ---and sustain it – is critical. “ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3674785/>

Heck! Even music is better than psychiatry!

<https://www.sciencedirect.com/science/article/abs/pii/S0197455610000857>

Psychiatric drugs have been found so harmful to so many there are now groups launching class action lawsuits against the makers of these drugs for the damages caused. Let's not compound the felony by allowing this crime against the person to be committed against even more innocent children based on flawed and unscientific diagnoses.