Submission on Proposal to Screen Children for Mental Illness

The Proposal

There is a proposal to screen 1.25 million children between the ages of 0 years of age to 3 years of age for the symptoms of emerging mental illness. The proposal to intervene in order to prevent a mental illness from developing was referred to as the "Early Intervention Program"[i] initially but it has since surfaced under a number of synonyms. Nonetheless the presumptions and treatment are the same.

The Screening Process

The criteria by which children are to be screened include the following:

Symptoms for So Called Psychiatric Disorders for 0 to 3 Year Olds include:

- irregular feeding patterns,
- difficulty sleeping,
- whining,
- crying,
- calling for absent parent,
- separation or stranger anxiety,
- temper tantrums,
- shyness,
- sleeping with the light on and
- hyperactivity.

What then is the problem with these diagnostic criteria immediately above? All of the above could be and generally are normal childhood behaviour and if there really is a problem it will not be found and rectified with such screening. Alternatively, if the reported behaviour is actually normal childhood behaviour, then, there may not be a problem at all. Instead the infant or child could receive a psychiatric diagnosis and potentially psychiatric drugs for no sustainable reason other than diagnostic criteria that are ill defined by being too broad.[ii] [iii]

There must be a problem with the methodology if there are false positives

To date, evidence from randomised trials does not support the use of either psychological therapies or drug interventions as effective in preventing mental illness.[iv] A fundamental problem arises with the methodology here since there are no objective biological tests to determine the presence or absence of a mental illness. How then are we able to comment on the efficacy of a prevention modality?

Surely Since Psychiatrists are Doctors they Must Know Better than Laypersons!

Psychiatry is not a science because it does not follow scientific method. Psychiatry usually advances the argument in its defence in relation to this matter, that, because it is dealing with people who are unpredictable, that it cannot be scientific.

Meteorologists deal with weather conditions that are equally unpredictable yet they still manage to conform to the objective standards of real science. It is the methodology of a discipline that renders it scientific or unscientific, not the subject matter.

There are no objective biological tests to diagnose any psychiatric condition, that is, there is no scan, no X-Ray, no blood test nor is there a urine test that differentiates behaviour that falls within the ambit of being called a "psychiatric disorder" from normal behaviour. Psychiatry has admitted this![v] The question then arises – if we have no objective tests to demarcate mental illness from normal behaviour, how then do we know on what we must focus our attention? Thus there is a risk that we are over-diagnosing mental illness which is associated with the hazards of inappropriate drugging of young people whose brains are still developing. There is a demonstrable risk of brain damage resulting as a consequence of the administration of psychiatric medication.[vi]

The Early Intervention Program is based on research conducted in Buckinghamshire in the United Kingdom, the results of which have not been replicated anywhere else in the world.[vii] The methodology of this project has been called into question as the researchers ignored evidence that did not comply with their hypothesis.[viii]

It is assumed, that it must be some kind of deficiency that causes schizophrenia and other mental illnesses. Where is the evidence to support this assumption? There is no evidence. All alleged biochemical imbalances as a cause of a psychiatric conditions have proven to be false.[ix] There is the problem raised by the administration of anti-psychotics, that being, that they will bring about the actual psychiatric condition that was falsely assumed as the reason for treatment. It is acknowledged by the manufacturer's own literature in some cases that anti-psychotics can induce psychosis, that is, they induce the very condition that they are designed to treat. [x]

Further, one might as well argue that if a normally shy person were to become more outgoing as the result of consuming alcohol, that shyness was caused by a deficiency of alcohol in the brain![xi] This is yet another example of the spectacularly flawed logic of the program.

What is meant by an "emerging mental illness"?
This means that the person does not as yet have a mental illness but they might develop one in the future. This is hardly a definitive, scientific and logical criteria! What the psychiatrists propose to do is to treat the child in order to prevent the mental illness from developing.[xii] The problem with this approach is that the overwhelming majority of these diagnoses are false positives.[xiii]

On the basis of psychiatric presumptions, there is a common assumption that psychotic disorders have a prevalence rate of 2%-3% in the community but the selection criteria employed by the Early Intervention Program on which the proposal to drug children from ages one to three is based, has implicated 51% of young people. This is a statistically unsustainable figure.[xiv]

Since Psychiatry has no objective biological tests to determine the presence or absence of a mental illness or any other psychiatric condition how is this screening to be carried out and by whom? A major problem associated with psychiatrists doing research into prodromal schizophrenia is a lack of consensus as to what constitutes a symptom.[xv] The assumption that schizophrenia prodrome needed treatment was in defiance of DSM-IV's view that it was a relatively stable condition and that only a small proportion went on to develop schizophrenia or another psychosis.[xvi]

Psychiatric Treatment

Psychiatric treatment is at best palliative, that is, it alleviates the symptoms without dealing with the cause of the condition. If the treatment is at best palliative, what is the point in conducting screening?

Who Will do the Screening?

The answer is that maternal and child nurses in community health services will expand existing physical checks to include mental health screening. The child found to be "at risk" on completely subjective criteria will then be referred for a "final diagnosis" which will still be based a subjective checklist. There are no scientific tests because psychiatry does not have any!

More alarmingly there remains the possibility that this screening will be carried out more than once as the existing physical check protocols are recommended for the infant/child at: 1-4 weeks old, 6-8 weeks, 6 months, 12 months, 18 months, 2 years and 3 years old.[xvii]

Psychiatrists have an appalling record of misdiagnosis.[xviii]

The Draft Report admits there is no adequate data to assess whether the increased focus on infant emotional well-being in the past has had any substantial effect on young children and their families, so is absolutely no evidence to support their contention that the screening needs to be undertaken.[xix]

Screening of 3 Year Olds has been undertaken before between 2012 and 2015 with the expansion of a physical check called the Healthy Kids Check which included the screening for "mental illness" of 3-year-olds. The check was trialled at 8 Medicare Locales. The practice was discontinued in 2015 due to immense public criticism.[xx]

Responses at the time from professionals to this 3-year-old child screening included:

Psychiatrist Allen Frances who was the DSM –IV Task Force Chair, said the screening of 3-year-olds was "reckless", not evidence based and could lead to an explosion of false diagnoses that would see youngsters over medicated and labelled with mental illness.[xxi]

The doctor's magazine, the Medical Observer conducted a survey of GPs in 2012 and found that two thirds of GPs disagreed with the expanded Healthy Kids Check with a quarter believing it would lead to misdiagnosis with more psychiatric drugs being inappropriately prescribed and a further 41% said the scheme was a waste of money.[xxii]13

Child psychiatrist Dr Jon Jureidini, said he was "relieved," that the proposal for the 3-year-old check had disappeared."[xxiii]

Despite the fact that the Healthy Kids Check Program was a disaster and came in for heavy critiscism with its disease mongering approach, psychiatrists now want to apply the same principles in order to screen children in the age range 0 years of age to 3 years of age.[xxiv]

The Draft Report clearly states that despite spending billions of dollars, countless hours of work by teachers, education professionals, doctors, nurses, specialists on early intervention and prevention measures – improvements in the mental health of children and young people have been limited. It further states, "there is very little information to allow us to determine whether investments in mental health and wellbeing are delivering improvements and what policy initiatives have been effective."[xxv]

Incredibly the Draft Report states, "Despite the rising expenditure on healthcare, there has been no clear indication that the mental health of the population has improved." Yet as the solution, it is irrationally proposed that even more funding is the answer to further expand these failing ineffective programs.[xxvi]

The Productivity Commission's Report on Government Services 2019, reveals that in 2016/17 results were appalling viz[xxvii]:

62.8% of children aged 0-17 discharged from ongoing community care did not significantly improve.
40.9% of children aged 0-17 discharged from a psychiatric ward/facility did not significantly improve.
44.6% of children aged 0-17 discharged from community care did not significantly improve.

14.9% or 14,781 of those who were admitted to psychiatric acute inpatient services were re-admitted to acute wards again within 28 days.

It is clear from the above figures that this program has been less than effective, which raises the obvious question – why then try it again? The logic and methodology of the entire Program is flawed, being based on the Early Intervention Program that delivered false positives, with all of the associated risks for children's developing brains through inappropriate drugging. It failed to demarcate what constituted schizophrenia because amongst other things there was a lack of consensus as to what constituted a symptom. The Program came under heavy fire from medical personnel and was described as "reckless", not evidence based and could lead to an explosion of false diagnoses that would see youngsters over medicated and labelled with mental illness by Allen Francis who was the Director of the DSM IV Committee. For the aforementioned reasons the Program should not be implemented.

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i Gosden, Richard Phd *Punishing the Patient- How Psychiatrists Misunderstand and Mistreat Schizophrenia* Scribe Publications Melbourne 2001

ii [9]The DC:0-3 Casebook, Zero to Three, National Center for Infants Toddlers and Families, 1997, p.21, 22.; C.H. Zeanah, A.S. Carter, J. Cohen, M.M. Gleason, M. Keren, A. Lieberman, K.M.C Oser, "Introducing a New Classification of Early Childhood Disorders: DC:0-5," ZERO TO THREE, January 2017.

iii https://cchr.org.au/articles/0-3-year-olds-to-be-screened-for-mental-illness

iv [Examples of no tests include: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision, DSM-IV- TR, American Psychiatric Association, pages 88 , 89, 305; Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, DSM-5, American Psychiatric Association, pages.61, 101.]

v See iv ibid

vi (See Valenstein, Elliot S. Ph.D.) Valenstein, Elliot S, Ph.D., http://en.wikipedia.org/wiki/Elliot_Valenstein for a discussion of the unscientific nature of psychiatric diagnosis and Breggin, P. Toxic psychiatry. St Martins New York: 1994
(See also Psychiatric Drugs: Hazards to the Brain and followed up with an updated and more detailed review in "Brain Damage, Dementia and Persistent Cognitive Dysfunction Associated with Neuroleptic Drugs: Evidence, Etiology, and Implications" in the Journal of Mind and Behaviour 11, nos 3 and 4 (Summer and Autumn 1990). See Appendix B, section 1)

vii See Gosden, op cit p.225

viii See Gosden op cit p. 225

ix See Valenstein, Elliot S, Ph.D., http://en.wikipedia.org/wiki/Elliot_Valenstein

x See Gosden op. cit p.239

xi (See Gosden op cit - see the discussion on antipsychotics on pp.55-61)

xii https://cchr.org.au/articles/0-3-year-olds-to-be-screened-for-mental-illness [iv]

xiii "Evidence Summary: Identification of young people at risk of developing psychosis," headspace National Youth Mental Health Foundation, 2015. https://headspace.org.au/assets/Uploads/Evidence-Summary-Identification-of-Young-People-at-Risk-Developing-Psychosis.pdf [v]

xiv See Gosden, Richard Phd *Punishing the Patient- How Psychiatrists Misunderstand and Mistreat Schizophrenia* op cit p.243-244)

xv See Gosden op cit p. 226

xvi See Gosden op cit p. 229

xvii My personal health record," NSW Ministry of Health, 2019, p.3. https://www.health.nsw.gov.au/kidsfamilies/MCFhealth/Publications/blue-book.pdf

xviii See: Koranyi EK, Potoczny WM. "Physical illnesses underlying psychiatric symptoms" Psychother Psychosom. 1992; 58(3-4):155-60. Review

xix PCDR, Vol. 2, p.653, Vol 1, p. 11

xx Karyn E Alexander and Danielle Mazza, "Scrapping the Healthy Kids Check: a lot opportunity, MJA, Volume 203, Issue 8, 19 Oct. 2015. https://www.mja.com.au/journal/2015/203/8/scrapping-healthy-kids-check-lost-opportunity. [PCDR Vol 2, p. 657 & 656]

xxi Sue Dunlevy, "Child health check 'is reckless,'" The Australian, 12 June 2012, p.2.

xxiiKaryn E Alexander and Danielle Mazza, "Scrapping the Healthy Kids Check: a lot opportunity, MJA, Volume 203, Issue 8, 19 Oct. 2015. https://www.mja.com.au/journal/2015/203/8/scrapping-healthy-kids-check-lost-opportunity

xxiiiSarah Colyer, "Axing kids check retrograde," MJA Insight, 19 October 2015.

xxivp. 658 of PCDR, Vol. 2

xxvp. 650, 693 of PCDR, Vol 2

xxvip. 9 of PCDR, Vol 1

xxvii Mental Health Management, Table 13A.34, Table 13A.62, Part E, Chapter 13, Mental Health Management, Report on Government Services 2019, Australian Government, Productivity Commission, 30 Jan 2019. https://www.pc.gov.au/research/ongoing/report-on-government-services/2019/health/mental-health-management