

12.01.2020

Dear Sir or Madam

It has come to my attention that there is a new mental health screen process for children between the age of 0-3 year olds. I would like to provide my feedback to this proposed changes to the mental health bill that could, I believe , seriously affect our future generation.

I do not agree to this proposal and feel it is not the right action to take against children between the age of 0-3 year old.

Giving children 0 - 3 years of age mental screening and possibly providing them with drugs is not acceptable in my view. I have raised four children and all off them had these symptoms which I believe is normal child behaviour for children to be children according to Raisingchildren.net.au (1) where babies are expected to cry and have intense crying at times when hungry or experiencing any condition that is normal to this time period. it is generally considered that the problem lies more with the parenting that the child as many parent find raising a child a new experience and do not know what to do, this does not mean or should mean that the child is suffering from a mental illness.

In the 1950s depression and mental illness was a 'rare' occurrence and a change came into place after 1970 as per Horwit(2010) a major change occurred in the 1970s where there were several factors which influenced the change and sudden increase in mental classification. Some believe that this was due to the stigma around mental illness, whilst many believe that what some people were facing were the challenges of life.

Let me first say that mental health is an issue and that it affects people. People do have troubles.

With the increase in mental illness and especially the use of psychotropics to treat these illnesses legislators are often , and out of good intent, finding themselves trying to resolve the problems of mental health. This is why when agencies and experts present solutions to mental health with program such as early intervention programs, which is a good and logical approach, legislators, I believe, are prone to accept the recommendations made by leading experts in the field.

When a doctor, psychiatrist or a medical expert makes recommendations, we tend to trust that the person or body making the recommendations has done so with due diligence and provided us with honest, transparent and relevant information.

Who would not believe a doctor or a medical expert? We trust certain professions in our society and as long as the information provided is honest, transparent and relevant then it should be trusted.

Could I believe that the early prevention methods being proposed is honest, transparent and relevant to diagnose children with a mental illness? I am no expert but common sense alone

will tell me that there is no way that a doctor, psychiatrist or a medical expert could diagnose a child from the age 0-3 accurately and with confidence as suffering from a mental illness. If this expert could be honest, transparent and relevant in their diagnosis or even present a checklist that would be used to 'detect' mental illness who would to say that checklist is not for some other problem.

The problem is not so much in the early intervention. It is in the follow up prescription medication being given a 0-3 year old to prevent mental illness in the future.

From the APA (3) ; it clearly identifies that not enough research has been done on medication of children to actually warrant the medication and as result subsequent investigation as reported by Journal of the American Academy of Child & Adolescent Psychiatry (4) "Clinicians and caregivers need to be aware of potential endocrine and metabolic adverse effects of psychiatric medications" and further advised that more data and investigation would be required.

I don't believe there have been successful case studies on infants with 'depression' or mental illness and I do believe this is a ploy for more revenue into the hands of pharmaceuticals who are constantly seeking a new cash cow or niche market.

It is true that we have an increased suicide rate in children on psychotropics which in the US is now all anti-depressants are sold with a 'black box' notification about "warnings about increased risk of suicidal behavior in children" (5)

Truth be told, doctors, psychiatrists or medical experts will honestly admit if asked and you should ask.

- 1) Do they themselves really know the true cause of mental illness?
- 2) Do they themselves believe anyone knows the true cause of mental illness in their profession?
- 3) What are the percentage of success in their diagnosis and treatment of any and all patients they had ever treated, adults, teens etc.? The actual figures
- 4) Do they feel that they will be truly be able to detect with confidence mental illness in a 0-3 year old.

The answers you will get, if you probe enough, and really should anyone need to do that if they had successes? But the answers you will get is

"That they really don't know the cause of mental illness. And that nobody really knows what the cause of mental illness are in children or adult, not mention infants."

A common excuse for not knowing or being able to diagnose or treat illnesses are "The patient came to us too late, if only the patient came to us earlier"

And also the “no-wrong door” approach which opens the door and makes it okay to provide wrong diagnosis, and incorrect treatments and being able to wipe one’s hands for no success. We tried, it was wrong.

If the policy is to go ahead, which I strongly believe it should not, that no 0-3 year old should be placed on a mental illness early prevention program and that subsequent drugging of these people. For children 0-3 are part of the human race and they are people, people who do not have a voice to give consent and they trust legislators, good men and women, like yourself, to be a voice for them.

The decisions being made today by men and women who have the power to make those decisions, will have a tremendous impact on the future of tomorrow. The men and women want to make good decisions.

If the decision for this bill or legislation to be good the following, I believe should be considered.

- 1) That there is irrefutable evidence and that impartial studies have been done to support such a drastic early intervention program
- 2) That the medical experts should explain their successes and prove their results in this areas based on case studies and show at least that they are getting 80% or greater in results or treatment success.

Failing this that this does not pass into any bill or legislation.

Yours sincerely,

Ray Wills

references:

1.

<https://raisingchildren.net.au/newborns/behaviour/understanding-behaviour/newborn-behaviour>

2. "Instead, several factors, including changing norms of psychiatric classification, professional and political advantage, and economic organization and marketing, came together toward the end of the twentieth century to transform an "age of anxiety" into an 'age of depression.'"

Horwitz, V. (2010) Milbank Quarterly (1988) "How an Age of Anxiety Became an Age of Depression"

3. <https://www.apa.org/monitor/dec04/psychotropics>

"The bottom line is there's more use of psychotropic medication with children than there is research data on it,"

4. Journal of the American Academy of Child & Adolescent Psychiatry Vol 45, Issue 7, July 2006 Pg 771-791

5. Journal of Clinical Psychology in Medical Settings June 2008, Volume 15, Issue 2, pp 92-97

"Treating Depressed Children with Antidepressants: More Harm than Benefit?"

6. <https://www.ncbi.nlm.nih.gov/books/NBK361016/> Depression: How effective are antidepressants?