

Dear Sir / Madam,

19<sup>th</sup> January 2020

Submission to Productivity Commission Enquiry into Mental Health

From Victor and Lynn Boyd

We are the parents of two boys (now adults). We are opposed to the mental health assessment, diagnosis and treatment of babies and toddlers (new-born to 3 year old).

We found parenting a challenge, but one we accepted and (for the most part) enjoyed. Amongst other challenges were

- 1) Stretching boundaries and defying instruction. Seeing just how far they could go.
- 2) Becoming upset when at least one parent was not present. Happy to be independent so long as one parent was in sight.
- 3) Taking time to settle to sleep at night
- 4) Being hungry at times other than those western society accepts as usual

We are at a loss to see how these things could be considered something to diagnose and treat, yet by your guidelines they would have. They are something the child needs a parent's support with. Under the proposed guidelines, they would have been seen as warning signs at best or treated as abnormal and requiring treatment at worst.

But then, what is normal? There are a great many variations on this and probably as many opinions as there are people on this planet. It seems to us that no assessment could fit all children (we're talking 0 – 3yo) and would not adequately take into account the family's importance's and beliefs, nor the mores of their race, culture and religion.

All the above, and many, many other things, are sorted with parenting.

Regarding

- 1) They soon learned what could be stretched and what could not. They continued to push boundaries, but isn't this part of growing, becoming a little more skilled and knowledgeable each year? We would be concerned if they did not try for more. It is expected and a good thing – they grow.
- 2) When they were 0 – 3 year olds we accepted this. It is only in very modern times that babies and toddlers are put in day care with pressure, in western culture, that mothers return to work. We both worked, but with hours which allowed one of to be home most of the time. With our support they grew into independent children and adults. There was no need for assessment, someone's opinion with diagnosis, or treatment.
- 3) When the older child wanted to have his own room, they went into separate bedrooms and the younger one was upset being alone at night. To us this was understandable. At bedtime we'd read to him, maybe sing a song and sit quietly for a while and he'd drop off to sleep.

After one or two years he no longer needed this but still liked a story at bedtime. We didn't see it as an issue, so it didn't become one.

- 4) We do not see demand feeding of an infant as unusual or wrong. As young toddlers they often did not want large meals 3 times daily and sometimes became hungry between meals. We fed them nutritious snacks. We did not see this as something to correct. Our children had healthy appetites and were not and are not obese or undernourished. As adults they do not have any eating issues.

All just normal parenting. Other parents may have different methods, and this just makes them different not wrong. In our opinion the only possible criterion for judging this is - does the child thrive.

We were not wealthy and often struggled with essential bills when the children were young, so it is not primarily a matter of money. We live in a 3-bedroom bungalow which also accommodated an elderly parent/grandparent. We do acknowledge lack of money might be an issue.

Both our boys went on to become independent in life and learning. Both graduated from university with degrees (and student loans). Both have excellent, challenging careers they enjoy. Both are caring, responsible adults.

If there is bad parenting, poor parenting or no parenting, the thinking seems to be to diagnose and treat the child. To us, logic would dictate you educate and support the parents.

By diagnosing and treating the child, the child appears to be seen as responsible for bad, poor or no parenting. The child cannot be held responsible in any way, nor is the child to blame for a parent's lack.

To say a child (new-born to 3yo) should be diagnosed and treated, that somehow this will improve the parent's ability to parent seems to us to be irresponsible at best and perhaps an abuse of the child's rights at worst. We ask you to consider the rights of any person, and this definitely includes children as they are so vulnerable.

Children are children. All are different. To say that being a child is something to diagnose as abnormal and treat is in our opinion a travesty. It smacks of a "Brave New World" (Aldous Huxley). No child should be treated and conditioned to act out another's idea of normal no matter how benignly intended.

Medicating a child to make him/her quieter or more "normal", may appear to make it easier or perhaps be convenient for a parent or other adult. But this can also blunt the child's uniqueness, his drive, his creativity, his ability to learn. And that may well affect adversely the entirety of his life.

We have the view that no child should be assessed whereby an assessor can presume the child will go on to develop psychiatric issues/problems later in life based on unproven tests on pre-schoolers as young as new-born babies. Any diagnosis made will stick with that child and colour his schooling and adulthood. No matter how well the child turns out as an adult, he/she will be powerless to correct this diagnosis. Anytime he/she is asked (e.g. school, job application, visa application, etc) this will come up.

It seems to us there are two approaches

- 1) Diagnose and medicate or otherwise treat a child into obedience and quietness for the perceived convenience of parents or other adults.  
or
- 2) Parent the child towards independent, creative, productive adulthood.

We strongly support 2) and are opposed to 1).

Regards

Victor and Lynn Boyd