

To Whom It May Concern,

I would like to take the opportunity to make a submission to the Productivity Commission's inquiry into mental health.

This submission refers to the proposal to screen infants aged 0–3 years for mental illness as put forward in Volume 2, Part IV, Chapter 17 of the Mental Health Productivity Commission Draft Report.

I have grave concerns over what this screening represents for Australian children.

As stated in the draft report at point 17.1: "The definition of infant mental health is still a matter of debate among experts, although more formalised approaches to diagnosis and treatment are being developed and implemented."

To implement a screening for conditions, when the definition of infant mental health itself is still under debate, is alarming.

Medical doctors would not be able to diagnose and treat for illness under such loose definitions, people would die or be seriously and permanently damaged - and it is no different here.

This proposed screening opens up our population to misdiagnosis and over medication of Australian children with devastating consequences.

The Productivity Commission's *Report on Government Services 2019*, shows the current model is not performing well, in 2016/17 results were dismal:

- 62.8% of children aged 0-17 discharged from ongoing community care did not significantly improve.<sup>1</sup>
- 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.

Even though spending has increased 31.8% in the past six years from \$6.9 billion in 2010/11 to \$9.1 billion in 2016/17<sup>2</sup>, 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."

How is increasing the spending of our taxpayer dollar going to improve outcomes when billions have already been spent with no sign of positive effect?

We need real and effective changes to how people are diagnosed and treated for mental illness *before* attempting to screen the most vulnerable part of our population. To propose to do this with the current model clearly not working is not only reckless but dangerous.

From such a screening, children can be prescribed stimulants, antidepressants and antipsychotic drugs, the side effects of these drugs are horrifying.

The Australian Government has issued 67 psychiatric drug warnings to warn of the risk of agitation, aggression, increased blood pressure, hallucinations, life-threatening heart problems, suicidal behaviour and possible death.<sup>3</sup>

Australia's drug regulatory agency reports there were 1,707 deaths linked to antidepressants and antipsychotics as of January 2019.<sup>4</sup>

Such drugs with the side effects of suicidal ideation and behaviour are the treatments currently used for mental illness.

On page 14 the Draft Report also advises that "There has been no significant and sustained reduction in the death rate from suicide over the past decade, despite ongoing efforts to make suicide prevention more effective."

No child should be being prescribed such dangerous medications, in fact they are not approved for use in children under 18 for depression<sup>5</sup>, yet they continue to be prescribed - in 2015 statistics show that there were 1,459 2-6 year olds on antidepressants<sup>6</sup> and that number is set to rise drastically should such a screening go ahead.

In 2008 New Zealand introduced a 4 year old screening and figures showed a 140 per cent increase in antidepressant prescriptions for 0 to 4-year-olds between 2009 and 2010, and an average 10 per cent increase in mood-stabilising drug prescriptions in the last five years for children aged five and over.<sup>7</sup>

With the current guidelines it is impossible to imagine there won't be a staggering amount of misdiagnoses and over medication.

There are no scientific tests that can be done to determine mental illness in 0-3 year olds, it is proposed that maternal and child nurses in community health services will do these screenings by referring to a subjective checklist – yes, including diagnosing *an infant who cannot walk or talk*.

These are just some of the normal childhood behaviours that are considered symptoms of mental illness: 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.<sup>8</sup>

This list could diagnose any normal, healthy child as mentally ill. This is gross negligence to allow such criteria as this to be presented as evidence of mental illness.

There are significant problems already stated in the Draft Report such as "A lack of adequate training in child development, and in particular social and emotional development, makes identifying risk factors in children's behaviour, and supporting their development, a challenging task."

And "There is no adequate data to assess whether the increased focus on infant social and emotional wellbeing has had a substantial effect on young children and their families."

Despite there being inadequate training of the people meant to carry out these tests and the complete lack of evidence that it is of any benefit, the Draft Report still proposes to go ahead with this alarming screening.

As an Australian taxpayer this is an abuse of our public funds.

As an Australian citizen this an abuse of the public's trust.

As an Australian family member I ask the Productivity Commission to please scrap this proposal to screen our most vulnerable population and instead direct the funds towards mental health solutions that are humane and effective rather than outdated and damaging.

Kind regards,  
Lorna-Jean Bradley

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1 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>

2 Table EXP.34: Expenditure (\$ million) on mental health services, by source of funding, 1992-93 to 2016-17, Mental Health Services in Australia, Australian Government, Australian Institute of Health and Welfare. (Current Prices) <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/expenditure-on-mental-health-related-services>

3 Fully referenced layman's summary of all psychiatric drug warnings issued by Therapeutic Goods Administration, <https://cchr.org.au/wp-content/uploads/2018/10/Australian-government-warnings-on-psychotropic-drugs-180801.pdf>

4 Therapeutic Goods Administration Database of Adverse Event Notifications-Medicines, List of reports generated for each antidepressant, as of 03/01/2019 and added manually. <https://www.tga.gov.au/database-adverse-event-notifications-daen> ; Therapeutic Goods Administration Database of Adverse Event Notifications-Medicines, List of reports generated for each antipsychotic, as of 03/01/2019 and added manually. <https://www.tga.gov.au/database-adverse-event-notifications-daen>

5 "Suicidality with SSRIs: adults and children," The Australian Therapeutic Goods Administration, Adverse Drug Reactions Bulletin, Vol. 24, No. 4, August 2005.

6 Table 1. Number of patients who had at least one prescription filled for PBS/RPBS listed antidepressant drug in 2007/08 year by age and State/Territory. Department of Health and Ageing, 2008, <https://cchr.org.au/wp-content/uploads/2016/08/Antidepressants-2007-2008.pdf>

7 Imogen Neale, "Ministry hides test's real purpose," *Stuff*, 25 June 2012. <http://www.stuff.co.nz/dominion-post/news/politics/7160837/Ministry-hides-tests-real-purpose>

8 *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.