

To the Productivity Commission

23/1/2020

Dear Sirs,

I have familiarized myself with the draft document and wish to make the following submission.

Your document states:

“Incorporate social & emotional wellbeing checks into existing physical development checks for 0 to 3 year olds”

While physical development checks for this age group are well established and beneficial for early detection of issues, I am concerned re the “emotional wellbeing” checks in this age group. This will, I expect, rely heavily on the view of the parent, teacher, or specialist intervention and acting with an age group that has no or limited communication skills. My concern is the check leading to further intervention that may be based on what could be normal baby/toddler behaviour and that what is actually needed is parental knowledge and support.

The document states:

“Around 12% of Australia’s 15 to 24 years olds seeking help for mental health problems were not engaged in employment, education or training. Those not engaged are more likely to be male, in their mid-20s, have a history of criminal charges, risky cannabis use, higher levels of depression, poorer social functioning, greater disability and economic hardship, and a more advanced stage of mental illness than those who are engaged.”

“tertiary students are more likely to experience mental health problems than the general population”

Your document has highlighted the need for education and employment as a key factor for the reduction in the above. Teachers are bearing the brunt of this and need the extra support the draft document advises. However, there is one step further that underpins this. I have had direct experience in this and use it in my own studies and have seen numerous cases documented here and overseas of Primary, Secondary and Tertiary students education and futures saved. It will be a brave commission that will recognise or at least research this early prevention method for themselves and then potentially, for the above at risk groups.

<http://www.studytechnology.org/10-barr.html>

“The Australian Government should introduce an MBS item for psychiatrists to provide advice to a GP over the phone on diagnosis and management issues for a patient who is being managed by the GP. The effectiveness of the new item should be evaluated after several years.”

My last concern is that the above proposal allows for a diagnosis of a patient albeit in a GP’s office, of a patient that he or she has had no contact with. Surely this could lead to, in some cases, a misdiagnosis.

Your Sincerely,

Lyndall Warren