

10.1.2020

Dear Commissioners,

I am The Quality Assurance Manager of a private school and I am writing to express my concerns about the Draft Report of the Productivity Commission's inquiry into Mental Health.

As a first point I know the Productivity Commission's Inquiry is investigating how productive mental health programs have been, whether they should be continued if they are not productive and whether spending is effective. Looking at statistics alone, the steadily rising percentage of children and teens taking anti-depressants and remaining on them, not improving, and in fact often progressing to other dangerous psychotropic drugs and succumbing to horrific side effects, even suicide, would indicate that the productivity statistic is going in the wrong direction. It is producing worsening mental states in children rather than alleviating them, or in the best scenario producing happy, bright, intelligent children.

There are no scientific tests to determine mental illness, to compare with say X-rays showing whether a bone is broken or not, blood tests to determine whether someone has diabetes or other issues, and scans for cancer, etc. I ask that you investigate thoroughly how a diagnosis is made, including reading the Diagnostic and Statistical Manual of Mental Disorders (DSM IV or DSM 5), which are used in Australia by Medicare and the Pharmaceutical Benefits Scheme. Reading just the entry for ADHD reveals how non-scientific a psychiatric diagnosis is. As you will read, symptoms of what could be normal childhood behaviour are listed, such as the child fidgets, acts as if "on the go" or "driven by a motor", loses things necessary for school work, doesn't listen when spoken to directly, loses toys or books and is easily distracted. From this manual, assessment questions have been compiled and teachers told to use them to refer children. The Conner's Rating Scale for ADHD is also a document that I recommend the Commission read to see how unscientific a diagnosis of ADHD is.

When I went to school, not one child had ADHD. They grew out of childhood behaviour such as that listed above. As time progressed, ADHD was diagnosed at the age of 10, then at 7, and can now be diagnosed at 36 months per DC:0-5 Zero to Three (page 27). With the proposal to screen for "emerging disorders", we will have parents being told that their baby or infant could get ADHD, so they should be treated now.

A series of assessment questions which could be answered quite differently on another day when a child is having a good day rather than having just had a quarrel at home or just feeling a bit off, is not scientific nor practising medicine and in my opinion amounts to trickery. A baby, infant or toddler might go through an adjustment period when it is getting used to its new life and it may at that time have behaviour that suggests a “mental problem”, such as irregular feeding, difficulty sleeping, whining, crying, temper tantrums, afraid of the dark, etc. In days gone by, the mother with love and tolerance in her heart helped her baby overcome any fears, obtained good medical care with the doctor using scientific medical tests to help determine the cause of the problem, and the child would adjust and lead a happy life. Dosing the baby or toddler with drugs is detrimental – it is well known that psychiatric drugs dull the brain. Who wants a child with a dulled brain, struggling with school work because of it?

Average people believe the “authorities” are there to help them and are easily duped into taking psychiatric drugs because they are told they or their children/babies need them. Along with this, parents are often not told of any potential side effects of such drugs. I ask that the Commission comprehensively investigate the psychiatric drug warnings issued by the Therapeutic Goods Administration and view the side effects reported in children for these drugs. All of this information is on the Therapeutic Goods Administration website and I would hope that they would provide you with the warnings and side effects for each drug if you ask them, considering the future health and well-being of our children is at stake. The information is on these links:

<https://www.tga.gov.au/publication/australian-adverse-drug-reactions-bulletin>

<https://www.tga.gov.au/publication/medicines-safety-update>

<https://www.tga.gov.au/database-adverse-event-notifications-daen>

The proposal that all children in our nation should be bombarded by early childhood centres and schools insisting that they answer mental health questions from a “wellbeing leader” who then “guides” them into visiting psychiatric clinics for diagnosis and drugging is pure bullying tactics. These centres and schools are there to educate children into being successful and productive citizens; they are not there as feeder lines to psychiatrists, doctors who prescribe psychiatric drugs and mental health clinics looking for potential drug customers.

As Quality Assurance Manager of a school, I have among my duties the care and support of children who are having a difficult time in the classroom. I advise parents to seek good medical advice and ensure that their child eats well and gets enough sleep. I also find that a good heart-to-heart chat does wonders for the child – they often just need to get something off their chest. I then find out what lesson they didn't really understand and I help them understand it. I keep going along these lines until the child is happy. They don't have a "mental illness" - they often just need someone to talk to and to help them clear up study problems.

Children deserve the best chance in life, with attention being put on their abilities, not their disabilities. Rewards and praise, medical advice and helping a child with their problems, have far better results than mental health "labels" and drugs. If upset, they deserve humane help, holistic care, good nutrition, exercise, loving parents, friends, and people who help them to be happy. The drug route is the route to no help, worsening health and even possibly death, according to the warnings indicated by the Therapeutic Goods Administration. I would strongly urge the Commission to recognise what is occurring here and take steps to protect our children.

Yours sincerely,

Rose Evans