

I am deeply concerned about the recommendations in “Part IV Early Intervention and Prevention”. The introduction of childhood screening (and all persons for that matter), is dangerous to individual and community wellbeing, and physiological and psychological health. Taking into account the proper view of such psychiatric methods as outlined below, it is an erosion of the very nature of the United Nations Convention on the Rights of the Child of which Australia is a signatory.

The following may appear dramatic, though I urge you to consider long and hard the consequences of broad childhood screening taking into account the below.

Why are the recommendations so dire? Well, let us consider what such proposed screening will lead to. The vast majority of Australians diagnosed with a mental illness are prescribed psychiatric/ psychotropic drugs (many studies indicate close to 20% of the entire Australian population are on anti-depressants). This preference to drugging includes children. Such diagnoses are made from subjective checklists of behaviours. Such checklists exist only from a show of hands by meetings of psychiatrists – no science. The lists widen every year. They are so vague and unscientific. There is no actual science or any scientific methods or diagnostic tests that establish the existence or validity of mental illnesses. Brain scans, blood tests, CT scans, MRIs, genetic testing – none of it establishes a causative biological connection.

Now let us put this in the context of your proposed childhood screening. The screening tests you have proposed are again merely checklists of behaviours. There is no biology or science to these theories. There simply is not, and anything said to the contrary is not true – none exist. The proposed checklists of behaviours for children to be implemented are cast so wide, vague and subjective that any child at some point could be classified unless they are already silenced into compliance with psychiatric drugs.

I am opposed to this screening as it will invariably lead to more children on psychiatric drugs. Such drugs are the number one “treatment” for such “mental illnesses” that are diagnosed by checklists of behaviours. These drugs inhibit natural neurological development, change personality, and have a range of other dangerous and irreversible side effects to psychological and physical development as published by Australia’s Therapeutic Goods Administration and the U.S.’ Food and Drug Administration.

Young people and children go through behavioural phases and periods of acting up. How will our society look in the future if any loud or energetic conduct by children is frowned upon and classified as indicia for mental illness, with a significant portion on drugs?

These recommendations usurp the role and intrinsic responsibilities and duties of the parent. The recommendations possess the same character of the “Stolen Generation” regime: that the state knows better than the parents, and they are the only ones with the insight to make the best determination and life changing decisions.

So, let us consider this:

- No scientific tests exist for mental illness
- No biological causation has been proven for mental illness (i.e. the chemical imbalance theory has been admitted by the psychiatric community as unsubstantiated)

- Mental illnesses are diagnosed from subjective checklists of behaviours, that exist merely because of an official show of hands. The lists to be used in this proposed screening and laughably vague and pseudo-scientific.
- Children's brains are significantly developing well into their teens
- Childhood is a time for self-discovery. Children move through behavioural phases and their behaviour is heavily influenced by their environment. During such times behaviour is controlled by environment, not brain chemistry.
- Childhood screening, with the wide and vague checklists of behaviours, will invariably lead to many, many more subjective and false diagnosis of mental illness
- As psychotropic drugs are the number one treatment option for mental illnesses, more children will be on these drugs. By the warnings issued from Australia's Therapeutic Goods Administration, many of these drugs are very unsafe mentally and physically, especially for children.
- This is unscientific and an unprecedented intrusion and usurpation of the rights of parents and children. It is unscientific and unsafe. The effects on children's brain chemistry is NOT sufficiently researched. What research has taken place confirms irreversible damage. Childhood drugging is detrimental – this is well established; not opinion.

**Are you comfortable to roll the dice and have your child screened, diagnosed and medicated into compliance and silence because of a subjective checklist? Are you happy to interfere with the chemistry of a child's developing brain? How about the child's and parent's rights – or does the state know better?**

With regard to suicide prevention, it should be noted that most suicides occur whilst the patient is on or has recently been on psychotropic drugs such as anti-depressants, anti-psychotics, or a cocktail of many. The majority of these drugs have official side effect warning from numerous governmental drug regulatory agencies around the world of suicidal ideation and suicidal tendencies (i.e. Australia's Therapeutic Goods Administration, United States' Food and Drug Administration – and tin fact he majority of nation states). This link is causative. Too often it is said that the person who suicided was not medicated soon enough or was not on the right drugs. It is time that the real reason why (the consumed drug) is confronted and investigated.

These psychotropic drugs causing suicide ought to be dealt with from the same viewpoint as faulty products causing deaths. There have been too many warnings issued by regulatory bodies, studies by universities and trials published and buried by pharmaceutical companies for this cause of suicide to not be addressed with the utmost urgency.