

Submission on Mental Health Proposal

Pauline Maszlagi

I am writing to voice my concerns and complete disagreement as a human being, Australian citizen and tax payer, with the proposal to include additional mental/emotional screening of 0-3 year old children with the potential for putting them on Psychotropic drugs. This is, to put it mildly, highly disturbing that our babies and infants are being screened for mental or emotional health with the strong possibility that they could be put onto Psychotropic medication adding to the already existing and disturbingly increased statistics of young children under the age of 6 years on these drugs. To think that over 7,800 children between the ages of 2-6 years have been put onto an Antidepressant, Antipsychotic or ADHD Drug in 2015 is shocking and infuriating. What is to become of our children if this becomes a normal procedure in schools? How many more children will be subjected to these mind altering drugs as a solution to largely normal behavior? Will it be that in the future that the majority of children will be put onto these drugs? How is it that our society has come to this?? 55 years ago when I was a young child there was no such thing as an Psychiatric drug. We would be treated only for anatomical and physical illness or abnormalities, conditions or symptoms. How is it that our society has deviated on the path of health and medical treatment for any human being let alone babies and young children and arrived at this? I also cannot imagine that any parent would not be extremely concerned about this proposal to potentially put their babies, infants or toddlers on these drugs because they have been told that their child has answered a highly subjective question and answered it in such a way that deems them to be mentally or emotionally predisposed to a mental "illness".

<https://www.sciencedaily.com/releases/2010/04/100420101224.htm> - Link to over prescription of Psychotropic drugs to Children.

All young children/babies cry, can have problems sleeping especially when young, throw tantrums, have upsets with siblings, parents or environmentally and experience upset or anxiety from being separated from a or both parents. Some children may be shy, others boisterous. This is a normal part of having emotions and being a human being. No child was put on drugs for normal behaviors. Why now, isolate the same behaviors, call them a Psychiatric name and call them a disorder or syndrome?

Also, these drugs are not without side effects many of which create the same and more psychological and physical side effect that they are trying to "treat".

<https://www.drugtopics.com/article/psychotropic-drugs-pediatrics-looking-whole-child>

Each year, approximately 200,000 children ages 17 years and younger land in emergency departments (EDs) from adverse drug events (ADEs). Children younger than 5 years of age are most likely to visit the ED for ADEs, according to the CDC.

Adverse drug events (ADEs) are a leading cause of injuries and death in children in the United States, and psychotherapeutic agents such as antidepressants and central nervous system (CNS) stimulants have been implicated in rare, but serious, side effects such as suicide, serotonin syndrome, and death. Pediatric CNS stimulant prescriptions have skyrocketed 483% from 1990 to 2015, according to an October 2016 New York Times article. The increasing number of prescriptions is raising concerns regarding the potential overprescribing and unnecessary prescribing of stimulants and other psychotropic medications in children.

The other side of the argument is the cost as well, this being the entire purpose of the Productivity Commission. Despite the spending of billions of dollars, much time and many resources being put into this area of early intervention and prevention, improvements have been limited, and outcomes not clear as what has worked and what hasn't.

The big question is why have there not been better outcomes and improvement in the area of mental health when billions of dollars have been poured into this area? If these drug strategies worked, surely there would be better results but there have not been. We live in a results driven society in all aspects of our life so why keep pouring more money into an area that has not gotten good results? If a person doesn't get results in a job, they're asked to leave and another person or company is found that can and will produce good results. This should be the attitude taken here with this clearly failing approach.

Why wouldn't one look at the diet, exercise, physical health, deficiencies, environmental aspects such as any bullying, unrest in the family, time spent on mobile and laptop, PC devices to ascertain whether these things have an impact on the child's welfare. Many mental or psychological conditions are brought by deficiencies or too much of something such as Copper. If a child has any deficiencies or toxicities these things can be found through simple blood tests. Why would these things not be looked into first to ascertain if that child has either of these before resorting to a Psychotropic Drug which has side effects?

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2248201/>

Thank you,

Pauline Maszlagi