From: Ian Stewart

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I worked in drug rehabilitation for 5 years. During that time, a fair percentage of the people who came through had been prescribed psychiatric medication. A number of those people told me how they felt the need to use drugs that were similar to the medication. For example: One person took dexamphetamine and later became addicted to speed and uppers. Another was prescribed Xanax as well as Rohypnol and he later felt the need to use drugs like ketamine (which is now, ironically, being used to treat mental illness!). Some bought these drugs off kids at school, who were being prescribed them, or their friend would pretend to lose their prescription in order to get another one and he and his friends would then abuse these. This led to him wanting to use drugs and ended up on speed.

Out of all the drugs people came in for, the medications prescribed for mental health were the most difficult to withdraw and rehabilitate people from. No other drug (including ice & heroin) produced the symptoms that these did. There would be a delay of up to a week where a second withdrawal period would occur, and the person would have to go back to the withdrawal section to be monitored for several more days – not other drugs produced those symptoms. The amount of mania some people experienced during withdrawal was intense! But once they were withdrawn they were quite bright and alert and one for one commented on how alive they felt AFTER coming off these drugs, and how numb and dead they felt whilst on them. Some told me when they were on the drugs, they felt they were numb and disconnected with life. One person told me he felt no ill feeling towards thought of harming his wife and daughter. He restrained himself but it scared him out of his wits that he could feel those feelings and knew it was the drugs he had been prescribed.

My mother was given Xanax and Effexor for an anxiety condition. There were no blood tests, or any other pathology done to determine what was going on with her. She was on these for about 5 years. I did not know this at first, but I observed my mother become more irritable and manic, less aware of her environment and erratic. She has always kept a very good home, but this suffered during this time. She has since stopped taking these medications, and I have helped her with nutrition and exercise as well as helping her with loss and rehabilitation of goals in her life to where she is now stable and has been for about 15 years. She has told me though the drugs did help at the time, it was a mask and didn’t really address her problems as they were still there even after coming off the medication. She realizes they weren’t helping and would not have helped long term.

I had friends at school who were given psychiatric medications for depression etc. I noticed they became withdrawn and not a sociable. They did not look as healthy as they did before and were less interested in what was going on in life.

I’ve looked at the institutes that are charged with mental health in this state, the country and the world. I see exorbitant amounts of money – tax payer money – being spent and from what I can see; there have been no cures or no real products. Just a lot of talk about how difficult it is. This is from an industry that has been researching the human condition for well over a hundred years. I see more success from people changing their diet and exercising that I do with our current industry.

What do we actually get for $9 billion?? Any cures? Nice pay checks for those who are involved in this industry and nice kick back to those companies involved in providing services, medications, advice etc. But where are the products??  
<https://www.aihw.gov.au/news-media/media-releases/2018/february/mental-health-spending-hits-9-billion-but-retain>

Can you believe that a simple change in diet can help schizophrenia?  
<https://www.ncbi.nlm.nih.gov/pubmed/30037619>

<https://www.sciencedirect.com/science/article/abs/pii/S0920996419301136?via%3Dihub>

<https://www.psychologytoday.com/au/blog/advancing-psychiatry/201903/the-ketogenic-diet-may-help-stop-seizures>

But I guess a diet isn’t as lucrative to drug manufacturers and those that want a patient for life hooked on debilitating medications…

We have lots and lots of studies and lots of suggestions and these go back for a long time but that’s all we seem to get – studies and talk!! Where are the solutions?!!

<https://www.google.com.au/search?client=opera&q=what+results+do+we+have+from+our+mental+health+industry+in+australia&sourceid=opera&ie=UTF-8&oe=UTF-8>

Now, with the idea of giving mind altering drugs to 0-3 year olds – please are we that desperate and dumb, as well as naïve to think this is a workable solution?? The toxicity in these drugs (some are akin to street drugs – take Ritalin, it’s in the same schedule as opium and amphetamines!!) would wreak havoc on a new born’s body that isn’t fully formed. There is no real research on how these drugs affect the growing body nor the accumulation of toxins in the body over time effects a person – toxins do accumulate!! <https://www.ewg.org/research/body-burden-pollution-newborns>

And with what I’ve seen through working a in a drug rehab, these medications have serious impacts on a mature persons well being so what in the hell are they trying to achieve giving these to infants?!! The cost in the future on an already heavily burdened medical system is only going to increase and possibly become unmanageable. The impact on these youngsters ability to become educated will be hampered. We will be killing our next generation of leaders. What type of person will be leading our country who has been on medications since birth? Drugs impair the ability to observe, understand, make conscious cognitive decisions about life. I know this from personal experience of being a drug addict for 15 years (marijuana – don’t get me started on the malarkey going on about legalizing that!!). My ability to function decreased dramatically, I withdrew and I could not hold down a job, I became more depressed and unable to enjoy life. I never took psychiatric medication. Once I stopped using this and began to live a healthier life, eating better, getting exercise, interacting with others more, I found my problems lessened.

Young children with all these labels could be suffering from too much sugar, too much computer/TV/tablet/phone too much molly-coddling.   
I did a random search on sugar and ADHD and found the following: https://www.additudemag.com/adhd-diet-nutrition-sugar/  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3133757/>

It could also be the case of the child is simply not interested in the class he’s attending. The education system seems so dumbed down to even when I was at school and way more than when my father went to school. He was taught how to save, to do proper mathematics with his mind.  
Maybe the child doesn’t understand something they are learning about, maybe they can’t communicate about it or something else? Why would you want to give a mind altering (read that again MIND-ALTERING) drug to them that no one really knows what it actually does. SSRIs for example. They block the reuptake of serotonin. What does that do? Is it thought that the person needs more serotonin? What happens to the body when it creates more and more serotonin to counter act the fact that it’s not “reuptaking” it? Why aren’t studies of these factors done before the drugs are approved?

Giving these to 0-3 year olds is not an answer. Nor is it THE answer. Who are we to determine the mental state of a child newly entered into this world. They haven’t even found themselves or had a chance to experience life through unaltered perception.

The so called screening or whatever it is being called now, does not do one single physical test. No blood test, no scans or anything. How can one determine whether or not there is a “predisposition to mental illness” present? A lot of these theories are just that: THEORIES. They hold no water. Allen Frances even stated the psychiatric industry has no idea what ADHD is – then why the hell do they think it’s ok to prescribe amphetamine like substances to young children and adolescents.

<https://www.cochrane.org/news/recommended-dose-episode-2-dr-allen-frances>

<https://www.psychologytoday.com/au/blog/saving-normal/201610/dsm-5-diagnoses-in-kids-should-always-be-written-in-pencil>

<https://www.psychologytoday.com/au/blog/dsm5-in-distress/201006/psychiatric-fads-and-overdiagnosis>

<http://behaviorismandmentalhealth.com/2017/01/18/allen-frances-and-the-overdiagnosing-of-children/>

https://aifs.gov.au/cfca/sites/default/files/publication-documents/1805\_cfca\_diagnosis\_in\_child\_mental\_health.pdf

Do not allow this bill to pass. We do not need this. 0-3 year olds DO NOT need to be given drugs. How is one to determine they have a mental illness? What diagnosis is being used? Is it subjective, based on the doctors training? Each person is individual meaning they don’t necessarily respond the same way. There’s no blanket solution to this. Would you want your child being given mind altering medications for something that can be prevented in other ways? You’ll be making patients for life – this is not necessary. The current mental health industry does not have cures, solutions, evidence of physical symptoms (IE real pathology) for ANY mental illness.

I do pray that this does not go ahead and that real solutions are looked for because they do exist and are simpler and way more cost effective than the current goliath that chews up 9 billion tax payers dollars per year.

Regards,

Ian Stewart