17 January 2020

Dear Members of the Productivity Commission,

I'm writing this submission as a concerned citizen regarding the mental health of children as addressed in Part IV, Section 17 of the Draft Report.

I have read your letter of correction on the submission page, I find the statements listed in that letter contradictory with what is listed in the Draft Report – hence my concern.

Your letter of correction stated that:
"The draft report from the Productivity Commission's Inquiry on Mental Health recommended that "State and Territory governments should use existing guidelines to expand early childhood health checks, such that they assess children's social and emotional development before they enter preschool…"
This is not, as your article wrongly suggests, an attempt to screen for "mental illness". The Productivity Commission does not recommend or suggest that the check should be linked to referring children to a mental health professional, providing children with a diagnosis or enabling increased use of psychiatric drugs."

However, on page 650 the Draft Report makes clear that its objective is: **"to improve early detection of risk factors for mental ill-health,** expand early intervention and enhance the efficacy of prevention and mental health and wellbeing promotion for children"

Section 17.2 on page 657 referring to the last government-funded health check:
This check offers another opportunity to **identify potential risk factors that may affect mental health** and wellbeing before a major life transition — starting school.

I do not understand how the letter of correction can claim there is no attempt to screen for mental illness in children when it is clearly coming up as an agenda in the Draft Report.

This kind of screening/check has been attempted before - as stated in the Draft Report:
"The Australian Government has attempted to achieve this in the past. In 2008, the Government introduced the Healthy Kids Check… There was widespread criticism among experts of how the check was structured…
"An expert working group to develop the Enhanced Healthy Kids Check, designed for 3 year olds, which was intended to contain questions on social and emotional wellbeing. However, this version of the check was never rolled out, partly due to public criticism as the check **was perceived by some as a mental health check for children."**

"Expanding the scope of existing health checks for 3- to 4-year-olds, which are currently conducted by maternal and child health nurses, to consistently encompass social and emotional development can result in risk factors being detected early and support offered to families and children as they prepare to start school… — **the guidelines required to conduct these checks have already been developed, as part of the preparation for the Enhanced Healthy Kids Check**."

So, what has changed about this new check that makes it different to the failed one from 2015?
It seems as though it is just being re-packaged and rolled out again, why shouldn't we be concerned when a mental health screening touted as "a health and wellbeing check" gets started?

To claim this will not lead to "referring children to a mental health professional, providing children with a diagnosis or enabling increased use of psychiatric drugs" is at odds with the statistics from similar screenings and the alarming increase in psychiatric drug prescriptions.

In 2008 New Zealand introduced a 4 year old screening and figures showed a 140 per cent increase in antidepressant prescriptions for 0 to 4-year-olds between 2009 and 2010. Ref #1

In Australia our prescriptions keep on rising and in 101,174 children under 17 were on antidepressants in 2017/18, which was a 34 % increase in 4 years. Ref #2

This is despite the fact that even though selective serotonin reuptake inhibitors (SSRI) drugs are commonly prescribed for depression, SSRIs are *not* registered for the treatment of depression in those less than 18 years of age and neither are any other antidepressants. Ref #3

Neuropsychiatric adverse events are a known risk associated with a number of medicines, including antidepressants, particularly SSRIs.

Neuropsychiatric adverse events can range from mild to severe, and encompass a broad range of symptoms including tremor, agitation, aggressive behaviour or hostility, anxiousness, depression, dream abnormalities, hallucinations, insomnia, irritability, restlessness, somnambulism (sleep-walking), suicidal thinking and behaviour. Ref #4

As of January 2019, Australia's drug regulatory agency reports there were 1,707 deaths linked to antidepressants and antipsychotics. Ref #5

Australia's Drug Regulatory Agency's database in January 2019 revealed there have been 140 completed suicides, 326 suicide attempts and 606 reports of suicidal ideation linked to antidepressants. Ref #7

This is a heartbreaking figure, and I for one am loath to see more of our young people prescribed these dangerous drugs, clearly and statistically they are NOT the solution but they continue to be prescribed at an alarming rate.

There is no sign that this increase in diagnosis and prescription is creating happier, healthier Australian children, in fact according the draft report there have been limited improvements noted at all.

As stated on page 650 of the Draft Report:
"Supporting the mental health and wellbeing of children and young people has been on the policy agenda for many years. But despite substantial efforts — including billions of dollars spent, countless hours of work by teachers and other education professionals, doctors, nurses, specialists and experts, and Australia being considered globally as a country with proactive, comprehensive early intervention and prevention measures — **improvements in the mental health of children and young people have been limited.**"

The problem is made woefully clear when you look at the symptoms used to diagnose children in *The DC:0-3 Casebook* - Irregular feeding patterns, difficulty sleeping, whining, crying, calling for absent parent, separation or stranger anxiety, temper tantrums, shyness, sleeping with the light on and hyperactivity. Ref #8

Anyone who has been in contact with children would know these are a part of normal childhood behaviour. Any child could be diagnosed with a psychiatric disorder and be unnecessarily medicated with the life altering effects that go along with it.

This shows that the current model of treatment is not working - yet there is no proposal to address *how* we are diagnosing and treating our children.

I ask the Productivity Commission to please review what is stated regarding "early detection of risk factors" for Australian children and scrap the plans regarding putting back in place a version of the Enhanced Healthy Kids Check.

I would like to see a new focus put on the health and wellbeing of the Australian that does not include labelling children for mental illnesses that often aren't even there.

Medical studies have shown that underlying conditions can cause symptoms that may be misdiagnosed as a mental disorder when in fact it can be treated without any damaging medications - yet all too regularly this is ignored.

The funds that would be spent implementing the current proposal should be re-directed into workable and effective solutions that actually create a happier, healthier future for our children.

Kind regards,
Stephen Bradley

References:

#1 Imogen Neale, "Ministry hides test's real purpose," Stuff, 25 June 2012. http://www.stuff.co.nz/dominion-post/news/politics/7160837/Ministry-hides-tests-real-purpose

#2 "Table 1- Number of PaCents supplied PBS/RPBS prescriptions for antidepressant medicines by age group, 2002-03 to 2017-18," Department of Health, January 2019. https://cchr.org.au/wp-content/uploads/2019/10/2002-2017-18-Numbers-on-antidepressants.pdf ; https://cchr.org.au/wp-content/uploads/2019/10/2002-2017-18-Percentage-prescribed-antidepressants.pdf

#3 Suicidality with SSRIs: adults and children," The Australian Therapeutic Goods Administration, Adverse Drug Reactions Bulletin, Vol. 24, No. 4, August 2005.

#4 "Misadventures in oral methotrexate dosing" Australian Government Department of Health, Medicines Safety Update, Volume 9, Number 2, June 2018. https://www.tga.gov.au/sites/default/files/medicines-safety-update-volume-9-number-2-june-2018.pdf

#5 Therapeutic Goods Administration Database of Adverse Event Notifications-Medicines, List of reports generated for each antidepressant, as of 03/01/2019 and added manually. https://www.tga.gov.au/database-adverse-event-notifications-daen ; Therapeutic Goods Administration Database of Adverse Event Notifications-Medicines, List of reports generated for each antipsychotic, as of 03/01/2019 and added manually. https://www.tga.gov.au/database-adverse-event-notifications-daen

#6 Sue Dunlevy, "Happy drugs in link with Suicide," *Courier Mail*, 2 June 2019, p. 5; Dr MarCn Whitely, Dr Melissa Raven, "More young Australians suicide/self-harm and use antidepressants while experts dismiss FDA warning," PsychWatch Australia, 1 June 2019, https://www.psychwatchaustralia.com/post/more-young-australians-suicide-self-harm-and-use-antidepressants-while-experts-dismiss-fda-warning

#7 Therapeutic Goods Administration Database of Adverse Event NotificaCons-Medicines, List of reports generated for each antidepressant, as of 03/01/2019 and added manually. https://www.tga.gov.au/database-adverse-event-notifications-daen

#8 *The DC:0-3 Casebook*, Zero to Three, National Center for Infants Toddlers and Families, 1997, p.21, 22.; C.H. Zeanah, A.S. Carter, J. Cohen, M.M. Gleason, M. Keren, A. Lieberman, K.M.C Oser, "Introducing a New Classification of Early Childhood Disorders: DC:0-5," ZERO TO THREE, January 2017.