SUBMISSION TO THE SELECT COMMITTEE ON MENTAL HEALTH AND SUICIDE PREVENTION

FROM THE AUSTRALIAN NATIONAL OFFICE OF THE INTERNATIONAL ORGANISATION, THE CITIZENS COMMISSION ON HUMAN RIGHTS (CCHR)

24 March 2021

SUMMARY OF SUBMSSION

The Citizens Commission on Human Rights (CCHR) welcomes the opportunity to present this submission to the Select Committee on Mental Health and Suicide Prevention. The submission is fully referenced and the subjects taken up are:

- Background of the Citizens Commission on Human Rights
- Introduction
- Is a psychiatric diagnosis based on science?
- The recommendation for mental health screening of all 1.25 million 0-3 year olds
- 3 and 4 year old mental health screening and the “Expanded healthy Kids Check”
- Early childhood centres and schools
- Restraint
- Electroshock
- Patient complaints about psychiatry and deaths
- Conflicts of interest
- Proposed tax or levy
- Alternatives, informed consent: providing real help
- Recommendations

In this submission CCHR takes up and discusses a number of factors including the funding of psychiatric programs. The Productivity Commission has stated, ***“Despite the rising expenditure on healthcare, there has been no clear indication that the mental health of the population has improved.”*** [1]

Funding has reached a staggering $10.6 billion in 2018-19, a 66% increase in just 10 years. [2] No other industry would be allowed such a poor performance for money invested. The money should be redirected into proven and workable solutions that provide real help and there must be real accountability for any money spent. CCHR expands on this topic further in the submission.

CCHR expresses its concern in the submission about the proposal from the Productivity Commission to screen all 1.25 million 0-3 year olds and 3-4 year olds for “mental illness” and “emerging mental illness.” There is no scientific basis for this and it will lead to even more children being prescribed psychiatric drugs. Australia already has 101,000 children on antidepressants. This will only increase if mental health screening is also allowed to take place at community health centres, early childhood centres and continues in schools.

Australia has called for the abolishment of restraint for decades, yet not one mental health act in Australia has banned this traumatic procedure. Electroshock has been correctly banned for under 12’s and under 14’s in ACT and WA respectively, but this torturous practice needs to be banned for all ages.

CCHR is also very concerned about the number of patient complaints and the atrocious number of patient deaths. Information and statistics covering this area are outlined.

A point of major concern is the conflicts of interest between psychiatrists, psychiatric advocacy groups and pharmaceutical companies which is driving up psychiatric drug prescriptions is included herein as it was not covered in the Productivity Commissions Inquiry into Mental Health.

Finally CCHR provides a number of recommendations, including some very positive recommendations resulting from the Productivity Commission Inquiry into Mental health.

If the Committee has any questions on this submission or requires further information please contact CCHR on 02 9964 9844 or national@cchr.org.au

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BACKGROUND OF THE CITIZENS COMMISSION ON HUMAN RIGHTS

The Citizens Commission on Human Rights is an international non-profit, non-political, non-religious organisation established in 1969 by the Church of Scientology and the late Dr Thomas Szasz, Professor of Psychiatry, as an independent body to investigate and expose psychiatric violations of human rights and to clean up the field of mental healing. CCHR offers a free public service to those harmed by the psychiatric industry.

CCHR's main task is to reform mental health and preserve individual's rights in line with the *Universal Declaration of Human Rights*. In Australia CCHR was instrumental in exposing the lethal drug and electroshock practice known as "Deep Sleep Treatment" used at Chelmsford Private Psychiatric Hospital and achieving the NSW Royal Commission into Deep Sleep Treatment in 1988 as well as the government inquiry into psychiatric Ward 10B, at Townsville Hospital in 1990.

More recently CCHR has conducted education campaigns to protect children from the trauma of restraint, the harm of electroshock and brutality of psychosurgery. This included in WA where a draft Mental Health Bill proposed to allow children of any age to consent to sterilisation if a psychiatrist determined they had the "capacity to consent." No consent was needed from parents, a tribunal or court.

The World Health Organisation has stated, "There are no indications for the use of ECT in minors, and hence this should be prohibited by legislation." [3] The Bill also allowed for children aged 12 to consent to electroshock and psychosurgery. No parental consent was needed and a clause in the bill allowed for parents to be excluded from any Tribunal Hearing. CCHR launched a campaign to inform parents and the public.

This resulted in worldwide condemnation of these issues and over 1,000 submissions to the WA Mental Health Commission. Not only was the proposal for children to consent to sterilisation dropped, but sterilisation was completely removed from the Act, the age a child could consent to electroshock or psychosurgery was lifted to over 14 years of age and the ban on psychosurgery was lifted to under 16 years. The new act with these changes was implemented on 30th November 2015.

Assisting victims harmed in the psychiatric system is a vital CCHR activity, as is protecting children and ensuring that parental consent is upheld. Every parent has a right to know how a diagnosis is made, be provided with all potential side effects of all psychiatric treatment and be advised of alternatives, which too often does not happen. Fully informed consent is vital for any psychiatric treatment proposed.

Internationally, CCHR is responsible for many hundreds of reforms gained through testimony before legislative hearings, its own public inquiries into psychiatric abuse and its work with the media, law enforcement and public officials.

CCHR does not provide medical or legal advice but works closely with and supports medical doctors and medical practice. Medical drugs and scientific tests are essential for treating and curing disease but the same cannot be said of psychotropic drugs and treatment which can seriously adversely affect vulnerable children and adults.

SUBMISSION

Introduction

1. CCHR is sure that you would agree that as a Parliamentarian, there is nothing more valuable than protecting the most vulnerable members of society. It is politicians who have protected the public, such as they have with the banning of deep sleep therapy, when it was necessary to take action to protect and save lives.

2. The Productivity Commission has stated, "*Despite the rising expenditure on healthcare, there has been no clear indication that the mental health of the population has improved."* [4]

3. CCHR fully supports the absolute necessity for better healthcare for children and adults but wants to ensure that funding, which reached $10.6 billion in 2018/19 (a 66% increase in the last 10 years) is not going to be poured into a bottomless pit with consistently declining conditions for vulnerable children and adults. [5]

4. Where are the results from this increased spending? If psychiatric treatments were working there would be evidence of this in the reduction of children and adults requiring assistance.

5. These lack of results and wasted tax payers money has become even more significant with the ramifications of COVID 19.

6. Prime Minister Scott Morrison on November 16 2020 when he released the *Productivity Commission Inquiry into Mental Health Final Report,* addressed what Australians need with regards to COVID 19, is more community support, fiscally, and otherwise and we need to get Australians back to work, he said, and "We need to keep this going. We need to keep the dialogue going. But, we're well under way."

7. As *The Australian* reported on 25 May 2020, rather than seeing a "mental health epidemic" as a result of COVID, "history suggests we often rebound from mass trauma events." In the late 1930s, "as Britain braced itself for a looming war and predicted mass civilian casualties from German bombing," a committee of psychiatrists predicted that the bombs would cause three times more mental injuries than physical. Several large psychiatric hospitals were built outside London to deal with the mass trauma. But despite 57 sequential nights of bombings, 41,000 Londoners killed and two million homes destroyed, every one of the predictions about how Londoners would react turned out to be wrong. In fact, the psychiatric hospitals remained empty and were repurposed for the physically wounded."

8. Richard Bryant, a Scientia Professor of Psychology at the University of New South Wales, conducted a series of studies on the aftermath of Victoria's devastating Black Saturday bushfires in 2009. His study, five years later found that 82% of people remained resilient. Last year Bryant said, "We know that time and time again over every disaster, including previous pandemics, most people will end up being resilient." [6]

9. Money cannot be continued to be poured into the current failing mental health system with no results when there is a dire need for accountable and effective care. No other industry would be allowed such a poor performance for money invested. In contrast, money given to other areas of medicine shows noticeable progress, such as improving survival rates from cardiovascular disease over the past 20 years. [7]

10. The *Productivity Commission's Report on Government Services 2020,* reveals that in 2017/18 results were appalling:

    - 43.5% of children aged 0-17 discharged from a psychiatric ward/facility did not significantly improve.
    - 46.1% of children aged 0-17 discharged from community care did not significantly improve.
    - 62.3% of children aged 0-17 discharged from ongoing community care did not significantly improve. [8]
    - 15.1% or 15,193 of those who were admitted to psychiatric acute inpatient services were re-admitted to acute wards again within 28 days. [9]

11. With 4.2 million Australians now on a psychiatric drug, how a psychiatric "diagnosis" is arrived at affects not only the person, their family and friends but also the money spent by Federal, State and Territory Governments. With government spending alone reaching $9.9 billion annually, is the problem of Australia's failing mental health system caused by the very basis of psychiatric "treatments" not being scientific and the treatments not proven to work? The answer is unfortunately for all the children and adults who desperately need help, yes. This is why no amount of money thrown at the current psychiatric based mental health system will improve it. [10]

Is a Psychiatric Diagnosis Based On Science?

12. While mainstream medicine deals with diseases such as malaria, bronchitis, hepatitis and heart disease all which have exact, identifiable physical causes, psychiatry deals with "disorders." Disorders are names given to undesirable feelings and behaviour for which no exact physical causes have been isolated. These mental disorders are frequently referred to as "illnesses" or "diseases" but they are not the same thing. This difference sets psychiatry far apart from the usual practice of medicine.

13. Psychiatry's main "diagnosis manual" used in Australia, the *Diagnostic and Statistical Manual of Mental Disorders.* This book itself covers the complete lack of scientific tests. As of early 2021, the Medicare Benefits Schedule ceased using *DSM-IV* and now both Medicare and the Pharmaceutical Benefits Scheme use *DSM-5*. Examples in DSM-IV and *DSM-5* of the lack of scientific tests for diagnosis include:

DSM-IV for Schizophrenia: "No laboratory findings have been identified that are diagnostic of schizophrenia." (p. 305)

DSM-IV for ADHD: "No laboratory tests, neurological assessments or attentional assessments have been established as diagnostic in the clinical assessment of Attention Deficit/Hyperactivity Disorder." (pp. 88, 89)
DSM-5 for ADHD: "No biological marker is diagnostic for ADHD." (p.61)
DSM-5 for schizophrenia: "Currently there are no radiological, laboratory or psychometric tests for the disorder." (p.101)

14. *There are no objective tests in psychiatry — no X-ray, laboratory, or exam finding that says definitively that someone does or does not have a mental disorder." "I mean, you just can't define it."* — Allen Frances psychiatrist and former DSM-IV Task Force Chairman. [11]

15. "*Unlike physical illness, we can't rely on blood tests, brain scans or other biological tests. As a consequence of this lack of diagnostic accuracy, our field relies purely on observation."* — Bernard Baune, Professor & Head of Psychiatry at University of Adelaide. [12]

16. *"There are no laboratory tests, such as blood tests or scans, to determine if you have ADHD."* — Royal Australian and New Zealand College of Psychiatrists. [13]

17. *"Making lists of behaviours, applying medical-sounding labels to people who engage in them, then using the presence of those behaviours to prove they have the illness in question is scientifically meaningless. It tells us nothing about causes or solutions. It does, however, create the reassuring feeling that something medical is going on,"* — John Read, former senior lecturer in psychology, Auckland University, New Zealand. [14]

18. None of the above means that children and adults don't have problems, they do and they can be severe. What it does mean is that unlike in normal medicine, a psychiatric "diagnosis" is completely subjective with no scientific basis to justify the prescribed psychiatric "treatment." More and more money is spent by parents, the person and Federal, State and Tertiary governments as the real cause of the person's problem is not being found and rectified. Children and adults continue to suffer unnecessarily and in some cases they die.

Infants & Toddlers Recommendations

From the Productivity Commission Inquiry into Mental Health

19. The Productivity Commission stated during their Inquiry into Mental Health, ***"There is no adequate data to assess whether the increased focus on infant social and emotional wellbeing has had a substantial effect on young children and their families."*** [15]

20. **The Productivity Commission have also said that despite spending billions of dollars, countless hours of work by teachers, education professionals, doctors, nurses, specialists on early intervention and prevention measures – improvements in the mental health of children and young people have been limited. It further stated, *"there is very little information to allow us to determine whether investments in mental health and wellbeing are delivering improvements and what policy initiatives have been effective."*** [16]

21. As the Australian Institute of Family Studies 2018 report indicated, *"The diagnostic systems used in Australia are still being debated. Critics argue that they pathologise normal human experiences, decontextualise mental health difficulties, lack scientific validity, and are culturally insensitive."* Further, *"Emerging evidence suggests that certain mental health conditions may be over diagnosed in children. Numerous converging factors are thought to contribute to potential over diagnosis, including the influence of the pharmaceutical industry."* [17]

22. Why would Australia continue to do the same psychiatric screenings when clearly there is little evidence to show what is already being done is effective in improving the health of our children?

23. There is clear evidence in both the *Draft Report* and the *Final Report* of the Productivity Commission Inquiry into Mental Health and other mental health arenas, that the recommendation to expand screening of children (including 1.25 million children aged 0-3) for "mental illness" and "emerging mental illness" will lead to more children being diagnosed with a psychiatric disorder and a percentage will be put at risk of being prescribed a potentially dangerous psychiatric drug. This is not better health care for our babies, infants and toddlers. CCHR is extremely concerned about this and believes this to be an accurate prediction based on our wide research.

24. CCHR lodged a Freedom of Information (FOI) request to the Productivity Commission after the proposal to screen all 1.25 million 0-3 year olds was first proposed. The FOI request asked for copies of the minutes of meetings addressing this recommendation for 0-3 year olds. The response in March 2020, was that no documents were identified and no documents were found. In commenting on the nature of this search done, which led to nothing being found, the Decision Letter stated, "a search of the Productivity Commission's records was conducted and inquiries made to staff likely to know and identify relevant documents." This is not the level of accountability governments and the public expect from the Productivity Commission's Inquiry when proposing the mental health screening of 1.25 million Australian 0-3 year olds.[18]

25. Psychiatric screening is the use of a highly subjective checklist usually based on *DSM-5* or *DC:0-5* (*Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood,* a diagnosis manual for children aged 0-5 years) in order to diagnose a child or adult with a "mental illness." From these screenings and subsequent referrals of identified children, infants and children toddlers can be "diagnosed" and prescribed stimulants, antidepressants or antipsychotic drugs, placing them at risk of ill-health and potentially dangerous side effects─some even deadly.

26. The term "Emerging mental illness" means, even though a child doesn't have anything wrong yet, they could in the future, and so they should be treated now, based on psychiatry's "predictions." Psychiatry uses subjective questions on a checklist to determine the prediction. It is simply not possible to predict future mental illness by the use of a checklist and this akin to looking into a crystal ball.

27. CCHR knows that there have been infants under the age of one year old on a psychiatric drug since 2007/08.

- **In 2007/08 there were 53 Australian infants under one year old on antidepressants and antipsychotics (306 in total aged 0-3 on a psychiatric drug).** [19]
- **By 2015 there were 7,817 children aged 2-6 years on psychiatric drugs including 1,459 children on antidepressants when no antidepressant is approved for use in children under 18 in Australia for depression).** [20]
- **And the latest available statistics show in 2018/19 there were 2,312 children aged 0-4 on psychiatric drugs.** [21]

28. Since 2008 and including our current request with Services Australia, CCHR has been refused requests to obtain the figures for the numbers of children on these drugs by breakdown of state and age break up by year under the age of 6. CCHR has only been able to obtain lump figures for the 2-6 year old age group. As CCHR was previously able to obtain such a breakdown, it makes no sense why it ceased. In addition, obtaining these figures prior to 2016 was done at no charge and now it costs thousands of dollars to obtain when the figures should be made public and be completely transparent.

29. The Committee should request from Services Australia this breakdown by state, drug and age to determine how widespread the problem really is for our infants and toddlers.

30. While the Final Report suggests options other than "medication," this is highly questionable and misleading. The Productivity Commission has no control over psychiatric practice. "Usual" practice is prescribing psychotropic drugs to control behaviour and emotional issues. A percentage of infants and toddlers will end up on mind-altering drugs.

31. The "social and emotional well-being check" of our 1.25 million 0-3 year olds recommended to be done by nurses and maternal nurses in Community Health Centres, is more correctly labelled as "screening for mental illness". To say anything else is semantics and misleading.

32. Terms such as "emotional health" and "emotional well-being" are now being used rather than resorting to the accurate use of "mental illness/mental health terminology." Examples include:

- The minutes of a meeting of the Mental Health Expert Working Group set up to advise the Australian Federal Government, stated: **"Prof. Oberklaid also stressed the need to get messages about children's emotional and social well-being right, and to find the right language in which to talk about these issues, rather than resorting to use of mental illness/mental health terminology."** [22]
- "Emerging Minds," which promotes mental health for infants and children and receive federal government funding, states, "Child mental health can also be referred to as the child's social and emotional well-being." [23]

- One of the Productivity's Commission's points of reference was, "Zero to Three," an organisation that relies upon *DC:0-5*.[24] In other, words, so-called psychiatric disorders in children, which the manual says includes **difficulty sleeping, calling for an absent parent, separation or stranger anxiety, shyness, tantrums, losing track of a favourite stuffed animal and hyperactivity.** [25] As any parent knows these are all normal childhood behavior.

- Further, "The current revision, *DC:0-5*, was substantial" and expanding the number of diagnostic categories and clinical disorders from previous versions." This includes such "disorders" as "Overactivity Disorder of Toddlerhood" and "Disorder of Dysregulated Anger and Aggression of Early Childhood." [26]

- The Australian Association for Infant Mental Health now promotes where training on how to use *DC:0-5* can be undertaken. [27] Workshops using this manual train individuals in the "development of diagnostic classification of mental health disorders" (AKA mental illnesses). [28]

33. If there really is something wrong such as a child is being harmed at home or elsewhere, if they are being bullied or if they have an undiagnosed medical condition that is manifesting as "psychiatric symptoms," and if the cause is not found and rectified, the child can be misdiagnosed as "mentally ill" and potentially prescribed psychiatric drugs.

34. **The reports of the Productivity Commission's Inquiry into Mental Health state the following about screening, diagnosis and treatment:**

    - The *Final Report* on page 204, covers how early childhood screening could lead to psychiatric drugs. The same page also covers that for children "at risk" or diagnosed with "mental illness", "medication" is an option.

    - "The definition of infant mental health is still a matter of debate among experts, although more formalised approaches to **diagnosis and treatment** are being developed and implemented." [29]

    - **"But additional screening and support tools can be valuable in prevention of mental illness or early intervention where it is required."** [30]

    - "**Consistent screening of social and emotional development** should be included in existing early childhood physical development checks to **enable early intervention."** The *Draft Report* defines what early intervention programs are: They "assist a child, young person or adult through the early identification of risk factors and/or the **provision of timely treatment** for problems that can alleviate potential harms caused by mental illness." Treatment for mental disorders can include psychiatric drugs. [31]

35. There have been 67 psychotropic drug warnings issued by the Therapeutic Goods Administration (TGA) including to warn of the risk of increased blood pressure, hallucinations, life-threatening heart problems, suicidal behaviour and possible death. [32]

36. **Psychiatric drug side effects in infants and toddlers reported to the TGA include**:

- A 1-year-old boy on the antipsychotic chlorpromazine suffered involuntary upward deviation of his eyes.
- A 2-year-old girl on the antipsychotic droperidol suffered severe hyperextension of the neck.
- A 2-year-old boy on 2 ADHD drugs (Concerta and Intuniv) experienced abnormal behaviour.
- A 3-year-old girl on Ritalin had involuntary muscle movements described as lip-smack tongue protrusions. [33]

37. As mentioned with “emerging mental illness,” or “at risk,” psychiatrists claims they can predict future mental illness by the use of a checklist of arbitrary questions, how unscientific is this? One example is headspace’s publication titled, “Identification of young people at risk of developing psychosis” which reveals a staggering 82% to 90% will not go on to develop psychosis within a year of “diagnosis.” [34]

38. Til Wykes, Professor of Clinical Psychology and Rehabilitation at King’s College in London claimed the concept was not based on sound evidence and said, *“It is a bit like telling ten people with the common cold that they are “at risk for pneumonia syndrome” when only one is likely to get the disorder.”* [35]

39. Despite this, the premise is that they should be treated now.[36]

40. Depending on the which state the infant or toddler lives in, most children receive the current physical check around 8 times before they turn 3 years old. This could mean that the child could be subjectively screened each time for mental illness and be at risk or referral for a diagnosis which would again be based on a subjective checklist multiple times. At which point, a potentially dangerous psychiatric drug could be prescribed. [37]

41. **RECOMMENDATION:** To protect Australian infants and toddlers, CCHR requests the Committee ensures the currently recommended unscientific and potential harmful screening of 1.25 million 0-3 year olds for “mental illness” and “emerging mental illness” does not occur.

    The Committee investigates how a recommendation to screen 1.25 million 0-3 year olds occurred without any meetings per CCHR’s FOI request.

    Services Australia are asked for the numbers of children under 6, by year, drug and state to find out how widespread the problem really is for children under 6 years of age.

3 and 4 Year Olds Mental Health Screening

Including the "Expanded Healthy Kids Check"

From the Productivity Commission Inquiry into Mental Health

42. There is a proposal made in the *Final Report* of the Productivity Commission Inquiry that has remained since their *Draft Report* to also screen pre-schoolers (3 and 4 year olds). This is an estimated 636,000 children. [38]

43. Psychiatry has already attempted to screen 3 year olds between 2012 and 2015, with the expansion of a physical check called the Healthy Kids Check to include screening for "mental illness" of 3 year olds. The expanded check was trialled at 8 Medicare Locals and was scrapped in 2015 due to immense public criticism from the public and professionals. [39]

44. CCHR filed a *Freedom of Information Act* request with the Productivity Commission after their *Draft Report* was released and the use of the Expanded Healthy Kids Guidelines was proposed. It revealed that the Mental Health Inquiry personnel did not have a copy of the failed and scrapped 2015 "Expanded Healthy Kids Check Guidelines" proposed to be used in the *Draft Report* to screen 3-4 year olds. The *Final Report* of the Productivity Commission says these Healthy Kids Guidelines could form the basis of this screening of pre-schoolers. [40]

45. CCHR easily obtained a copy of the "Expanded Healthy Kids" checklist that was used to screen 3 year olds from the Department of Health under the *Freedom of Information Act*. Symptoms on this checklist includes: 1) Fidgety, unable to sit still. 2) has trouble concentrating. 3) Acts as if driven by a motor and 4) Distracted easily. All straight out of the DSM-IV and *DSM-5* as "symptoms" of ADHD. [41]

46. Added to the Productivity Commission not having the "Expanded Healthy Kids Guidelines," they also had no documents for minutes of any meetings held to discuss the use of the Expanded Healthy Kids Check/Guideline and early childhood education and care services (ECEC). [42]

47. Again this is not the level of accountability governments and the public expect from the Productivity Commission's Inquiry when proposing the mental health screening of an estimated 636,000, 3 and 4 year-olds.

48. The Australian Institute of Family Studies 2018 report stated: "The federally funded 'Healthy Kids Check,' aimed at screening 3–5 year olds for signs of psychosocial and development problems, was defunded after three years, but not before generating considerable debate within both popular and academic forums (e.g. Newman, 2012; Prior, 2012). And the early intervention strategies of the nationwide Early Psychosis Prevention and Intervention Centres (EPPIC) have attracted ongoing criticism, with, for example, prominent United States (US) psychiatrist Allen Frances (2011, paragraph 4) declaring them "a vast and untried public health experiment that will almost surely cause more harm to children than it prevents." [43]

49. **Responses from professionals to the "Expanded Healthy Kids Check" for 3 year old screening included:**

- Psychiatrist Allen Frances who was the DSM–IV Task Force Chair, said the screening of 3 year olds was "reckless" not evidence based and could lead to an explosion of false diagnoses that would see youngsters overmedicated and labelled with mental illness. [44]

- The doctor's magazine, the *Medical Observer* conducted a survey of GPs in 2012 and found that two thirds of GPs disagreed with the expanded Healthy Kids Check with a quarter believing it would lead to misdiagnosis with more psychiatric drugs and a further 41% said the scheme was a waste of money.[45]

- Child psychiatrist Dr Jon Jureidini, said he was "relieved," that the proposal for the 3 year old check had disappeared." [46]

50. **RECOMMENDATION:** CCHR requests that the Committee does not recommend unscientific and potentially very harmful mental health screenings for pre-schoolers.

The Select Committee investigates the situation of how the scrapped "Expanded Healthy Kids Check Guidelines" was proposed to be used for an estimated 636,000 children when the Productivity Commission did not have a copy of them nor did they hold meetings to discuss this proposal (per CCHR's *Freedom of Information Act* request).

Early Childhood Centres and Schools

From the Productivity Commission Inquiry into Mental Health

51. The Productivity Commission have said that education centres and schools act as the gateway for students and families to the mental health system. However, this usurps the role of schools: to be places of education, not clinics. Instead, already overworked teachers are being expected to be an adjunct to psychiatry, screening students for mental health problems and to refer them for a potential diagnosis. [47]

52. Screening checklists for children above the age of 4 years old, include such questions as: has trouble sleeping, wants to be with you more than before, is afraid of new situations, fidgets and squirms, distracted, acts as if driven by a motor, does not listen to rules, avoids schoolwork and homework, and refuses to share. [48]

53. We already have a very serious problem with Australian children being given antidepressants.

54. **There were 101,174 children under 17 on antidepressants in 2017/18, a 34 % increase in just 4 years, despite the fact they are not approved for children under the age of 18 for depression as previously stated. A further 107,000 children were on ADHD drugs in 2017.** [49]

55. We cannot continue to have situations such as the 5 year old on the antidepressant fluoxetine who suffered emotional distress and suicidal ideation in 2018. [50]

56. **RECOMMENDATION:** CCHR requests that the Committee does all it can to ensure that schools are places of education and not mental health clinics by preventing mental health screenings.

Restraint

57. The area of restraint is psychiatric abuse and it violates basic human rights. It is extremely traumatic and terrifying and it has a deep and lasting effect on someone who is already fragile and vulnerable. It is not therapeutic. It can and does cause death in Australia.

58. The use of restraint is a very much a related matter when the spending and the care of those in the psychiatric system is considered. Restraint is not therapeutic, should be banned, not merely reduced and it increases costs as the vulnerable child or adult does not recover due to increased trauma.

59. Former National Mental Health Commissioner, the late Ms Jackie Crowe, stated in 2015, *"There is a lack of evidence internationally to support seclusion and restraint in mental health services. There is strong agreement that it is a human rights issue, that it has no therapeutic value, that it has resulted in emotional and physical harm…."* [51]

60. Damning comments in 2013 by the United Nations Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, leave no doubt as to the cruelty of restraint:

"Furthermore, deprivation of liberty that is based on the grounds of a disability and that inflicts severe pain or suffering falls under the scope of the Convention against Torture. In making such an assessment, factors such as fear and anxiety produced by indefinite detention, the infliction of forced medication or electroshock, the use of restraints and seclusion, the segregation from family and community, should be taken into account.

"The mandate has previously declared that there can be no therapeutic justification for the use of solitary confinement and prolonged restraint of persons with disabilities in psychiatric institutions; both prolonged seclusion and restraint constitute torture and ill-treatment. In my 2012 report (A/66/88) I addressed the issue of solitary confinement and stated that its imposition, of any duration, on persons with mental disabilities is cruel, inhuman or degrading treatment."[52]

— Mr. Juan E Méndez

61. As a result of the excellent work by the Commissioners of the Royal Commission into Aged Care Quality and Safety, we now have new regulations that are an improvement and these are enforceable by law. They are to be commended for these improved measures to protect the elderly from psychiatry's restraint legacy.

62. The 1997 *Aged Care Act's* Quality *Care Principles for Elderly* has been amended. Aged Care Providers who receive payment from the Commonwealth Government for their residents must now obtain consent from the elderly person it is proposed to restrain or their representative before either chemical or physical restraint can be used (unless it is an emergency). [53]

63. While no elderly person should suffer the trauma and harm of restraint, this amended law is now in use as is evidenced by public reports of breaches of this law. [54] This is an excellent step in the right direction to protect our elderly from psychiatric restraint.

64. More widely however, there remains a national situation with restraint. According to the Australian Institute of Health and Welfare, the national use of mechanical restraint is increasing. In 2018/19 there were 991 restraint events and in 2019/20 it had climbed to 1,213 events. [55]

65. The number of physical restraint events was 16,920 in 2017/18 followed by 18,709 events in 2018/19. There was a slight reduction in 2019/20 to 18,351. For every restraint event not only is there trauma but there is a possibility of death for the vulnerable victim.[56]

66. The above figures only relate to restraint use in public sector acute mental health services.

67. A 2017 NSW review of restraint and seclusion in mental health facilities reported stated, "*It is not unusual for staff to raise concerns that staff and consumer safety will be compromised if seclusion and/or restraint are reduced, but this concern is not supported by the weight of evidence."* [57]

68. For decades there have been calls to eliminate and end restraint.

69. Here we still are in 2021 with no restraint bans in any mental health act across Australia, not even for pregnant women and children. The recommendations of the Royal Commission into Victoria's Mental Health System, recommends with regards to restraint and seclusion that the Victorian Government should "aim to eliminate these practices within 10 years," and to "regulate the use of chemical restraint through legislative provisions…." [58]

70. Victoria and all of Australia cannot continue to use restraint for another 10 years. Psychiatric restraint needs to be made a criminal offence and call it what it rightly is. It is a criminal act. All forms of restraint will continue until it is banned in every state and territory of Australia.

71. Often when patients are treated abruptly, harshly and their opinions ignored, they become more fearful and aggressive. There are valid ways to calm and work with traumatised people that preclude the need for harsh and inhumane treatment.

72. **RECOMMENDATION:** CCHR requests that the Committee recommends that all States and Territories amend their mental health acts to ban all forms of restraint with criminal penalties for breaches of the law.

Electroshock (ECT)

73. Electroshock is the application of hundreds of volts of electricity sent searing through the brain. It is not therapy. It is torture. And across Australia it is given involuntarily without the legal requirement for parental, carers or the adult's fully informed consent.

74. *As phycologist Dr John Breeding said, "It is prima-facie common sense obvious that ECT causes brain damage. After all the rest of medicine, as well as the building trades, do their best to prevent people from being hurt or killed by electrical shock. People with epilepsy are given anticonvulsant drugs to prevent seizures because they are known to cause brain damage."*

75. Electroshock was developed in 1938 out of a Rome slaughterhouse, where pigs were electroshocked to make it easier to slit their throats in order to kill them. A psychiatrist, Ugo Cerletti, had been experimenting with electric shock on dogs where half of the animals died from cardiac arrest. After seeing the effects on pigs being shocked, he decided to use this on people.[59]

76. Side effects of electroshock include cardiovascular complications; including irregular heartbeat; heart attack; stroke; cognition and memory impairment [sometimes permanent]; dental or oral trauma and physical trauma; manic symptoms; prolonged seizures; worsening of psychiatric symptoms, cardiac arrest and death. [60]

77. A 2010 study involving a literature review of ECT Studies on the efficacy of ECT concluded there is no evidence at all that it prevents suicide. It also found that there have been significant new findings confirming that brain damage, in the form of memory dysfunction, is common, persistent and significant and that it is related to ECT rather than depression. Further it stated, "*The continued use of ECT therefore represents a failure to introduce the ideals of evidence based medicine into psychiatry."* [61]

78. **So unwanted is ECT that one Australian woman forced to undergo electroshock said she has had security guards wheel her down to the treatment room holding her down so she didn't escape. "I felt like I was being wheeled down to the gas chamber really," she said. She would even eat from stashed food to avoid the general anaesthetic and when staff found her food, she resorted to eating grass to avoid the electroshock.** [62]

79. Australian grandfather Gerard Helliar, was administered over 200 electroshocks. In 2018, Victorian coroner Mr. White said there was no evidence that the involuntary ECT Mr. Helliar endured could have provided him with any relief, and ECT instead imposed further pain, discomfort, stress and a sense of hopelessness. Mr. Helliar's life support was turned off after he attempted suicide in a hospital's acute inpatient mental health unit. He had refused ECT and told his family and doctors that he hated the treatment and that it affected his memory. [63]

80. **In other words ECT inflicts harm. As an example of how unprotected victims of electroshock are: The *NSW Mental Health Act* allows this torture, despite provision for a $5,500 criminal fine or six month imprisonment or both for wounding a patient. Arguably, this happens every time ECT is administered.**

81. **Meanwhile, the NSW *Prevention of Cruelty to Animals Act* has a $22,000 fine or two years imprisonment or both if a person commits aggravated cruelty (deformity, serious disablement or death) to an animal.** [64]

82. In 2020, there were 35,166 electroshocks funded by Medicare at a cost of $5,499,599 (including anaesthetic). This figure does not reflect the total numbers of ECT given in Australia as it does not include state and territory government funded ECT. For example in 2014/15, Medicare funded 9,911 treatments in Queensland. Yet the total treatments given in Queensland for that year was actually 19,365. [65]

83. Patients also believe they are being shocked only once when they have electroshock. However, NSW's Policy Directive for ECT instructs that electroshock can be given up to four times during the same session. In contrast Medicare in the US refuses coverage of "multiple ECT" because studies have demonstrated there is an increased risk of side effects with multiple seizures. [66]

84. *The World Health Organisation states, "There are no indications for the use of ECT on minors, and hence this should be prohibited through legislation."* [67]

85. Despite this, ECT is only banned for children under 14 in WA and children under 12 in ACT. [68]

86. Psychiatry admits it still doesn't know how ECT "works," a fact easily discovered when researched for. Victoria's former Deputy Chief Psychiatrist Prof. Kuruvilla George, wrote in an ECT article, *"How does ECT work? This is the million dollar question and the first thing to state is that no one is certain."* [69]

87. Psychiatrist's attempts at explaining how ECT works include such statements as, "It is believed…," "It has been suggested…," and "One theory suggests…." Imagine a heart surgeon claiming he doesn't know how the heart works but has dozens of theories—and no scientific fact—about why a coronary bypass operation should be performed. He would be sued for malpractice.

88. **RECOMMENDATION**: It is requested that the Committee recommends that all states and territories amend their mental health acts to ban electroshock for all ages with criminal penalties applicable for breaches of the law.

Patient Complaints about Psychiatry and Deaths

89. The devastating results from psychiatric "treatment" are clearly evidenced in the increasing number of deaths, the increasing number and types of complaints in the psychiatric system and the increasing number side effects and deaths reported to the TGA for psychotropics.

90. In December 2019, *The British Medical Journal* (*BMJ*), published a study titled, “Complaint risk among mental health practitioners compared with physical health practitioners: a retrospective cohort study of complaints to health regulators in Australia.”[70]

91. This study was a comparison of the number of complaints received by Australian regulators for psychiatrists and psychologists compared to physicians and allied health practitioners. Regulators providing information were the Australian Health Practitioner Regulation Agency and NSW Health Professional Councils Authority.

92. An analysis was done of over 8,000 complaints lodged to regulators over 6 years (2011 to 2016). Findings of the study included:

- *“Mental health practitioners had more than three times the risk of complaints about interpersonal behaviour, such as disrespect, discrimination, threats, or bullying, compared with physical health practitioners.”*

- *“In our study, mental health practitioners had three times the risk of complaint regarding sexual boundary breaches compared with physical health practitioners. High rates of concern about sexual misconduct by psychiatrists and psychologists are a consistent finding in previous studies of complaints, regulatory actions and self-reported behaviour.”*

- *“Psychiatrists were at increased risk of complaints regarding the prescribing of medicines. They are also more likely to prescribe medications to patients who may not have had the opportunity to exercise free and informed choice about their treatment.”* [71]

93. The last thing anyone expects when their loved one goes into a psychiatric facility is for their loved one to die in the psychiatric hospital or soon after. Hospitals should be safe havens where children and adults receive care in a clam environment and recover.

94. In 2018 in Qld there were 161 deaths including 2 deaths from restraint of patients who were in a psychiatric ward or within 20 days of receiving psychiatric care.[72]

95. In Victoria, “unexpected, unnatural or violent” deaths increased by 23% between 2010/11 and 2018/19 with these types of deaths reaching 291 in 2018/19. [73]

96. In WA between 2015/16 and 2019/20, there was a 158% increase in deaths of patients either in hospital or accessing community mental health services within 3 months of release. Up from 105 deaths to 271. [74]

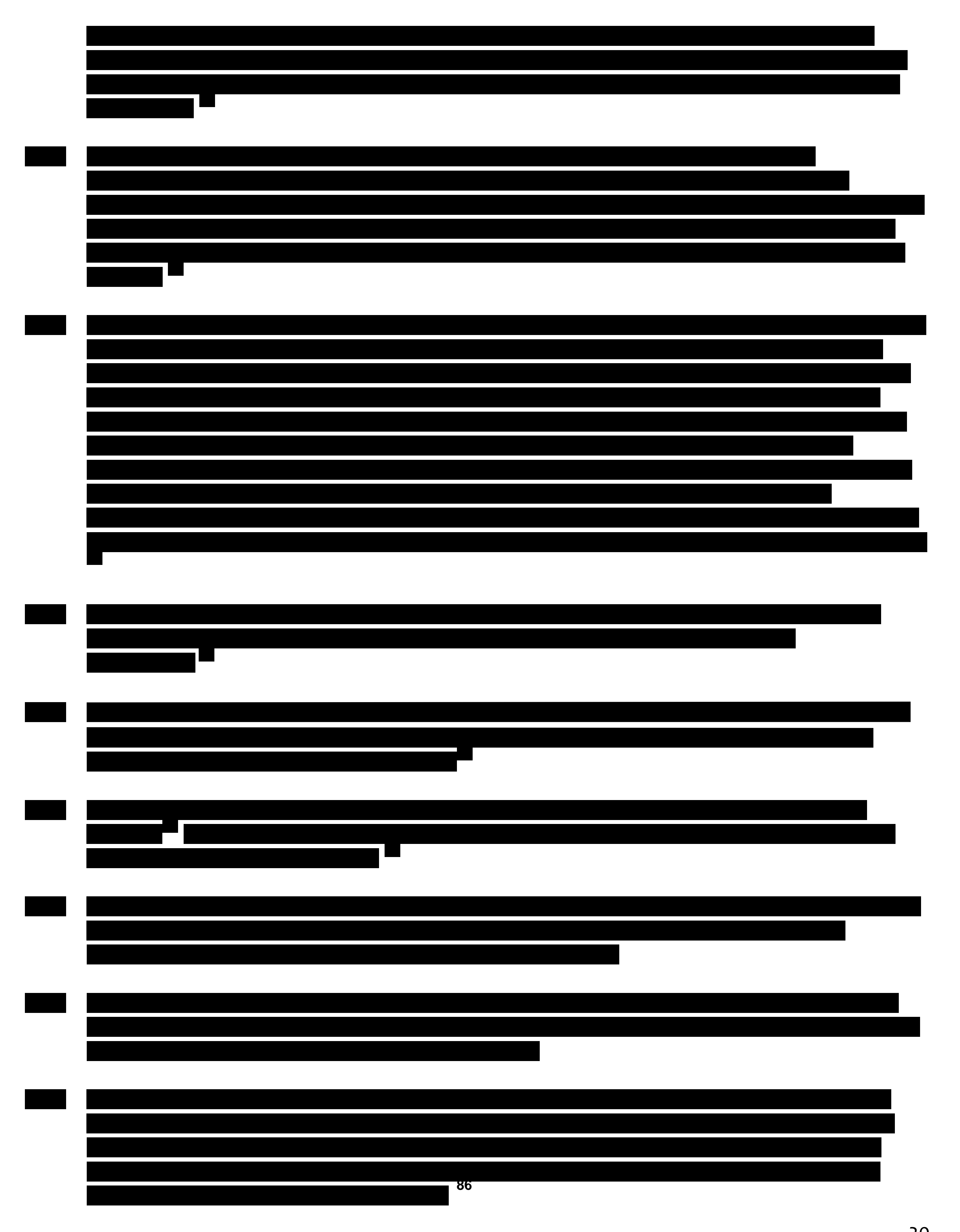
97. By 1 December 2019, the TGA had received:

- 21,593 adverse drug reaction reports linked to antidepressants, 637 of these deaths.

- 27,655 adverse drug reaction reports linked to antipsychotics, 1,270 of these deaths.

- 717 adverse drug reaction reports linked to ADHD drugs, 9 of these deaths.[75]

98. **RECOMMENDATION:** CCHR requests that the Committee recommends all psychiatric "treatments" including psychotropic drugs, restraint, seclusion, electroshock and psychosurgery are fully investigated as the reason for increasing deaths and Australia's failing mental health system.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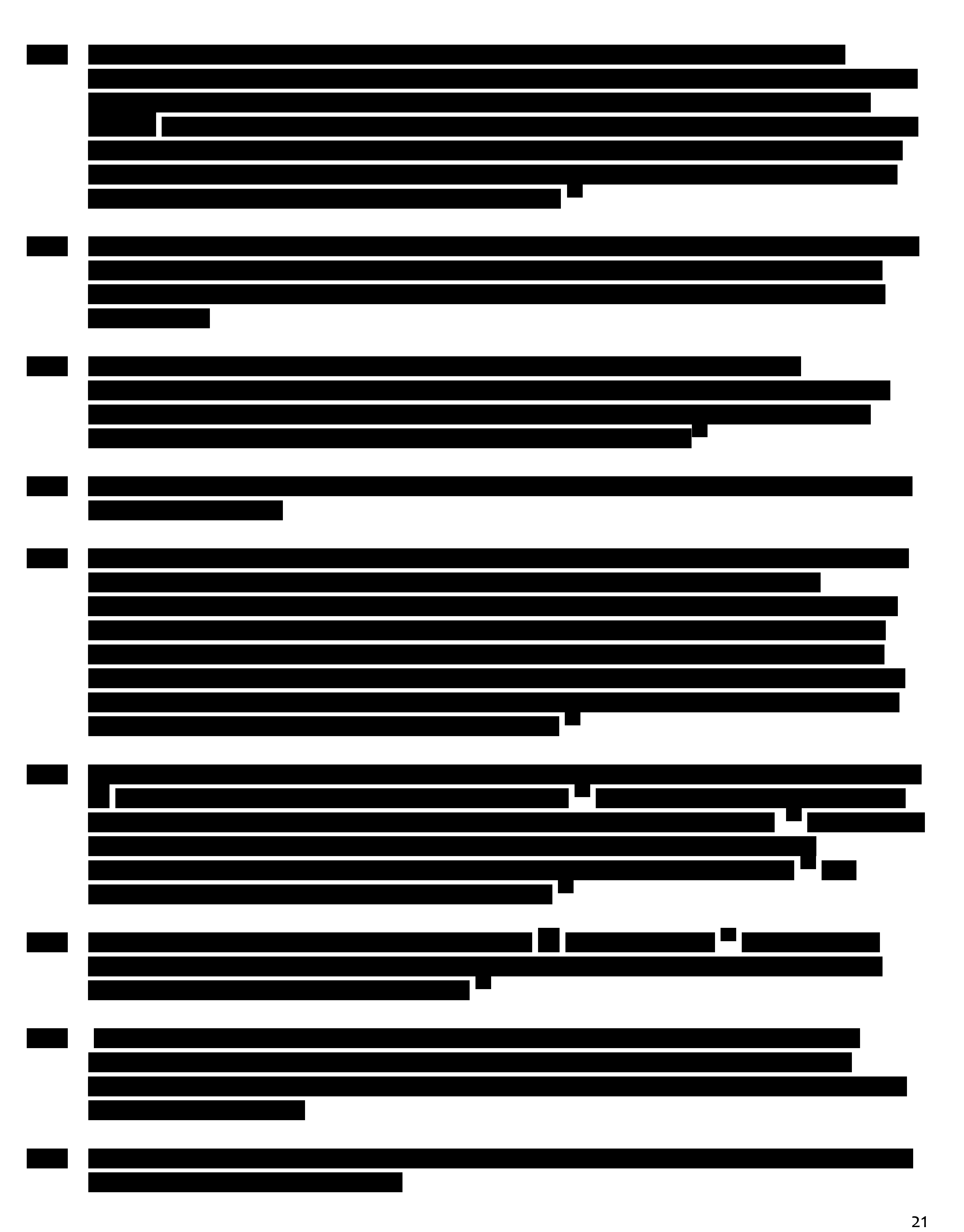

Proposed Tax/Levy

From the Royal Commission into Victoria's Mental Health System

127. The Royal Commission into Victoria's Mental Health System recommends that a levy or tax is set up to fund mental health, despite improvement failures of a similar tax in California.

128. In California, where millionaires are taxed 1% of their income to pay for the state's mental health services to the tune of about $2 billion a year, the results are with dismal to say the least, and Victoria/Australia can expect the same.

129. An estimated 1.5 million children and youths in California are prescribed psychotropic drugs. [99] One in nine high school girls in California attempted suicide in 2015. [100] Psychiatric drug use in jails increased 25% in the last five years. [101] A recent *Los Angeles Times* investigation found records of 100 deaths in California psychiatric institutions, of which 50 were for suicides. [102]

130. **RECOMMENDATION:** It is requested the Committee do not recommend a tax or levy to pay for more mental health services when there is very little evidence that what the money is currently being spent on is improving the health of Australian children and adults.

Positive Recommendations of the Productivity Commission Inquiry into Mental Health

131. A very positive recommendation from the the Productivity Commission findings they want to "**Start Now"** is: "The Australian Government should require that all mental health prescriptions include a clear and prominent statement saying that clinicians should have discussed possible side effects and proposed evidence-based alternatives to medication, prior to prescribing."[103] The Therapeutic Goods Administration (TGA) database as of December 2019 shows there have been 140 suicides, 326 suicide attempts and 606 reports of suicidal ideation linked to antidepressants alone[104] with 1,707 deaths linked to antidepressants and antipsychotics.[105] This recommendation will literally save lives and could be implemented immediately with very little funding required.

132. "As a **priority reform**, clinicians offering mental health medication as treatment should be required to inform the consumer of the side effects prior to prescribing and offer alternative

non-pharmaceutical treatment options." The Productivity Commission acknowledged that psychiatric drugs include severe side effects and substantial overprescribing.[106] This could be implemented immediately and will help to reduce the number of people prescribed potentially harmful psychotropic drugs also saving lives.

133. "The Australian Government should commission a review into off-label prescribing of mental health medications in Australia." [107] The TGA states that antidepressants are not approved for the treatment of depression in under 18 year olds but acknowledged this as "very common".[108] When considered alongside the TGA's reports of suicides[109] and deaths linked to antidepressants,[110] this recommendation becomes much more urgent. Given the potential great harm psychotropics can cause, it should go further and a full investigation into psychiatric drugs for all ages should be done.

134. The Productivity Commission's Final Report states that people facing involuntary detention and treatment are among the most vulnerable and consider that legal representation is a basic human right. The report says, "While there are many legitimate claims on legal aid budgets, we consider that representation when facing involuntary detention and treatment due to mental illness is a **priority**."

135. "State and territory governments should provide child and adolescent mental health beds that are separate to adult mental health wards." [111] Having children in psychiatric wards with adults exposes them to the risk of physical and sexual abuse where there is insufficient supervision.

136. "The Australian Government should include on the Medical Costs Finder website the fees and areas of specialty practice for all individual psychiatrists, paediatricians and allied health providers for MBS-rebated therapy."[112]

137. The Final Report recommends that mental health advance directives are "formally recognised in mental health legislation" are "actively promoted" and "easily accessible."[113] This is a good start but mental health advance directives must be legally binding and not be able to be overturned by psychiatry.

138. The Productivity Commission also states that the complaints system needs to be more transparent and simpler. Federal Government should request the Australian Commission on Safety and Quality in Health Care to develop better practice guidelines for bodies handing complaints.[114]

139. Medicare Benefits Schedule regulations to be amended so that all referrals to psychiatrists and allied health professionals include a prominent and easy to understand statement telling people they can use an alternative provider.[115]

140. **RECOMMENDATION:** It is requested that the Committee implement all the above positive recommendations from the Productivity Commission Inquiry into Mental Health.

Alternatives, Informed Consent: Providing Real Help

141. CCHR has long been an advocate for competent non-psychiatric medical evaluation of people with mental problems. Undiagnosed and untreated physical conditions can manifest as "psychiatric symptoms".

142. The California Department of Mental Health Medical Evaluation Field Manual states: "Mental health professionals working within a mental health system have a professional and a legal obligation to recognize the presence of physical disease in their patients...physical diseases may cause a patient's mental disorder [or] may worsen a mental disorder.…" [116]

143. In general medicine the standard for informed consent includes communicating the nature of the diagnoses, the purpose of a proposed treatment or procedure, the risks and benefits of the proposed treatment including the absolute necessity for competent medical supervision by a doctor when withdrawing from psychiatric drugs, and informing the patient of alternative treatments, so they can make an informed, educated choice.

144. Psychiatrists routinely do not inform patients of non-drug treatments, nor do they conduct thorough medical examinations to ensure that a person's problem does not stem from an untreated medical condition that is manifesting as a "psychiatric symptom."

145. They do not accurately inform patients of the nature of the diagnoses, which would require informing the patient that psychiatric diagnoses are completely subjective (based on behaviours only) and have no scientific/medical validity (no X-rays, brain scans, chemical imbalance tests to prove anyone has a mental disorder).

146. All patients should have what is called a "differential diagnosis." The doctor obtains a thorough history and conducts a complete physical exam, rules out all the possible problems that might cause a set of symptoms and explains any possible side effects of the recommended treatments.

147. There are numerous alternatives to psychiatric diagnoses and treatment, including standard medical care that does not require a stigmatising and subjective psychiatric label or a mind-altering drug. Governments should endorse and fund non-drug treatments as alternatives to potentially dangerous psychotropic drugs.

148. Children and adults have problems in life, and they need help with their problems. Is a child having problems at school because they need tutoring, has their eyesight and hearing been tested, are they getting enough sleep and exercise as well as eating properly? Are they having problems at home or school with peers or teachers or are they simply high IQ and bored?

149. The cause of the problem can greatly vary from child to child and adult to adult. A thorough investigation is vital. If a child is being abused, bullied or has problems at home, a psychotropic drug, electroshock or forced psychiatric treatment will never solve the problem.

150. For children and adults who are seriously unwell and need care, hospitals/wards need to be turned into places of proper care. They need access to medical assistance and tests, a safe and restful environment where they are not threatened with forced treatment so they can return home as happy and healthy children and adults.

151. This is not only sound financial judgement; it is sound mental health as well.

RECOMMENDATIONS

Positive recommendations as a result of the Productivity Commission Inquiry are included

152. **The screening for "mental illness" and "emerging mental illness" of 0-3 year olds, pre-schoolers, and children should not be recommended by the Committee. The screenings are not based on science and put millions of infants, toddlers and children at risk of psychotropic drugs with potentially dangerous side effects including death.**

153. **The Committee is requested to investigate why the Productivity Commission did not hold meetings (according to CCHR's Freedom of Information Act request) to discuss the recommendations for 0-3 year olds and for 3 and 4 year olds before they first proposed these mental health screenings for these age groups. These recommendations apply to over 1.8 million Australian children and this is not the level of accountability governments and the public expect.**

154. **The Committee investigates how the Productivity Commission recommended the use of the Expanded Healthy Kids Check Guidelines for 636,000 Australian 3 and 4 year olds when per CCHR's Freedom of Information Act request, they did not have a copy of them when their use was first proposed.**

155. **The Committee obtain from Services Australia the numbers of children by state and territory, drug and by age breakup by year, for children under 6 so that the true picture of how widespread the problem is can be seen.**

156. **The Committee recommends that the following Productivity Commission's recommendation they requested to "Start Now" is commenced immediately: "The Australian Government immediately requires all mental health prescriptions include a clear and prominent statement saying that clinicians should have discussed possible side effects and proposed evidence-based alternatives to medication, prior to prescribing."**

157. **This recommendation of the Productivity Commission is also implemented: "As a priority reform, clinicians offering mental health medication as treatment should be required to inform the consumer of the side effects prior to prescribing and offer alternative non-pharmaceutical treatment options."**

158. **As recommended by the Productivity Commission: The Australian Government should commission a review into off-label prescribing of psychiatric drugs in Australia.**

159. **The Committee recommends that State and Territories amend their mental health acts to ban electroshock with criminal fines and prison terms for breaches of the law.**

160. **The Committee recommends that State and Territories amend their mental health acts to ban all forms of restraint with criminal fines and prison terms for breaches of the law.**

161. **Government funding should only be given to those mental health services that have been held accountable, report their results once a year and are actually producing results as would be evidenced by the numbers of children and adults requiring care.**

162. **A tax/levy is not implemented to fund mental health services and psychiatric treatments.**

163. **To rectify conflicts of interest it is asked that the Committee recommend:**

164. **A) federal law is passed so that all monies received or given by pharmaceutical companies are declared publicly including amounts and exactly what the money was used for including research funding.**

    Criminal fines implemented if this is not adhered to.

    B) Comprehensive "Declaration of Conflicts of Interest" forms to be filled out by everyone involved in the writing of a medical guideline, advising governments, conducting inquiries and other similar actions. These forms must stipulate that present and past pharmaceutical funding is required to be declared.

    C) Anyone with conflicts of interest or potential conflicts of interest be excluded from these activities.

165. **When a child or adult presents at a psychiatric hospital or is having problems, before any treatment is given, they are first:**

    A) Given a searching, competent physical check up to discount any underlying, physical condition as the cause of the child or adult's mental condition.
    B) And the same is performed before any child or adult is "diagnosed," and treated. If this is done many would not need admitting or treating.

166. ***Other Productivity Commission recommendations from their Inquiry into Mental Health that should be implemented immediately are:***

    "State and Territory Governments should provide child and adolescent mental health beds that are separate to adult mental health wards."

    People facing involuntary detention and treatment to all have legal representation as a priority.

"The Australian Government should include on the Medical Costs Finder website the fees and areas of speciality practice for all individual psychiatrists, paediatricians and allied health providers for MBS-rebated therapy."

Mental health advance directives are "formally recognised in mental health legislation" are "actively promoted" and "easily accessible." This is a good start but mental health advance directives must be legally binding and not be able to be overturned by psychiatry.

The complaints system needs to be more transparent and simpler. Federal Government should request the Australian Commission on Safety and Quality in Health Care to develop better practice guidelines for bodies handing complaints.

Medicare Benefits Schedule regulations to be amended so that all referrals to psychiatrists and allied health professionals include a prominent and easy to understand statement telling people they can use an alternative provider.

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