

HELP PREVENT

1.25 MILLION ZERO TO THREE YEAR OLDS FROM BEING SUBJECTIVELY SCREENED FOR “MENTAL ILLNESS” & PUT AT RISK OF BEING DRUGGED

HELP STOP PSYCHIATRY FROM PROFITING FROM THE SCREENING AND DRUGGING OF OUR CHILDREN

Australia's Productivity Commission is conducting an inquiry into mental health to determine if current programs are effective and deliver the best results for children, families and the economy. A Draft Report has been released for public feedback. The report states, “Despite the rising expenditure on healthcare, there has been no clear indication that the mental health of the population has improved.” Yet more funding is proposed to further expand programs which are clearly failing because, if psychiatric treatments were working there would be a reduction in children and adults requiring assistance.

Prof. Harvey Whiteford is appointed an Associate Commissioner for this inquiry. He is the psychiatrist who designed and oversaw implementation of Australia's National Mental Health Strategy (which commenced in 1992). Between 2008 and 2012 alone, his company, Harvey Whiteford Medical PTY LTD, received more than \$1.1 million from the Department of Health for providing planning and services for national mental health reform, etc.

WHAT HAS AUSTRALIA REAPED FROM THIS? Today, Australia has the second highest rate of antidepressant use in the world (excluding the US) with nearly 1 in 10 Australians taking them, including more than 100,000 children and teens—a number that has shot up by almost 60% in the past ten years. Current draft proposals include:

1.25 MILLION ZERO TO THREE YEAR OLDS TO BE SCREENED FOR “MENTAL ILLNESS”: The numbers of infants and toddlers already prescribed potentially dangerous mind-altering drugs is set to greatly increase with the proposal to screen this age group for “mental illness” or “emerging mental illness” (psychiatrists claim they can predict future mental illness by the use of an arbitrary list of questions, which is not possible). While medical diseases can be screened for and verified by physical tests, psychiatrists admit there are no tests to confirm any psychiatric diagnosis (no x-ray, scan, blood or urine test).

Screening questions are so subjective that any child could be at risk of being labelled mentally ill and recommended for a prescription of psychiatric drugs. **Symptoms for so called psychiatric disorders for 0 to 3 year olds include: irregular feeding, difficulty sleeping, whining, crying, temper tantrums, shyness, sleeping with the light on and hyperactivity.**

It is proposed that maternal and child nurses in community health services expand current physical checks to include behavioural screening. They will refer the identified child for a “final diagnosis,” which will also be based on a subjective checklist. The Draft Report itself says there is no adequate data to assess whether an increased focus on infant emotional wellbeing has had any substantial effect on young children and their families. Despite this lack of evidence, screening is going full steam ahead accompanied with more demands for money.

EARLY CHILDHOOD EDUCATION CENTRES AND SCHOOLS BEING TURNED INTO MENTAL HEALTH CLINICS: The Draft Report says early childhood 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 diagnosis. At the staggering annual cost of up to \$1.65 billion, a full time “wellbeing leader” is proposed for every school responsible for students' mental health and organising referral lines to mental health services in the community. This could increase the number of children being put on dangerous psychotropic drugs—some that can induce manic, aggressive and suicidal reactions.

IN 2007/08 AUSTRALIA HAD BABIES UNDER ONE YEAR OLD ON PSYCHIATRIC DRUGS. At this time there were:

- 201 children aged under 3 on antidepressants, of which 48 were younger than 1 years old.
- 59 children aged under 3 on antipsychotics, with 5 younger than 1.
- 46 children aged under 3 on ADHD drugs.

BY 2015, THERE WERE A STAGGERING 7,817 CHILDREN AGED 2-6 YEARS OLD ON A PSYCHIATRIC DRUG (4,974 on ADHD drugs, 1,459 on antidepressants and 1,349 on antipsychotics). The Department of Health no longer provides the numbers of children on psychiatric drugs by age, under 6.

SCREENING OF 3 YEAR OLDS WAS SCRAPPED IN 2015: In 2012, a 3 year old's physical check called “Healthy Kids Check” was

expanded to include screening for “mental illness” and was trialled at 8 Medicare Locals. Due to immense public criticism, this invasive screening was scrapped in 2015. Yet, now psychiatrists want to use the same guidelines as those used in the dumped Healthy Kids Check. When New Zealand introduced behavioural screening of 4 year olds, within four years, prescriptions of antidepressants to those aged 0-4 years old increased by 140%.



drug regulatory agency database revealed there were 1,707 deaths linked to antidepressants and antipsychotics. In 2018/19 Medicare funded 36,676 electroshock “treatments.” Electroshock can cause brain damage, permanent memory loss, cardiovascular complications, and death and should be banned.

IN 2017/18, THERE WERE 101,174 CHILDREN UNDER 17 ON ANTIDEPRESSANTS—A 34% INCREASE IN JUST 5 YEARS. In 2017, a further 107,000 children were on ADHD drugs. If the draft proposals are implemented, this could lead to even more children on ADHD drugs, antidepressants and antipsychotics. Many of these drugs can cause or are linked to suicidal behaviour and suicide.

SUICIDES IN YOUNG PEOPLE: Since 2008/09, there has been an almost 40% increase in suicide, concurrent with the use of antidepressants increasing approximately 60% in young people since 2008/09. The Australian Government has issued 67 psychiatric drug warnings with 7 of these to warn about the risk of suicidal behaviour with antidepressants, none of which is approved to treat depression in those younger than 18. The Draft Report states, “There has been no significant and sustained reduction in suicide over the past decade, despite efforts to make suicide prevention more effective.” The link between psychiatric drugs and inducing suicide requires vital investigation.

PSYCHIATRY’S ABUSIVE TREATMENTS: There is no evidence in the Draft Report that the side effects of psychiatric drugs, the use of restraints and electroshock or other invasive procedures have been investigated as “treatments.” Yet in January 2019, Australia’s

WASTED TAXPAYERS’ MONEY: Mental health spending has increased 31.8% in the past six years, now reaching more than \$9.1 billion, without accountability, including positive results. The Draft Report estimates that the real cost is \$43 to \$51 billion a year. Conflicts of interest between psychiatrists, mental health support groups and pharmaceutical companies have not been investigated for the potential role in the soaring costs and harm from psychiatric drugs. When the very science behind something is so wrong and the treatments offered are harmful, no amount of money thrown at it will improve the system.

SOLUTIONS: There is no doubt that children and adults get depressed, anxious or even act psychotic. The issue is how they are helped. They should be given holistic, humane care that improves their condition. Key is finding the cause of the problem which can vary greatly for each person and rectifying this. Proper medical tests can determine if there is an undiagnosed and untreated medical condition manifesting as a “psychiatric disorder.” Medical doctors also recommend a good diet, sufficient sleep and exercise. Institutions should be quiet, safe havens where adults and children voluntarily seek help without fear of indefinite incarceration and terrifying treatment. They need places where they can get workable and accountable help for their problems. The existing money spent needs to be re-directed into proven workable solutions.

TAKE ACTION

Lodge a Submission by 23rd January 2020

Lodge a Submission or Comment: Submissions can be made on this link, 500 word comments can also be made at any time on the same link and the Draft Report can also be viewed: pc.gov.au/inquiries/current/mental-health/make-submission#lodge

Share this Fact Sheet with Others: Contact CCHR to obtain free copies or log onto cchr.org.au to print additional copies.

WARNING: No one should stop taking any psychiatric drug without the advice and assistance of a competent medical doctor.

Log onto cchr.org.au to see references for the above and more information.



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CCHR was established by the Church of Scientology and Professor of Psychiatry, the late Dr Thomas Szasz in 1969 to investigate and expose psychiatric violations of human rights.