



Citizens Committee on Human Rights Inc.

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Founding Commissioner
The late Prof. Thomas Szasz M.D.
Professor of Psychiatry Emeritus

17 January 2020

Professor Stephen King
Presiding Commissioner
Mental Health Inquiry
Productivity Commission
Level 12, 530 Collins Street
Melbourne Vic 3000

Dear Professor King,

I write in response to your letter concerning CCHR's article about 1.25 million Australian zero to three year olds at risk of being screened for mental (or emotional) disorders as a result of the Productivity Commission's recommendations and that this could lead, potentially, to the prescription of psychiatric drugs. You seem to have taken umbrage also with CCHR's concern that psychiatrist Prof. Harvey Whiteford was appointed as an Associate Commissioner.

CCHR stands by its article and believe the statements made in your letter of 14 January 2020—now posted on your website—constitute a misrepresentation of our concerns. The subject matter of the article was also the subject of my oral evidence before the Commission in Sydney on 26th November 2019 and was hence my honest opinion and what I believe to be the truth. Yet, at no time during that were there any questions disputing what I said. I was asked questions at the time, but you did not question me when you had the opportunity about what I had said about the screening and potential psychiatric prescription of drugs to infants.

Your letter points to recommendations that include health screening be expanded to include "children's social and emotional development before they enter preschool" and an "emotional development check." That you reject that this can be translated to mean checking for signs of "mental illness" is semantics and misleading. Terms such as "mental health" or "emotional health" are now used rather than resorting to use of "mental illness/mental health terminology" (see below: Professor Oberklaid). "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 wellbeing."¹ Can you categorically refute and deny the proposed testing will not conceivably lead to prescription of ADHD drugs, antidepressants, antipsychotics or other psychotropic drugs to infants and toddlers?

Furthermore, you state that 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. The Commission does not regulate medicine or psychiatry and any "check" determining a "mental health" or "emotional" condition in a child could be easily assumed to mean the child needs treatment of some sort—behavioral or psychotropic drugs. There's nothing dissuading parents from such.

CCHR has every right to be concerned about and to raise awareness of the potential risks of the Productivity Commission's Inquiry into Mental Health Draft Report recommendations that carry with it the potential to increase the risk of more children being prescribed psychotropic drugs. For example:

- One of the Commission's points of reference in its Draft Report is, "Zero to Three," an organisation that relies upon *DC:0-5, the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood*.² In other, words, so-called psychiatric disorders in children, which the manual says includes **difficulty sleeping, tantrums, losing track of a favourite stuffed animal and hyperactivity**.³ The Australian Association for Infant Mental Health now promotes where training on how to use *DC:0-5* can be done.⁴ Workshops using this manual train individuals in the "development of diagnostic classification

of mental health disorders” (aka mental illnesses).⁵ 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.”⁶

- In Australia, the DSM-5 (similar in content to *DC: 0-5*) is now the primary system for identifying mental health conditions. 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.”⁷
- The Institute also 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.”⁸

In regard to Prof. Harvey Whiteford, CCHR’s concern is the choice made for an Associate Commissioner. He designed and oversaw implementation of Australia’s National Mental Health Strategy (which commenced in 1992). Clearly, this has not curbed the mental health crisis the Productivity Commission is now addressing, admitting “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.”⁹ Surely, this is vital information to ensure there’s not more investment into unworkable or ineffective programs. What are the results as far as declining rates of mental ill-health from Prof. Whiteford’s National Mental Health Strategy?

Between 2008 and 2012 alone, his company, Harvey Whiteford Medical PTY LTD, *did* receive more than \$1.1 million from the Department of Health for providing planning and services for national mental health reform etc.¹⁰ CCHR makes no apology for providing the public with the facts they deserve to know about Prof. Whiteford. Indeed, it begs the question, in light of the January 14 letter, is there not more funding his company has received that the public may be unaware of? In light of the above is there not a perceptual problem?

To further substantiate CCHR’s concerns at the potential risks of the Draft Report, it clearly states,

- **“But additional screening and support tools can be valuable in prevention of mental illness or early intervention where it is required.”** [Volume 2, p.650]
- “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 and our submission to your Commission provides statistics on this. [Volume 1, p.2, 186]
- “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.” [Volume 2, p.652]
- In the minutes of a meeting of the Mental Health Expert Working Group that were set up to advise the Australian Federal Government, it stated: **“Professor 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.”**¹¹

Questions of the Mental Health Inquiry Commission

I bring to your attention, the enclosed response to a *Freedom of Information Act* request CCHR filed with the Productivity Commission that shows the Commission and the Mental Health Inquiry personnel do not have a copy of the failed and scrapped 2015 Enhanced Healthy Kids Guidelines now proposed to be used in the Draft Report to screen 3-4 year olds.¹² The Draft Report erroneously says that the Enhanced Healthy Kids Check was never rolled out. However, the *Medical Journal of Australia* reported it was trialled at 8 Medical Locals.¹³ [Volume 2, p.658]

Please explain the discrepancy here and how the Commission can propose the use of these Guidelines if they've apparently not read them?

The rising statistics of psychiatric child drugging are the cold hard facts. They show there is more drugging of infants and children. There were 53 infants under age 1 on a psychiatric drug in 2007/09. The Department of Health stopped providing the numbers of children on psychiatric drugs by age, under age 6. But by 2015, there were 7,817 children aged 2-6 on a psychiatric drug.¹⁴

Has the Mental Health Inquiry's Commissioners obtained the current statistics for the numbers of babies and infants on psychiatric drugs in Australia and investigated the prescribing to 0-3 year olds?

Has the Commission determined if those placed on psychotropic drugs had been screened or diagnosed with a disorder from *DC: 0-5*? Has it investigated the reasons for why all National Mental Health Strategies to date, by the very nature of the Productivity Commission's Mental Health Inquiry existence, have failed?

Has the Commission investigated the Adverse Drug Reports of psychotropic drugs filed with the TGA and prescribed to young and adult Australians, and whether existing, especially government funded youth programs, have apparently not stemmed the tide of youth emotional problems?

Will the Commission categorically state that its recommendations do not endorse the psychotropic drugging of those aged 0-3 and that it was never intended to imply this?

I request that you publish this letter next to yours on the "Make a submission, Make a brief comment and "View submissions and comments" pages of your website as an accurate representation of our concerns and, therefore, in their proper context.

Sincerely,

Shelley Wilkins
Executive Director

¹ <https://emergingminds.com.au/our-work/what-is-child-mental-health/>

² *Productivity Commission Mental Health Draft Report*, 2019, Volume 2 Pages 652, 656.

³ *The DC:0-5 Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood*, Zero to Three, 2016, pages, 26, 30, 51, 52,92, 99.

⁴ <https://www.aaimh.org.au/branches/wa/imh-training-info/>

⁵ [https://www.jaacap.org/article/S0890-8567\(18\)31197-3/pdf](https://www.jaacap.org/article/S0890-8567(18)31197-3/pdf)

⁶ Charles H. Zeanah, Alice S Carter, Helen Egger, Mary Margaret Gleason, Miri Keren, Alicia Lieberman, Kathleen Mulroony, Cindy Oser, "Introducing a New Classification of Early Childhood Disorders: DC: 0-5," Zero to Three, 2017, p. 12. <https://mi-aimh.org/wp-content/uploads/2017/11/2017-01-Zeanah-S.-intro-article.pdf>

⁷ *Diagnosis in child mental health*, Commonwealth of Australia, Australian Institute of Family Studies, 2018, p.2.

https://aifs.gov.au/cfca/sites/default/files/publication-documents/1805_cfca_diagnosis_in_child_mental_health.pdf

⁸ *Diagnosis in child mental health*, Commonwealth of Australia, Australian Institute of Family Studies, 2018, p.3.

https://aifs.gov.au/cfca/sites/default/files/publication-documents/1805_cfca_diagnosis_in_child_mental_health.pdf

⁹ *Productivity Commission Mental Health Draft Report*, 2019, Volume 2 Pages 693.

¹⁰ Contract Notice ID numbers: CN99216, CN824891, CN415063, CN348304, CN205813, CN445908, CN41201, Aus Tender, Australian Government. <https://www.tenders.gov.au/Search/KeywordSearch?keyword=Harvey+Whiteford>

¹¹ Freedom of Information Request: No. 230-1011, Australian Government, Department of Health and Ageing, Acting Principal Legal Adviser, FOI Coordinator, FOI Unit, Legal Services Branch, 23 Sept 2011.

¹² "Your Freedom of Information Request- FOI Decision Letter", Mary Cavar, Executive Manager, FOI Decision Maker, 6 Jan, 2020, Australian Government Productivity Commission.

¹³ Karyn E Alexander and Danielle Mazza, *Medical Journal of Australia*, Volume 203, Issue 8, 19 October 2015.

¹⁴ Table 1. Number of patients who had at least one prescription filled for PBS/RPBS listed antidepressant drug in 2007/08 year by age and State/Territory. Department of Health and Ageing, 2008, <https://cchr.org.au/wp-content/uploads/2016/08/Antidepressants-2007-2008.pdf> ; "Table 1. Number of patients who had at least one prescription filled for PBS/RPBS listed antipsychotic drug in 2007/08 year by age and State/Territory. Department of Health and Ageing, 2008, <https://cchr.org.au/wp-content/uploads/2016/08/Antipsychotics-2007-2008.pdf> ; "Number of Patients on Attention Deficit Hyperactivity Disorder (ADHD) Drugs," Freedom of Information Request No: 112/0708, Department of Health and Ageing, 2008 <https://cchr.org.au/wp-content/uploads/2017/02/Part-1-of-numbers-on-ADHD-drugs-2007.pdf> ; "Report 3A, Number of Unique Patients by Patient Age Group and Patient State for Requested ADHD Items Supplied from 1 January 2015 to 31 December 2015," Request Number- MI5329, Department of Human Services, Strategic Information Division, Information Services Branch, 27 May 2016. <https://cchr.org.au/wp-content/uploads/2016/08/Numbers-on-ADHD-Drugs-30-May-2016.pdf> ; "Report 1A, Number of Unique Patients by Patient Age Group and Patient State for Requested Antidepressant Items Supplied from 1 January 2015 to 31 December 2015," Request Number-MI5329, Department of Human Services, Strategic Information Division, Information Services Branch, 27 May 2016. <https://cchr.org.au/wp-content/uploads/2016/08/Numbers-on-Antidepressants-30-May-2016.pdf> ; Report 2A, Number of Unique Patients by Patient Age Group and Patient State for Requested Antipsychotics Items Supplied from 1 January 2015 to 31 December 2015," Request Number- MI5329, Department of Human Services, Strategic Information Division, Information Services Branch, 27 May 2016. <https://cchr.org.au/wp-content/uploads/2016/08/Numbers-on-Antipsychotics-30-May-2016.pdf>