

HELP PREVENT CHILDREN UNDER 5 YEARS OLD FROM BEING PUT AT RISK OF PSYCHIATRIC DRUGS

OUR CHILDREN ARE AT GRAVE RISK DUE TO RECOMMENDATIONS TO SCREEN UNDER 5 YEAR OLDS FOR MENTAL ILLNESS

Originally 2 recommendations from a mental health inquiry—to screen 1.25 million 0-3 year olds and all 3 & 4 year olds (636,618), psychiatry is attempting this screening despite the fact that mental health screening of 3 year olds was trialled and scrapped in 2015 due to immense criticism from the public and professionals. When New Zealand introduced mental health screening for 4 and 5 year olds, within 4 years prescriptions of antidepressants to 0-4 year olds increased by 140%.

UNDER FIVE YEAR OLDS TO BE SCREENED FOR MENTAL ILLNESS: We already have 2,522 Australian children aged 0-4 on a psychiatric drug and now it is recommended that 1.8 million children under 5 years old are screened for “mental illness.” The numbers of very young children on potentially dangerous mind-altering psychiatric drugs is set to greatly increase with the recommendations 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).



The recommendations may seem harmless, because we all want our children to be healthy, but there are hidden risks. Amongst “wellness” questions, are those relating to “emotional and social wellbeing”—another name for or a precursor to labelling a child mentally ill. The final report of the mental health inquiry is clear that drugs are an option. A percentage of very young children will be diagnosed and put at risk of psychiatric drugs.

When a request was done for copies of the minutes of meetings held for these recommendations that affect 1.8 million of our children, it was revealed that no such minutes exist.

\$0.5 million has been given to develop national guidelines so states and territories can include this screening in “early childhood checks.” State and territory governments are being asked to fund and implement the screening.

LACK OF SCIENTIFIC TESTS: Parent’s informed consent rights are violated when they are not told that 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 under 5 year olds include: difficulty sleeping, fidgeting, climbing on furniture or other inappropriate objects, tantrums, temper outbursts, “loses track of things used regularly (eg. losing track of a favourite stuffed animal),” hyperactivity and talks too much.

It is proposed that maternal and child nurses in community health services expand current physical checks to include behavioural screening. They would refer any identified child for a “final diagnosis,” which will also be based on a subjective checklist. In 2020, the Federal Government said, “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.” Despite this lack of evidence, the screening is set to occur, accompanied with more demands for money.

NUMBERS OF VERY YOUNG CHILDREN ON PSYCHIATRIC DRUGS: In 2015, there were:

-  4,974 children aged 2-6 years on ADHD drugs.
-  1,459 children aged 2-6 years on antidepressants.
-  1,384 aged 2-6 on antipsychotics (total of 7,817 children aged 2-6 years).

BY 2019-20 THERE WERE A STAGGERING 99,355 CHILDREN AGED 0-11 ON A PSYCHIATRIC DRUG, 2,522 OF THOSE AGED 0-4 YEARS OLD.

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 psychiatry is attempting this again. Symptoms of the 2015 scrapped check included: fidgety, easily distracted, acts as if driven by a motor and doesn’t listen to rules, all of which are part of the normal spectrum of childhood behaviour.

WASTED TAXPAYERS’ MONEY: Mental health spending has increased 68% in the past ten years, now reaching nearly \$10.6 billion, without accountability or positive results. 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.

THESE RECOMMENDATIONS CAME FROM a mental health inquiry conducted by the Productivity Commission, the Australian Governments' main review and advisory body on economic policy. Psychiatrist Prof. Harvey Whiteford was an associate commissioner for this inquiry. He 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.



there were 49,248 side effect reports linked to antidepressants and antipsychotics including 1,907 deaths. To ensure this life saving recommendation occurs, please phone, write or email the below Ministers.

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 symptom." Medical doctors also recommend a good diet, sufficient sleep and exercise. Facilities 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.

AN EXCELLENT INQUIRY RECOMMENDATION is that 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 psychiatric drugs prior to prescribing. This is vital as by December 2019, Australia's drug regulatory agency database revealed

TAKE ACTION

Phone, email, write or visit your Premier, Opposition Leader, Health Minister, Shadow Health Minister, Treasurer, Shadow Treasurer and your local Member of Parliament.

Advise them that while some children do need help, mental health screening of under 5 year olds is not based on science, will put more children at risk of potentially dangerous psychiatric drugs and request they do not support funding or implementation of the screening in your state or territory.

Find their contact details below:

New South Wales:

<https://www.parliament.nsw.gov.au/members/pages/all-members.aspx>

Victoria:

<https://www.parliament.vic.gov.au/about/people-in-parliament/members-search/list-all-members>

Queensland:

<https://www.parliament.qld.gov.au/members/current/list>

Western Australia:

<https://www.parliament.wa.gov.au/parliament/memblist.nsf/WebCurrentMembLA>

South Australia:

<https://www.parliament.sa.gov.au/en/Members/Members-Home>

Tasmania:

<https://www.parliament.tas.gov.au/ha/halists.pdf>

ACT:

<https://www.parliament.act.gov.au/members/members-of-the-assembly>

Northern Territory:

<https://parliament.nt.gov.au/members/by-name>

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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.

CONTACT: CCHR Australia: 02 9964 9844 • national@cchr.org.au • www.cchr.org.au
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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.