

COMMENTS IN RESPONSE TO THE DRAFT REPORT BY THE PRODUCTIVITY COMMISSION

5th November 2019

The Secretary, Australian Productivity Commission Inquiry into Mental Health.

Dear Sir,

Clinicians at Initial Entry Points to the Health System

Your Report mentions the inadequacy of training given to General Practitioners, but my daughter's death also illustrates **the inadequacy of training given to the NSW Health Care Complaints Commission** because of their response to my complaint about the treatment my daughter received prior to her death.

My daughter had been very sick in the month before her death suffering from nausea, recurrent diarrhoea, chronic fatigue, significant weight loss and difficulty sleeping. **Pathology tests found her to be suffering from iron overload and hyperthyroidism.** Hyperthyroidism is a well-known cause of anxiety and iron storage disorders. X-rays of her thyroid gland had also been ordered but were not carried out due to a pre-arranged family holiday which had to be cut short because of her illness. She revisited the same medical practice and a different G.P. told her that a "chemical imbalance in her brain" was causing her problems and prescribed Zoloft which he said would "rebalance her system". He also told her that this drug was "as safe as houses".

I complained to the NSW Health Care Complaints Commission that **the underlying cause** of my daughter's anxiety **revealed by pathology tests was not adequately investigated before the G.P. prescribed Zoloft**, and no warning was given of possible side effects. **The HCCC disagreed with my complaint as they said my daughter had displayed 'features of depression'**. Their decision appears to be in **direct conflict with the Royal Australian and New Zealand College of Psychiatrists' "Clinical Guide for the Treatment of Mood Disorders"**, Page 20: -

'Understanding and piecing together with various factors provides a more comprehensive picture of why the individual has developed the mood disorder in the first place It also acts as a forerunner to considering which interventions are most likely to be of benefit. In addition to understanding the individual, their strengths, vulnerabilities and their predicament, it is important to bear in mind that there may be alternative explanations and that different psychiatric diagnoses **and general medical causes may ultimately be responsible.** Psychiatric assessment should involve a medical examination and investigations as indicated. These tests need to be conducted on a case-by-case basis and tailored to individual needs".

The only recommendation provided to the G.P. by the NSW HCCC was that he should have prescribed Valium as well as Zoloft in order to prevent the occurrence of increasing anxiety common with this class of antidepressants. **The HCC appear to be unaware that increasing anxiety may indicate the onset of Akathisia, an adverse drug reaction associated with suicidal ideation and self-harm.** Many research studies have found that this ADR will occur in at least 8% of patients prescribed SSRIs because of their individual bio-chemistry and/or genetic predisposition to metabolism difficulties. Drugs.Com advises that Valium also has possible side effects that include anxiety, agitation, aggressiveness, irritability, hallucinations, psychoses, and insomnia.

Emma Spinks