11th October 2019

The Secretary,

Australian Productivity Commission Inquiry into Mental Health.

Dear Sir,

RE. THE DEATH OF MY DAUGHTER ON 29TH AUGUST 2017 - AGED 35

My daughter had no history whatsoever of mental illness of depression. She was a loving and caring wife and mother and was devoted to her husband and two little girls.

MY COMPLAINT

My daughter's medical records prove that she was inappropriately diagnosed with a depressive disorder by her Medical Practitioner and was prescribed Zoloft. In addition, she was not warned by this Medical Practitioner of this drug's well-known possible side effects of akathisia, suicidal ideation and self-harm, and also not to suddenly stop taking Zoloft. If records from her previous consultation with another Medical Practitioner at the same Medical Practice had been thoroughly checked this Practitioner would have seen that pathology tests ordered a few weeks earlier had indicated underlying health problems that were the cause of her anxiety.

CASE HISTORY OF MY DAUGHTER

My daughter had been very sick in the month before her death, suffering from recurrent diarrhoea, nausea, 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 in order to check for nodules had also been ordered but were not carried out due to a pre-arranged family holiday. She revisited her Family Medical Practice because this holiday had to be cut short due to her recurrent diarrhoea and chronic fatigue.

INADEQUATE WARING OF DEADLY POSSIBLE SIDE EFFECTS

The U.S.A., Canada, and Britain, as well as some other European countries have forced manufacturers of SSRI antidepressants to place a warning in the packaging about possible side effects of suicidal ideation and self-harm for over 10 years. In the USA it is a black box warning, their highest level. If our family had known about these dangerous side effects we would have been able to save her life, and if my daughter had been warned she would definitely have chosen not to take any of these drugs.

I have complained to the NSW HCCC but they consider the treatment my daughter received was satisfactory despite the fact that their Case Officer told me that the HCCC currently had a number of cases similar to my daughter's and she felt antidepressants were prescribed

much too often. The NSW Minister for Health and the Director of Mental Health informed me that they have no jurisdiction over the NSW HCCC.

I have copies of my daughter's pathology tests and x-ray requests which I can provide if necessary.

CHANGES TO PREVENT MORE DEATHS

I feel it is essential that the Australian Therapeutic Goods Administration amend its policy regarding SSRI antidepressants by making it compulsory for manufacturers to place a warning in the packets of SSRI antidepressants about the possibility of side effects of suicidal ideation and self-harm, and also a warning not to suddenly stop taking these drugs without strict medical supervision. Although these warnings are supposed to be given by Medical Practitioners and dispensing Pharmacists are required to provide Product Information Sheets, in my daughter's case both these safety measures failed.

Yours sincerely,

[Name withheld]