

FY 2007 Proposed Mental Health Cuts – HHS and Education

Karen R. Effrem, MD

EdWatch Board of Directors – www.edwatch.org

Alliance for Human Research Board of Directors – www.ahrp.org

ICSPP Board of Directors – www.icspp.org

kreffrem@pro-ns.net

763-458-7119

1) State Incentive Grants for Transformation (SITG - \$19,796,000)

Despite public statements by outgoing SAMHSA chief Charles Curie that the New Freedom Commission (NFC) report is only a list of goals and recommendations of an unofficial commission, and despite the statements of multiple Members of Congress that SITGs are merely for mental health transformation and infrastructure, there is much evidence that universal mental health screening starting from a very early age is one of the main goals of the NFC. According to multiple documents from SAMHSA, the SITGs are the main mechanism for implementing the New Freedom Commission report recommendations that include, “Early mental health screening, assessment and referral to services are common practice”:

“SAMHSA is investing more than \$517 million in transformation efforts, including \$47 million to fund the State Incentive Grants for Transformation program to enable States to begin *implementing the Commission’s findings*”?¹

“CMHS has contracted with a number of national mental health organizations to provide technical assistance to States in the development of activities and plans to *implement the New Freedom Commission recommendations*”?²

The organizations include “the National Association of State Mental Health Program Directors (NASMHPD) to coordinate this project and to collaborate with six subcontractors: the Judge David L. Bazelon Center for Mental Health Law, the Federation of Families for Children’s Mental Health, the National Alliance for the Mentally Ill (NAMI), the National Association of Mental Health Planning and Advisory Councils (NAMHPAC), the National Council for Community Behavioral Healthcare (NCCBH), and the National Mental Health Association (NMHA) to “deliver written analysis or on-site training and technical assistance on a range of policy issues related to the *implementation of the recommendations* of the President’s New Freedom Commission on Mental Health”?³

Every one of these organizations has a vested interest in expanding the mental health system and has been a wholesale, uncritical supporter of the screening and medication recommendations in the NFC report, completely ignoring contradictory scientific and medical evidence.

These problems include: a) vague psychiatric diagnostic criteria as admitted by many experts and groups b) difficulty accurately diagnosing children due to rapid developmental changes c) lack of accuracy of screening d) already very high rates of psychiatric drugging in children e) lack of safety and effectiveness of these medications in children f) disturbing of both screening and medication coercion by schools.

A small sample of that medical evidence against screening is available in the attached document entitled *Myths and Facts Regarding Mental Health Screening Programs and Psychiatric Drug Treatment for Children*⁴. Please also see the Alliance for Human Research Protection position statement on mental health screening at <http://www.ahrp.org/infomail/05/11/02a.php>.

Although we are pleased that no new grants are being proposed, given the medical, scientific, and constitutional problems with government funded and supported mental health screening, as well as the use of taxpayer funds by groups that are biased and have a vested interest in promoting mental health screening and drugging, this funding stream should be further reduced or preferably eliminated.

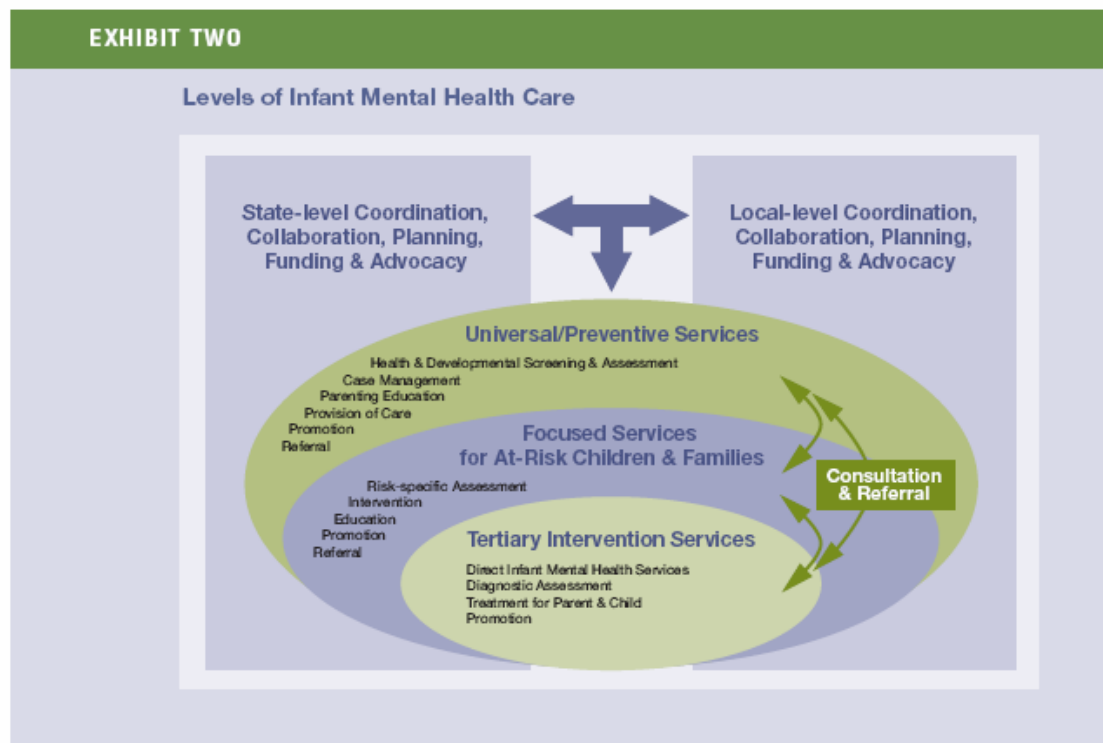
2) Suicide Prevention (\$26,730,000)

This is the funding stream for the Garrett Lee Smith Suicide Prevention Act enacted in 2004. The budget request is unchanged from last year. This program is administered by SAMHSA and among its activities are mental health screening programs, particularly TeenScreen, which was described as a model program in the NFC report. In December of 2005, SAMHSA funded \$13 million to implement TeenScreen in four states: Arizona, Nevada, New Mexico and New York.⁵ Besides the many problems scientific and medical problems with mental health screening and psychiatric drug treatment mentioned above and detailed in other documents, there are specific problems with mental health screening and TeenScreen as implemented and funded via the Garrett Lee Smith legislation that include: a) the use of passive consent in violation of Congressional intent b) the training by TeenScreen in their documents on how to avoid complying with the Protection of Pupil Rights Amendment (PPRA) c) the high rates of false positives of the TeenScreen instrument and the documented lack of effectiveness of screening in general d) the overuse of dangerous and ineffective psychiatric medication in children that results from screening and that is bankrupting already overburdened public programs like Medicaid and foster care. Details and references for these issues is available in the attached document entitled *Major Problems with Mental Health Screening for Congress*.

Given all of these problems, funding for the screening parts of this program should be significantly reduced or eliminated.

3) State Early Childhood Comprehensive System (SECCS – FY 2007 Budget Proposal not available despite numerous searches and call to HHS)

This program is funded through the Maternal Child Health Bureau and the Administration of Children and Families. It funded a coalition of academic institutions report on infant mental health that contained the following⁶:



These are discussed at length in the report *Addressing Social-Emotional Development and Infant Mental Health in Early Childhood Systems* (Zeanah, Stafford, Nagle, & Rice 2005).

The New Freedom Commission Report puts forth as one of its main recommendations that “Early mental health screening, assessment and referral to services are common practice.” The report starts discussing mental health screening and intervention as young as preschool age, which given the lack of accurate diagnosis and documentation of safe and effective treatment combined with the lack of authority for the federal government to be involved in the mental health of preschoolers, is disturbing enough.

The Federal Mental Health Action Agenda put out by SAMHSA as a follow-up and implementation plan for the New Freedom Commission Report actually mentions SECCS as key to mental health screening and intervention in the mental health of infants, saying:

“Prevention and Early Intervention Grant Program is designed to develop mental health promotion and early intervention services targeted to infants, toddlers, preschool, and school-aged children, and/or to adolescents in mental health care settings and other programs that serve children and adolescents.”

“State Maternal and Child Health Early Childhood Comprehensive Systems Grants will bring in other Federal partners to plan for and develop statewide systems of care to support the healthy social and emotional development of children. In particular, grants support the development of a State plan that addresses access to health insurance and regular primary care services, mental health and social-emotional development interventions, early child care and educational supports, and parent education and family support.⁷”

In the Minnesota’s Roadmap for Mental Health System Transformation, SECCS is described this way:

“MECCSS is a federally-funded grant project to coordinate and integrate early childhood screening systems to assure that all children ages birth to five are screened early and continuously for the presence of health, socioemotional or developmental needs. Children and their families should then be linked to necessary community services and supports, including health insurance and medical homes, mental health services, early care and education, parenting education and family support, so that all eligible children are able to develop the capacities that allow them to interact successfully with their biological, physical and social environments and enter school ready to learn.”⁸

It is clear from these documents that despite protestations to the contrary from both sides of the aisle, the federal government is supporting a system of universal mental health screening and intervention including early childhood programs starting in infancy. These programs are not at all effective. Dr. Benedetto Vitiello, chief of child and adolescent psychiatry at NIMH said, “Little research has been conducted to study the effectiveness of psychosocial interventions in young children, and the long-term risk-benefit ratio of psychosocial and pharmacologic treatments is basically unknown.”⁹

In November of 2005, researchers at the University of California and Stanford released a study that said, “Attendance in preschool centers, even for short periods of time each week, hinders the rate at which young children develop social skills and display the motivation to engage classroom tasks, as reported by their kindergarten teachers...Our findings are consistent with the negative effect of non-parental care on the single dimension of social development first detected by the NICHD research team [in 2002]”¹⁰ This data is suggesting that not only is there no scientific justification for psychosocial interventions including preschool education, but that these interventions may be causing some of the very problems that supposedly justify screening and that they are purported to treat .

Nor can this type of invasion into the minds of our youngest citizens be tolerated in a free society. This program needs to be completely defunded.

4) Violence Prevention Grants – Safe Schools/Healthy Students (\$75,710,000)

According to SAMHSA's budget request, this is a decrease of \$17,588,000 from the FY 2006 Appropriation and will fully fund grant and contract continuations. No new Safe Schools/Healthy Student grants will be funded. They further describe this program as follows:

“Performance data will not be available until 2006. The program was created in 1999 as a collaborative effort of the Federal Departments of Education, Justice, and Health and Human Services. Local education authorities that apply for the Safe Schools/Healthy Students grants are required to have formal partnerships with local mental health and law enforcement agencies.”¹¹

The problems with this program is that according to a thorough review of a request for application (both application and review available upon request) they involve mental health screening programs for both infants and TeenScreen as described above with all of their attendant lack of scientific merit and invasiveness.

In addition, this program involves the use of a program funded under the NCLB Safe and Drug Free Schools Program that labels children as potentially violent and or mentally unstable based on attitudes, values and beliefs. It is called Early Warning, Timely Response. Among the purported warning signs of violence is “intolerance for others and prejudicial attitudes.” The US DOE website for this program says, “All children have likes and dislikes. However, an intense prejudice toward others based on racial, ethnic, religious, language, gender, sexual orientation, ability, and physical appearance when coupled with other factors may lead to violent assaults against those who are perceived to be different.”¹²

Given the multiple problems with the mental health screening and psychiatric drug treatment for children already mentioned, as well as the politically correct thought control aspects of this program, we urge further reduction and preferably elimination of the Safe Schools, Healthy Students Grants and heartily concur with the President's recommendation to eliminate the Safe and Drug Free Schools and Communities State Grant Program and its \$345 million of wasteful spending:

Provides formula grants to States to help create and maintain drug-free, safe, and orderly environments for learning in and around schools. The program has not demonstrated effectiveness, and grant funds are spread too thinly to support quality interventions. The Administration proposes to redirect some of the program's funds to provide an increase for Safe and Drug-Free Schools National Programs, which is better structured to support quality interventions, and to permit grantees and independent evaluators to measure progress, hold projects accountable, and determine which interventions are most effective. A PART analysis rated this program as Ineffective.¹³

5) Foundations for Learning (\$1,000,000)

This is a mental health program sponsored by Senator Edward Kennedy and Rep. Patrick Kennedy funded through No Child Left Behind (sec. 5542) for children ages birth through age seven. It provides “mental health,” among other services, in order “to deliver services to eligible children and their families that foster eligible children's emotional, behavioral, and social development” based on such ridiculously vague eligibility criteria as “the child has been exposed to violence” or “the child has been removed from child care, Head Start, or preschool for behavioral reasons or is at risk of being so removed,” or “the child has been exposed to parental depression or other mental illness.” The federal government has no proper role or constitutional authority to be involved in setting norms for or fostering anyone's mental health, much less very young children. Experts such as Dr. Vitiello at NIMH admit the “diagnostic uncertainty of the clinical manifestations of psychopathology in young children.”¹⁴ Both the Surgeon General¹⁵ and the World Health Organization¹⁶ admit that it is very difficult to accurately diagnose young children due to rapid developmental changes.

The President has recommended this program for elimination and we heartily concur with that assessment:

“Competitive grants provide services to children and their families to enhance young children's development so that they become ready for school. The request is consistent with the Administration's effort to increase resources for high-priority programs by eliminating small, narrow categorical programs that duplicate other programs, have limited impact, or for which there is little or no evidence of effect. The budget request includes funding for other, larger programs that support early childhood education and development.”¹⁷

6) Mental Health Integration in Schools (\$4,900,000)

This program from NCLB (sec. 5541) sponsored by Senator Harkin attempts, among other things “enhance, improve, or develop collaborative efforts between school-based service systems and mental health service systems to provide, enhance, or improve prevention, diagnosis, and treatment services to students.” Aside from the fact that the federal government has no role or authority to be involved in the mental health of children, this is yet another vehicle for mental health screening to be implemented in schools. Due to government and private insurance reimbursement patterns, treatment almost always means with psychotropic medications, very few of which are actually approved for children and every group of which is under the FDA’s most serious black box warnings for serious if not fatal side effects.

The President has recommended eliminating this program and we heartily concur with that assessment:

Makes competitive grants to increase student access to mental health care by linking school systems with the mental health system. The request is consistent with the Administration's effort to increase resources for high-priority programs by eliminating small, narrow categorical programs that duplicate other programs, have limited impact, or for which there is little or no evidence of effect.¹⁸

¹ <http://www.samhsa.gov/Matrix/brochure.aspx> , emphasis added

² http://www.samhsa.gov/Federalactionagenda/NFC_FMHAAs.aspx, emphasis added

³ http://www.nasmhpd.org/targeted_ta.cfm , emphasis added

⁴ <http://edaction.org/images/Mental%20Health%20Briefing%20Myths%20and%20Facts.pdf>

⁵ <http://www.newsrx.com/article.php?articleID=274144>

⁶ <http://www.healthychild.ucla.edu/Publications/Documents/TMH%20executive%20summary%2012.pdf> , p. 7

⁷ http://www.samhsa.gov/Federalactionagenda/NFC_FMHAAs.aspx (Emphasis added.)

⁸ <http://www.citizensleague.net/what/projects/mmhag/library/Roadmap.doc> , p. 165 (Emphasis added)

⁹ Vitiello, B. (2001) Psychopharmacology for young children: clinical needs and research opportunities. *Pediatrics*. 108: 983-990.

¹⁰ http://pace.berkeley.edu/summary_23DA10_new.doc

¹¹ <http://www.samhsa.gov/Budget/index.aspx>

¹² U.S. Department of Education - Early Warning, Timely Response Action Guide

http://www.ed.gov/admins/lead/safety/actguide/action_guide.txt

¹³ <http://www.ed.gov/about/overview/budget/budget07/summary/edlite-section3.html#sdfscst>

¹⁴ Vitiello

¹⁵ “The science is challenging because of the ongoing process of development. The normally developing child hardly stays the same long enough to make stable measurements. Adult criteria for illness can be difficult to apply to children and adolescents, when the signs and symptoms of mental disorders are often also the characteristics of normal development.” - (1999) Surgeon General’s Report on Mental Health, p. 7 of pdf,

<http://www.surgeongeneral.gov/library/mentalhealth/pdfs/c3.pdf>

¹⁶ “Childhood and adolescence being developmental phases, it is difficult to draw clear boundaries between phenomena that are part of normal development and others that are abnormal.” - World Health Organization (2001) *World Health Report – Mental Health: New Understanding, New Hope*, p.50 of pdf,

http://www.who.int/entity/whr/2001/en/whr01_en.pdf

¹⁷ <http://www.ed.gov/about/overview/budget/budget07/summary/edlite-section3.html#foundations>

¹⁸ <http://www.ed.gov/about/overview/budget/budget07/summary/edlite-section3.html#mentalhealth>