

Myths and Facts Regarding Mental Health Screening Programs and Psychiatric Drug Treatment for Children

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Myth: The President’s New Freedom Commission on Mental Health is not advocating widespread mental health screening. “...The commission proposed broad screening only in settings where many children are known to have untreated behavioral problems.” (Michael Hogan – NFC chairman, Washington Times, 10/21/04)

Fact: The New Freedom Commission report frequently recommended universal mental health screening and treatment for children.

(<http://www.mentalhealthcommission.gov/reports/FinalReport/downloads/FinalReport.pdf>)

- “For consumers of all ages, early detection, assessment, and linkage with treatment and supports can prevent mental health problems from compounding...” (p. 19)
- “Since children develop rapidly, delivering mental health services and supports early and swiftly is necessary to avoid permanent consequences and to ensure that children are ready for school.” (p. 65)
- “Screen for mental disorders in primary health care, across the life span, and connect to treatment and supports.” (p. 65)
- “Because of this important interplay between emotional health and school success, schools must be partners in the mental health care of our children” (p. 66)



Myth: Informed parental consent is an important component of programs recommended by the NFC.

Fact: The NFC report never uses the word “voluntary” in the context of screening and treatment and uses the phrase “parental consent” just once to describe a program that uses passive, opt-out parental consent.

- “Parents at Penn and other schools could withhold their children from the screening by returning a form mailed to their houses. Parents who did not sign the form and return it were considered to have given permission for TeenScreen... ‘We would probably see the level of participation drop way off (if active consent were required),’ he said.” (Rumbach, South Bend Tribune, 1/19/2005)

Myth: Psychiatric diagnostic criteria are scientifically validated and non-controversial among experts in the field.

Fact: Mental health diagnostic criteria are very vague and subjective. The very studies and reports cited by proponents of universal screening are full of contradictions. These experts admit the lack of science underlying psychiatric labels.

- “In other words, what it means to be mentally healthy is subject to many different interpretations that are rooted in value judgments that may vary across cultures.” (Surgeon General Report on Mental Health. 1999. p. 1-5
<http://www.surgeongeneral.gov/library/mentalhealth/pdfs/c1.pdf>)
- “The diagnosis of mental disorders is often believed to be more difficult than diagnosis of somatic or general medical disorders since there is no definitive lesion, laboratory test or abnormality in brain tissue that can identify the illness.” (Surgeon General, p. 2-18,
<http://www.surgeongeneral.gov/library/mentalhealth/pdfs/c2.pdf>)
- “No consistent structural, functional, or chemical neurological marker is found in children with the ADHD diagnosis as currently formulated.” (Attention Deficit Hyperactivity Disorder State of the Science - Best Practices, Peter S. Jensen and James R. Cooper, Eds, Civic Research Institute, Kingston, N.J. 2000, p. 3-7)
- “DSM-IV criteria remain a consensus without clear empirical data supporting the number of items required for the diagnosis . . . Furthermore, the behavioral characteristics specified in DSM-IV, despite efforts to standardize them, remain subjective . . .” (American Psychiatric Association Committee on the Diagnostic and Statistical Manual (DSM IV- 1994), pp.1162-1163)



Myth: It is possible to accurately diagnose mental illness in young children, even infants. “Even before their first birthday, babies can suffer from clinical depression, traumatic stress disorder, and a variety of other mental health problems.” (Florida Strategic Plan for Infant Mental Health)

Fact: Due to rapid developmental changes, it is very difficult to accurately diagnose young children.

- “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, World Health Report, 2001)
- “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.” (Surgeon General, 1999)



Myth: Children would never be labeled potentially violent or mentally based on their worldview or politics.

Fact: Federally funded school violence prevention programs do label children based on their beliefs. A federally funded study held that people of a particular political philosophy had hallmarks of mental illness.

- A school violence prevention program funded by the federal government called Early Warning, Timely Response lists “intolerance for others and prejudicial attitudes” as an early warning sign for violence and mental instability, saying, “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.”(U.S. Department of Education - Early Warning, Timely Response Action Guide http://www.ed.gov/admins/lead/safety/actguide/action_guide.txt)
- “In August 2003, the National Institute of Mental Health and the National Science Foundation announced the results of their \$1.2 million taxpayer-funded study. It stated, essentially, that traditionalists are mentally disturbed. Scholars from the Universities of Maryland, California at Berkeley, and Stanford had determined that social conservatives, in particular, suffer from ‘mental rigidity,’ ‘dogmatism,’ and ‘uncertainty avoidance,’ together with associated indicators for mental illness.” (Eakman, Chronicles, 10/04. See full study at http://facultygsb.stanford.edu/Jost/_private/Political_Conservatism_as_Motivated_Social_Cognition.pdf)

Myth: Mental health screening instruments are scientifically validated and screening programs are effective at preventing suicide.

Fact: Screening instruments are not validated or effective and fail to prevent suicide.

- “[TeenScreen has] reasonable specificity identifying students at risk for suicide. A second-stage evaluation would be needed to reduce the burden of low specificity.... As with other suicide risk instruments, the CSS has the potential of having high (0.88) sensitivity at the expense of specificity [false positives]...” (Journal of the American Academy of Child & Adolescent Psychiatry, 2004, v. 42, 71-79)
- “USPSTF found no evidence that screening for suicide risk reduces suicide attempts or mortality. There is limited evidence on the accuracy of screening tools to identify suicide risk in the primary care setting, including tools to identify those at high risk.”(US Preventative Services Task Force <http://www.ahrq.gov/clinic/3rduspstf/suicide/suiciderr.htm#clinical>)

Myth: Children are not adequately treated for mental illness.

Fact: Children are over diagnosed and over treated with psychiatric medications and both problems will increase with wide spread screening programs.

- 300% increase in psychotropic drug use in 2-4 year old children between 1991-1995
- 300% increase in psychotropic drug use in children between 1987 and 1996
- More spent on psychiatric medications for children than on antibiotics or asthma medication in 2003



Myth: The decision to treat a child with psychotropic medications is always between a parent and their physician.

Fact: Parent all over the country have been coerced with threats of child abuse or to place their children on or continue psychiatric medications prompting over 20 state legislatures and the US Congress to introduce or pass legislation prohibiting coercion.

- Both Matthew Smith and Shaina Dunkle died of medication toxicity after their parents were coerced to place their children on drugs by the schools.
(<http://ritalindeath.com/homepage.htm>)
- Paul Johnston was institutionalized with drug-induced psychosis after his parents were coerced to put him on 16 different psychiatric medications over seven years.
(<http://www.eagleforum.org/educate/2002/june02/drug-induced.shtml>)

Myth: Psychiatric drug treatments are effective in children.

Fact: Neither antidepressants like Prozac nor stimulants like Ritalin are effective in children, but pharmaceutical companies, with the approval of the FDA, only published positive studies despite having evidence for years of their ineffectiveness.

- “More than two-thirds of studies of antidepressants given to depressed children, for instance, found the medications were no better than sugar pills, but companies published only the positive trials” (Vedatam, Washington Post, 9/9/04, p. A02)
- “No antidepressants have demonstrated greater efficacy than placebo in alleviating depressive symptoms in children and adolescents”(Baker (1995) as quoted in Breggin, P. and Cohen, D. (1999) Your Drug May Be Your Problem: How and Why to Stop Taking Psychiatric Medications, Perseus Books, Reading, MA)
- “However, psychostimulants do not appear to achieve long-term changes in outcomes such as peer relationships, social or academic skills, or school achievement.” (Pelham, et. al. as quoted in Surgeon General, 1999)

Myth: Psychiatric drugs are safe for children.

Fact: Evidence of dangerous and sometimes deadly side effects of psychiatric medication has been covered up for years by the pharmaceutical manufacturers, sometimes with the help of the FDA.

- “Dr. Robert Temple, director of the FDA's office of medical policy, said after an emotional public hearing here that analyses of 15 clinical trials, some of which were hidden for years from the public by the drug companies that sponsored them, showed a consistent link with suicidal behavior.” (Harris, New York Times, 9/14/04, p. A01)
- “TCAs [tricyclic antidepressants] have been linked to cardiac arrhythmias, and “sudden death.” (Wilens TE, et al, 1996. Cardiovascular effects of therapeutic doses of tricyclic antidepressants in children and adolescents. Journal of The Association Of American Child & Adolescent Psychiatry. 35: 1491-501)
- “These drugs also impair flexible problem-solving and divergent thinking. James Swanson, a researcher for the U.S. Department of Education and leading Ritalin advocate, stated in a 1992 review of the medical literature that this type of ‘cognitive toxicity’ may occur at commonly prescribed clinical doses of stimulants, and in up to 40% of patients.” (Breggin, P., (2001) Talking Back to Ritalin, Cambridge, Massachusetts, Perseus, pp. 49-50)
- Zyprexa linked to Diabetes (Eli Lilly's Big Seller, Zyprexa, Can Help Schizophrenics; Is It Linked to Diabetes? --- Warnings Abroad, Not in U.S. – Wall Street Journal, 4/11/03, <http://www.ahrp.org/infomail/0403/11.php>)

Myth: The pharmaceutical industry has no vested interest in the treatment recommendations made by the NFC.

Fact: The pharmaceutical industry steered TMAP treatment recommendations toward their products and have profited mightily from those recommendations, despite the fact that the drugs are more expensive, less effective and have severe side effects.

- "...Dr. Peter J Weiden, who was a member of the project's [TMAP] expert consensus panel, charges that the guidelines are based on 'opinions, not data' and that bias due to funding sources undermines the credibility of the guidelines since 'most of the guideline's authors have received support from the pharmaceutical industry.'" (Lenzer, Jeanne (5/15/04) British Medical Journal, <http://bmj.bmjournals.com/cgi/content/full/bmj;328/7449/1153>)
- KEYE Investigation (Wilson N. KEYE News Investigates. Psychiatric drugs (July 23, 2004); Drugs and your tax dollars (September 30, 2004). <http://keyetv.com/investigativevideo>)

Drug Company	Expenditures on the Texas Medication Algorithm Project	Profits from Texas Medicaid involving that Company's Psychiatric Drugs
Pfizer	\$232 thousand	\$ 233 MILLION
Janssen	\$224 thousand	\$ 272 MILLION
Eli Lilly	\$109 thousand	\$ 328 MILLION

