

## *Health*

### **TeenScreen sets up shop In Illinois**

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June 21, 2005—A controversial plan to screen all Illinois school children for mental health disorders is set to become a reality on June 30, if the governor accepts the final proposal from the Illinois Children's Mental Health Partnership (ICMHP).

Illinois became the first state to hop on the bandwagon for President Bush's New Freedom Commission's (NFC) plan to subject all American school children to mental health screening. In 2003, Illinois lawmakers passed the \$10 million Illinois Children's Mental Health Act (ICMHP), creating a Children's Mental Health Partnership, which many expect to become a model for other states.

The final report by the Illinois Children's Mental Health Task Force was released in April 2003 and it is filled with intrusive and expensive recommendations. The ICMHP held hearings in various locations across the state in 2004 to gather public feedback on the plan.

While its proposals seem harmless enough at first glance, comments from parents during the hearings raised many valid concerns. The state, critics said, no longer assumes that Illinois children are mentally healthy, it presumes all children need mental health screening.

The task force report calls for a comprehensive, coordinated children's mental health system comprised of prevention, early intervention, and treatment for children ages 0–18 and for a statewide data-reporting system to track information on each person, and social-emotional development screens with all mandated school exams (K, 4th, and 9th).

The task force wants to: Start early, beginning prenatally and at birth, and continue throughout adolescence, including efforts to support adolescents in making the transition to young adulthood.

Karen Hayes, associate director of Concerned Women for America-Illinois, published an op-ed in the Illinois Leader on July 23, 2004, and had a great idea. She said maybe the legislators should be mentally evaluated.

Concerned parent Joseph Volpendesta feels the same way. "Mental Health screening might be much more usefully employed on these people who come up with these brainstorms; it is obvious that they have far too much time on their hands and too little regard for those of us who are paying the bills. What is needed, and at the earliest opportunity, is a bill to rescind this piece of legislative claptrap. . . . There is no doubt in my mind where the mental health screening is most needed and it ain't the kids," he said in a letter to the editor of the Illinois Leader on June 13.

### **TeenScreen Customer Recruitment Scheme**

At the center of the controversy is program called TeenScreen designed by pharmaceutical industry-backed officials at Columbia University. TeenScreen is supposedly a suicide prevention program and is recommended by the NFC, even though a recent US Preventive Services Task Force study found "no evidence that screening for suicide risk reduces suicide attempts or mortality."

Columbia claims the TeenScreen survey can assess the symptoms of eight disorders associated with the risk of suicide or mental illness. On March 2, 2004, the program's executive director, Laurie Flynn, testified at a congressional hearing and said that in the screening process, "youth complete a 10-minute self-administered questionnaire that screens for social phobia, panic disorder, generalized anxiety disorder, major depression, alcohol and drug abuse, and suicidality."

In May 2004, Illinois lawmakers passed a resolution approving the implementation of TeenScreen in public schools, which said in part: (1) "Columbia TeenScreen Program", has been proven successful, offers technical assistance for implementation of a screening program, and provides all the components for such a program at no charge at this time; (2) that they recognize that mental illness and suicide among young people are public health crises in this state and that all residents of Illinois should make the identification of mental disorders and the prevention of suicide among the young people a public health priority; (3) that every young person should be screened . . . to identify mental illness and prevent suicide; and (4) that such a screening and identification process should employ sound, evidence-based tools.

The problem is that TeenScreen is not an evidence-based tool. The program had already been in place for six years in Tulsa, Oklahoma, when the suicide rate rose dramatically, causing Michael Brose, the leader of a mental health partnership organization there, to say, "To the best of my knowledge, this is the highest number of youth suicides we've ever had during the school year—a number we find very frightening."

TeenScreen is an invention of the pharmaceutical industry and is nothing more than a customer recruitment scheme to help generate high volume sales of costly psychiatric drugs. By infiltrating the nation's public school system, it will generate millions of new prescription drug customers.

"More screened kids means more money for psychiatrists and the pharmaceutical industry," Vera Hassner Sharav, president of the Alliance for Human Research Protection, a patient advocacy group, told the Chicago Tribune on June 5.

"It is important to understand that powerful interests, namely federal bureaucrats and pharmaceutical lobbies, are behind the push for mental health screening in schools . . . the pharmaceutical industry is eager to sell psychotropic drugs to millions of new customers in American schools," said Rep Ron Paul, R-Texas, who happens to be a physician.

TeenScreen made its Illinois debut last fall at the Brimfield High School in the Peoria area and reports indicate that several more Illinois schools will be implementing the program next year, according to Illinois Leader investigative reporter Rhonda Robinson.

### **TMAP and IMAP**

"Do the big drug companies have so much power? Why else would this be happening? It looks like a way to make more young people dependent on prescription drugs earlier in life when all they really need is to deal with growing up, just like we all did before there was a drug for every ailment and new ailment to justify even more new drugs," parent, Dennis McLouth, of Roseville, Ill, wrote in a June 13 letter to the editor of the Illinois Leader.

My answer to Dennis is yes, the drug companies are that powerful, and it gets worse. The NFC recommends a drug treatment program called the Texas Medical Algorithm Project (TMAP) that specifically requires doctors to prescribe the newer generation of psychiatric drugs to children, including the antidepressants known as the selective serotonin reuptake inhibitors (SSRIs) that can lead children to commit suicide or other violent acts.

According to the American Hospital Formulary Service Drug Information 2005, the "FDA now states that it has determined that antidepressants increase the risk of suicidal thinking and behavior in children and adolescents with major depressive and other psychiatric disorders."

Dr Ann Blake Tracy is the executive director of the International Coalition for Drug Awareness and the author of "Prozac, Panacea or Pandora: Our Serotonin Nightmare." She testified at a February 2004 FDA hearing on the adverse effects of SSRIs, and said, "Research on serotonin has been clear from the very beginning that the most damaging thing that could be done to the serotonin system would be to impair one's ability to metabolize serotonin. Yet that is exactly how SSRI antidepressants exert their effects."

Tracy said that for decades research has shown that impairing serotonin metabolism will produce numerous health problems including "pains around the heart, difficulty breathing, tension and anxiety which appear from out of nowhere, depression, suicide—especially very violent suicide, hostility, violent crime, arson, substance abuse, psychosis, mania," and the list goes on and on.

"How anyone ever thought it would be 'therapeutic' to chemically induce these reactions is beyond me," she said.

In one study reviewed by the FDA panel, in a pool of 931 depressed patients taking SSRIs listed on the TMAP, versus 811 depressed patients taking a placebo, there were 52 suicidal acts by people on the SSRIs versus 18 on placebo.

The drug companies withheld the studies that showed the drugs were basically ineffective on kids and that they were in fact dangerous. Most of the studies that have surfaced over the past couple years were unearthed during the discovery process of recent lawsuits against drug companies.

Pediatrician, Dr Karen Effren, questions whether the TMAP list should be used at all. "If data is withheld about the dangers or lack of effectiveness of the new psychiatric drugs, why should physicians believe and carry out the recommendations of the New Freedom Commission for treatment, such as the Texas Medication Algorithm Project (TMAP) that uses those drugs as paid for [by] the state incentive grants?"

These same sentiments had already been expressed in January 1999, by Peter Weiden, MD, who was one of the participants on the original panel that approved drugs to be on the TMAP list, when he openly criticized the process in the *Journal of Practice in Psychiatry and Behavioural Health*.

Weiden pointed out the fact that drug company money was involved in the approval of the list. "Another problem is potential bias from funding sources. The 1996 Guidelines were funded by Janssen (makers of Risperidone [Risperdal]) and most of the guidelines' authors have received support from the pharmaceutical industry. This potential conflict of interest may create credibility problems, especially concerning any recommendations supporting the use of atypical antipsychotics."

Other drug companies besides Janssen were involved in the creation of the list. And drug company money was also used to grease the palms of politician who would ultimately have to approve the TMAP scheme.

For instance, Eli Lilly helped fund the guidelines and also has well-known ties to both Bush administrations. After Bush Senior left the CIA in 1977, he became a member of Lilly's board of directors. When he left the company to become Reagan's vice president in 1980, he forgot to mention that he still owned stock in the company at the same time that he was lobbying for tax breaks for Lilly, even though it manufactured drugs in Puerto Rico.

Bush Junior made Eli Lilly CEO Sidney Taurel a member of the Homeland Security Advisory Council, and George W.'s former director of the Office of Management and Budget, Mitch Daniels, was also a former senior vice president of Lilly.

In the 2000 election, the company contributed over \$1.5 million to political candidates, with over 80 percent going to Bush and the Republican Party.

According to the Center for Responsive Politics, in his two bids for the presidency, Bush has been the number one recipient of either party for campaign donations from the pharmaceutical industry. The same Robert Wood Johnson IV, who has ties to the foundation that funded the TMAP, is also heir to the Johnson & Johnson fortune, and raised over \$100,000 for Bush's 2000 campaign, and over \$200,000 for campaign 2004.

The Robert Wood Johnson Foundation also helped fund the Illinois Children's Mental Health Task Force, which produced the report that the Illinois' Children's Mental Health Act of 2003 is based on, according to investigative reporter Rhonda Robinson.

The Illinois version of the TMAP list is IMAP and it is already in place in 23 Illinois counties, Robinson reports.

### **Tax Dollar Funded Drug Pushers**

Let there be no mistake about it, kids sent to shrinks will end up on drugs. In 2002, a survey of recently trained child psychiatrists found that only one in 10 children in their practices did not receive a medication. (See Stubbe DE, Thomas WJ: A survey of early-career child and adolescent psychiatrists, J Am Acad Child Adolesc Psychiatry 2002.)

A recent review of prescription data for 300,000 children ages 19 and younger, by Medco Health Solutions in 2004, concluded that for the first time in history, spending for medications for childhood behavior problems eclipsed expenditure for any other drug category, including antibiotics.

The final draft of the Illinois plan issued this month wants to: Promote effective use of Medicaid's Early Periodic Screening, Diagnosis and Treatment benefit in Illinois to support voluntary screening of children ages birth to 18 years, and wants to "Clarify for providers the diagnoses that create eligibility for children to obtain Medicaid services."

I wonder how many people are curious as to what might be in store for the infants they want to screen. To answer that question, an investigation of the drugs being prescribed to Illinois kids on Medicaid might be helpful.

On April 25, the headline of the Ohio Columbus Dispatch read: DRUGGED INTO SUBMISSION, EVEN BABIES GETTING TREATED AS MENTALLY ILL. Doctors prescribed sedatives and powerful, mood-altering medications for nearly 700 Ohio babies and toddlers on Medicaid last summer, according to a Dispatch review of records.

An investigation by the Dispatch revealed that at least 696 Ohio children who were newborn to 3 years old received mental-health drugs paid for by Medicaid in July 2004. Hydroxyzine was prescribed most often, with about three-quarters of the kids on it. The drug, a long-acting antihistamine, relieves itching caused by allergies, controls vomiting and reduces anxiety, but is given to young children most often for its sedative effects.

In addition, more than 90 kids were on another antihistamine, 48 were taking anti-anxiety medication and 28 were prescribed antidepressants, including the SSRIs Paxil, Prozac and Zoloft. Twenty-seven received Valium, and 18 were on antipsychotics.

This revelation set off alarms in Ohio. "It's troubling," said John Saros, executive director of Franklin County Children Services. "How do doctors even determine that a 2-year-old is anxious? There's a reason they call it the terrible twos."

All total, nearly 40,000 Ohio children on Medicaid were taking drugs for anxiety, depression, delusions, hyperactivity and violent behavior when the investigation was conducted last July, according to the Dispatch.

Illinois' new program keeps stressing that treatment should be funded by Medicaid. That means drugs, folks. Over-drugging kids on Medicaid in Ohio is not an isolated practice. It's happening all over the country.

Last January 15, the Miami Herald reported that nearly 1,900 children under the care of Florida's child welfare system are taking antidepressant drugs, despite a strong federal warning that such medications are linked to an increased risk of suicidal thinking.

Similar findings held true in Tennessee for kids covered by the state insurance program. A study conducted in 2004 by Dr William Cooper, an associate professor of pediatrics at Vanderbilt University in Nashville, determined that the use of antipsychotic drugs among low-income children in Tennessee had nearly doubled between 1996 and 2001.

Cooper's report, published in the August 3, 2004, issue of the Archives of Pediatric Adolescent Medicine, found that young people who are not psychotic are being prescribed antipsychotic drugs for which there was no data on safety or effectiveness.

The study revealed that the proportion of TennCare children who were prescribed antipsychotics nearly doubled in six years. The most dramatic increases were among those aged 13 to 18 (116 percent) and those 6 to 12 (93 percent). Cooper also found use among preschool children had increased by 61 percent.

If the Illinois Governor signs the new law on June 30, in addition to children, all pregnant women will be screened for depression during pregnancy and for up to one year following a baby's birth. The treatment for depression mandated by the IMAP drug list will be the SSRI antidepressants, even though new studies indicate that SSRIs taken by pregnant women can have serious adverse effects on the unborn fetus.

"Newborn babies could be at risk of suffering withdrawal symptoms if their mothers are prescribed antidepressants during pregnancy," according to Reuters on February 4.

Professor Emilio Sanz of the University of La Laguna in Tenerife, Spain, conducted a study that showed that SSRIs can cause convulsions, irritability, abnormal crying and tremors in newborn babies.

For the study, Professor Sanz and his team of researchers searched the World Health Organization database from 72 countries for the adverse drug reactions associated with the use of SSRIs, Reuters reported.

Karen Hayes thinks the whole plan stinks. "Proposing that state government set mental health competency standards for all Illinois pregnant women and children to age 18 stuns human sensibilities," Karen Hayes wrote. "This proposal calls for collection of mental health data of women and children, together with bureaucratic linkage of this information."

She's got that right because, according to the plan, the State of Illinois will: Improve accountability, data tracking and reporting for children's mental health in relevant programs and services and will (1) Institute contract and monitoring changes to increase the accountability of current children's mental health providers; (2) Develop a statewide data tracking and reporting system to collect information on key indicators of children's social and emotional development, and mental health status; (3) Develop policies and protocols for the sharing of databases among relevant state and local agencies; (4) Explore the development of uniform reporting forms and tests in select programs for the tracking, reporting and planning of services.

## **Follow The Tax Dollars**

The task force says it wants to maximize the use of Medicaid/KidCare by streamlining enrollment, capitalizing on federal reimbursement and implementing key cost-saving strategies, with savings deposited into a Children's Mental Health Fund.

It wants to (1) Improve Medicaid reimbursement for prevention, early intervention and treatment services; (2) Recognize diagnoses for young children described in DC:0-3 and pay for mental health services for children with any of these diagnoses; (3) Clarify for providers the diagnoses that create eligibility for children to obtain Medicaid services.

Translation: That means to make sure "treatment" (a.k.a. pills) will be paid for and that people will be trained to only diagnose kids with disorders that are covered Medicaid.

The task force plan leaves no funding stone unturned. It even wants to "Change the Illinois KidCare and Medicaid eligibility procedures to allow for self-attestation of a family's financial circumstances in lieu of current financial documentation requirements," which means all I have to do is swear I'm poor to qualify for Medicaid in Illinois.

Drug companies smell the tax dollars and they want these Illinois kids. Over 2 million children were enrolled in Illinois public schools, pre-K through 12th grade, during the 2001-02 school year. Over 960,000 children were enrolled in Medicaid and KidCare in 2002, and a recent study in Chicago claimed that nearly 50 percent of inner-city adolescents demonstrated signs and symptoms of depression.

So lets do the math and see how much the psychiatric-industrial complex stands to gain. The plans says to: Ensure that all children enrolled in Medicaid receive periodic developmental screens . . . as mandated under the Early and Periodic Screening Diagnostic Treatment program.

Lets say the initial diagnostic visit to the shrink costs \$150, what's 150 times 960,000?

The report said 50 percent of Chicago inner city kids were depressed, so we'll use that percentage for the kids on Medicaid. Half of 960,000 means 480,000 kids are set to be prescribed anti-psychotic drugs right from the get go.

Offhand, I don't know how much all the different drugs cost, but I have personal knowledge that the cost of Risperdal in 2001, was close to \$500 for a 30 day supply.

In 2001, The Miami Herald published a series of stories about the common use of Risperdal among children in state care. Child-welfare advocates said the drug routinely was being used by foster care providers as a "chemical restraint" on children whose unruly behavior was a frustration to caretakers.

Risperdal is on the IMAP list as the leading drug used to combat schizophrenia and other types of psychotic disorders, and earns Janssen about \$2.1 billion in annual sales. The drug is prescribed to more than 10 million people worldwide, according to the Herald.

I suspect a heavy-duty calculator will be needed to calculate dollar amounts for the potential cost of Risperdal prescriptions to the taxpayers of Illinois.

### **Taxpayers May Foot Entire Bill**

No doubt about it, the promoters of this scheme are looking to grab tax dollars from every public trough known to man. The plan lists a host of public funding sources to be examined and includes: Medicaid and SCHIP, the Social Services Block Grant, Temporary Assistance for Needy Families, the Child Care and Development Fund, the Title V Maternal and Child Health Services Block Grant, Parts B (Special Education) and C (Early Intervention) of the Individuals with Disabilities Education Act (IDEA), Juvenile Justice, and state funding sources.

In her opinion piece, Karen Hayes questioned the feasibility of such a large public funded program, "Our government bureaucracies continue to struggle with the job of tending to the social needs of needy Illinois families, and . . . trying to educate our children in basic academics. How is it that these same bureaucracies can now be asked to take on the additional role of being the mental health evaluator and caretaker of all pregnant women and children in Illinois?"

"At a time when budget concerns are on the front pages of most Illinois newspapers," Karen wrote, "we are being asked to give input to one of the costliest expansions of government and bureaucracy we have seen in recent years."

"In summary," Hayes said, "it is neither beneficial to children, nor to taxpayers, to ask government bureaucracies to set competency standards for mental health. With some amount of lightheartedness, may I propose that the mental health of the perpetrators of this concept be evaluated?"

Another parent agrees with her. "The Illinois Legislature ought to have their own heads subjected to adolescent mental health screening for even considering passing such legislation," said Jack Kime, in a June 13 letter to the Illinois Leader, "If there is anything more dangerous than having the government put such a program in place, I don't know what it might be," he said.

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