THE VITAL CASE AGAINST MANDATED MENTAL HEALTH PARITY

Skyrocketing Costs, More Child Drugging, More Fraud

A public service policy analysis by

Citizens Commission on Human Rights® International

6616 Sunset Blvd. • Los Angeles, CA 90028

323-467-4242 • humanrights@cchr.org

http://www.psychassault.org/parity_analysis_cover.htm

Introduction

INCREASING THE RANKS OF THE UNINSURED

We currently face a budget deficit that may reach $100 billion by the end of 2002, a jobless rate at an eight year high of 5.7%, a continuing stock market slide, falling business investment for the fifth consecutive quarter and persistent corporate bankruptcies and corporate layoffs. President Bush recently told Congress, "If we restrain spending…if we react responsibly, we can return to a balanced budget."

The last thing that mandated mental health parity could represent is responsible fiscal management. Firstly, hard evidence predicts that cost increases from mandated mental health parity will be exorbitant. Parity will be nothing less than a blank check to a mental health industry that is far more concerned with its own image, preservation and primarily their pocket, than it is with the well-being of its patients, or with the facts.

Secondly, it's not that the seriously mentally troubled do not deserve the *best* possible care. They do. However, with little or no accountability in psychiatry's mental health monopoly, more people died in American psychiatric hospitals between 1950 and 1990 than the total number of American soldiers killed in ten wars, including World Wars I and II, the Vietnam War and the Korean War. *The New York Times* recently exposed how 960 people died between 1995 and 2001 in New York group homes for the mentally ill. Today, 150 people across the nation, many of them children, die each year due to violent restraint procedures in psychiatric facilities. There are workable, less expensive alternatives to psychiatry and in fact the best care is *not* psychiatric care.

Finally, enormous pressure is being brought to bear on politicians by psychiatry's use of alarmist statements and statistics about the state of mental health in our nation. However, contrary to such opinion, parity is not a problem of battling stigma against or providing desperately needed services for the mentally ill, or even of disparity between physical medicine and mental medicine. Parity is simply an initiative by psychiatrists to achieve enhanced prestige, power, diagnostic influence and ultimately monetary reward *for* psychiatrists. This underlying agenda and immense costs of this initiative are being buried in rhetoric that is artfully designed to play on the sympathies of concerned politicians and citizens.

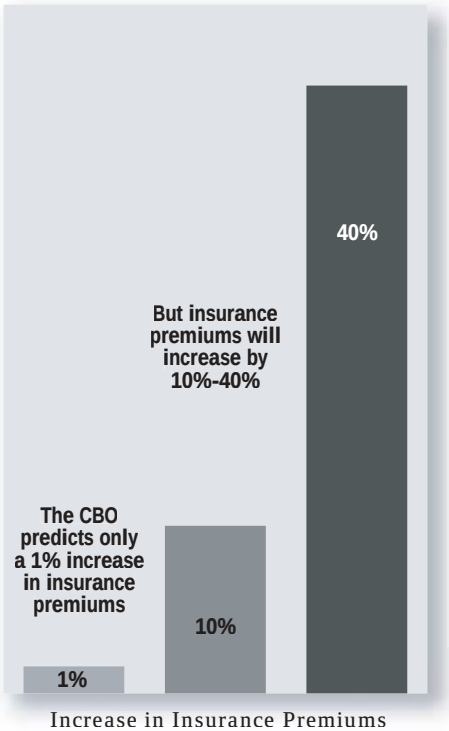
The bottom line is that parity will signal major increases in costs, human suffering and lives lost.

The Financial Overburden Of Mandated Mental Health Parity

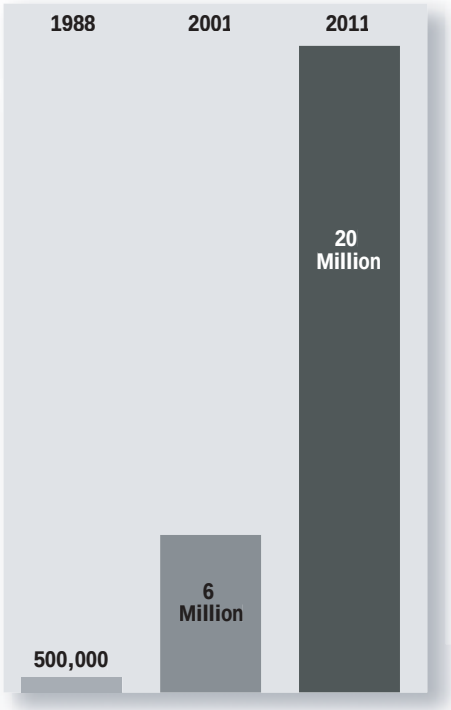
- **The Congressional Budget Office (CBO) estimates that over the next 10 years "parity" will cost American taxpayers $23 billion.**
- **Based on mental health practitioners perpetrating more fraud than any other sector of medicine, taxpayers can expect at least $7 billion of this will be defrauded. This is in addition to the estimated $30 billion defrauded each year in the mental health industry generally.**
- **"Parity" will increase insurance premiums anywhere from 10% to 40%.**
- **Mandated mental health will force between one and three million people into the ranks of the uninsured.**
- **About one-third of outpatient psychiatric treatment is unnecessary, costing Medicare and Medicaid alone up to $185 million a year. With massive fraud also occurring in the private mental health insurance sector, some $336 million per year is being fraudulently spent by the mental health industry.**
- **Because of the ambiguous and unscientific nature of psychiatry's *Diagnostic and Statistical Manual of Mental Disorders (DSM IV)*, reimbursement will be misused and thousands of patients will be unnecessarily treated.**
- **Today, six million American children are prescribed mind-altering cocaine-like stimulants, antidepressants and other psychiatric drugs. That figure is predicted to soon reach 10 million—that's 1,140 children every hour on a psychiatric drug,**

19 every minute and one every three seconds. With parity, we can expect this to double.

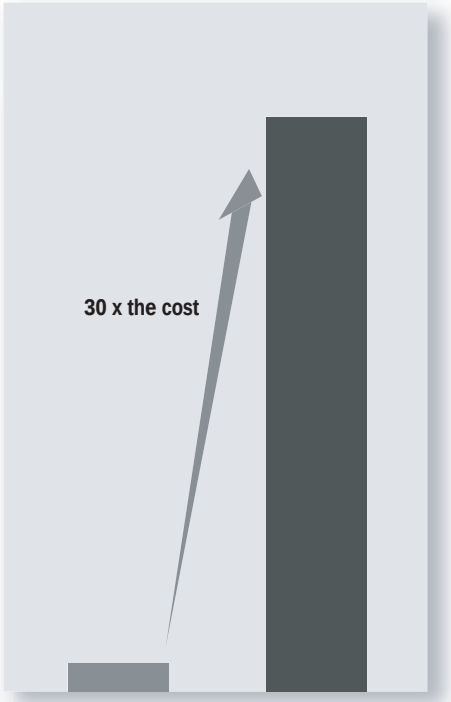
- **Studies show the frequency with which physical illnesses are misdiagnosed as "mental illness." In one study, 83% of people referred by clinics and social workers for psychiatric treatment had undiagnosed physical illnesses; 42% of those diagnosed with "psychoses" were later found to be suffering from a medical illness, and in another study, 48% of those diagnosed by psychiatrists for mental treatment had an undiagnosed physical condition.[1]**
- **"Parity" will escalate the brain and physical damage to patients caused by psychiatric "medications" and increase the number of patients dying from prescribed drug use. When "neuroleptics," prescribed largely for schizophrenics or those with "serious mental illness," were introduced, they killed 5,000 Americans each year, or 13 people *every* day.**
- **The "newer antipsychotic medications" being offered under parity, falsely claim to offer real hope and treatment for "serious mental illness." However, the FDA found clinical trials for three of these drugs to be biased, with fabricated stories of superiority enabling the drugs to be sold at *30 times* the price of the older discredited drugs.**
- **These medications have been shown to cause a potentially fatal depletion of white blood cells in up to 2% of patients; One in 145 patients in clinical trials involving four of these new drugs died; 36 patients in clinical trials committed suicide; and 84 experienced such serious life-threatening effects that they required hospitalization.**



Increase in Insurance Premiums



Number of Children on Psychiatric Drugs



Cost of Old Antipsychotic Drugs vs. Newer Antipsychotic Drugs Per Patient, Per Month

Increased Insurance Premiums & Spiraling Costs

While the Congressional Budget Office (CBO) claims that mental health parity will only increase insurance premiums by 1%, estimates based on already existing mandates shows this to be untrue. The increase could be as high as 40%.

- **In 2001, the National Association of Health Underwriters reported that insurance premiums can increase by 11.4%, while *The Business Journal* put the costs as high as 40%.[2]**

- **Generally, the already existing 1000 benefit mandates have added as much as 25% to the cost of insurance premiums. A National Federation of Independent Businesses study conducted on its 600,000 membership "has also shown that existing state benefit mandates can increase premiums by up to 30%."[3]**

- **Already, health care costs are being driven out of control by litigation, malpractice suits, fraud and use of drugs and medical devices. An April 2002 PriceWaterhouseCoopers report estimates that government mandates and regulations, which have already increased 25-fold between 1970 and 1996, will add $10 billion to the overall increase in health premiums.[4]**

- **Coverage for psychiatric hospital stays alone increases premiums by 12%.[5]**

- **A 1999 Substance Abuse and Mental Health Services Administration (SAMHSA) report showed that substance abuse parity mandates *alone* increases insurance premiums by 3.6%.[6]**

Discriminating Against the Uninsured

Based on current estimates, mandated mental health parity will increase the number of uninsured anywhere from one to three million people.

- **"By one estimate, one out of every four uninsured persons has been priced out of the market by state-mandated health insurance laws," stated Pete du Pont, former governor of Delaware and Chairman of the National Center for Policy Analysis in 1997.[7]**

- **In 1996, the CBO estimated that the 1% increase in health insurance premiums would increase the number of uninsured Americans by 200,000. However, private economists put the figure between 300,000 and one million, while the National Association of Health Underwriters has shown it will**

Comparative Cost of Health Care

	Psychiatric Patients	All Other Patients	Ratio
Inpatient			
Per patient	$9,563	$4,635	2.1:1
Other family members	$1,303	$500	2.6:1
Total per family	$10,866	$5135	2.1:1
Ambulatory Patients			
Per patient	$553*	$152	3.6:1
Other family members	$218	$93	2.3:1
Total per family	$771	$245	3.1:1

*Includes mental and other health services for psychiatric patients

drive another two to three million Americans into the ranks of the uninsured.[8]

- **In April 2002, the National Center for Policy Analysis warned that 25.2% of all uninsured people nationwide lack health insurance benefits because of mandated benefits. Earlier in 1996, 40.3 million Americans were uninsured, meaning between 5.6 and 10.2 million individuals are being priced out of the insurance market by mandated benefits.[9]**

- **A study in 1998 had previously warned us that people living in states with mandated mental health coverage were nearly 6% more likely to be uninsured than people in states without mandated benefit.[10]**

Mental Health Treatment 300% More Costly Than Health Treatment

With mental health treatment costing up to 300% more than general medical treatment, spiraling costs are imminent. Dr. Mark Schiller, psychiatrist and Senior Fellow in Medical Studies at the California-based Pacific Research Institute for Public Policy, states that *"historically, psychiatric and substance abuse facilities quickly appear to take advantage of new insurance reimbursement sources. These facilities go on to promote their services extensively, leading to further increases in expenditures and ultimately higher insurance premiums."* [11]

- **When insurance coverage for mental health care began in the 1950s, coverage was comparable to that for general medical services. Aetna and Blue Cross Blue Shield offered generous coverage for mental health services. While their total health care expenditures tripled between 1966 and 1975, mental health care expenditures *increased* by over *six* times.[12]**

- **In Maryland, a 1992 Blue Cross Blue Shield Association study documented, "The most expensive individual benefits were estimated to be substance abuse treatment services and mental health care services...." Outpatient mental health care visits increased more than 78% once mandates were expanded—from 448,000 in 1983 to 800,000 in 1986.[13]**

- **Mandated chemical dependency treatment coverage alone has already increased costs by 9% in those states that have adopted this type of mandate.[14]**

- **According to a recent study by the Health Enhance Research Organization, a consortium of employers, "depressed" employees incurred 70% more medical costs than employees without such problems.[15]**

"By one estimate, one out of every four uninsured persons has been priced out of the market by state-mandated health insurance laws."

— Pete du Pont,
Former Governor of Delaware and Chairman of the National Center for Policy Analysis in 1997

Soaring Drug Costs

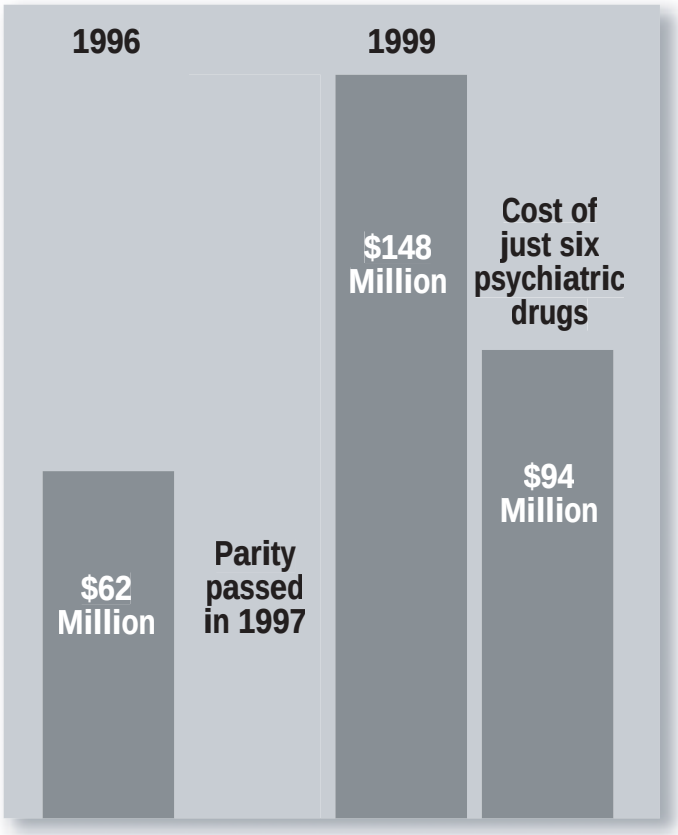
A greater percentage of mental health care costs go toward psychiatric drugs that can damage the brain and physically harm patients. Spending on drugs generally is rising at three times or more the rate of inflation.[16]

- **On October 5, 2001, *The Wall Street Journal* reported, "Mental health is already a big expense for employers. Brand-name antidepressants have been among the most commonly prescribed medicines that companies pay for...."[17]**
- **Texas now spends more money on psychiatric drugs for low-income residents than on any other type of prescription drug. Those costs have more than doubled since 1996, when mental health medications were the third largest category of expenditures. In 1999 these drugs made up the largest category of expenditures among the top 200 drugs, accounting for $148 million; $37 million was spent on three of the newer antidepressants (Selective Seratonin Reuptake Inhibitors) and $57 million on three antipsychotic drugs alone.[18]**
- **Today, antipsychotics sales have reached $5.5 billion per year; antidepressant sales are $12.5 billion. The U.S. accounts for 70% of the world consumption of antidepressants, 60% of antipsychotic drugs, and 90% of *one* stimulant prescribed to children and known as "kiddy cocaine."**
- **In 2000, where direct-to-consumer drug marketing occurs, the average total health care cost per person—a significant portion of which was prescriptions—was $3,724, while the average figure in Europe was $1,660, where there is a ban on prescription drug advertising.[19]**

Psychiatric Drug-Induced "Disorders"

Psychiatric drugs create irreversible damage to the brain and central nervous system. The American Psychiatric Association (APA) has feathered its own nest by re-defining such damage as "mental disorders" under its *Diagnostic & Statistical Manual of Mental Disorders (DSM)*, thereby increasing insurance reimbursements. The iatrogenic (doctor caused) conditions include:

- **Neurolepetic-Induced Parkinsonism**
- **Neuroleptic Malignant Syndrome (so fatal that 100,000 Americans died over a 20 year period)**
- **Neuroleptic-Induced Akathisia (drug induced restlessness and psychosis, linked to violence)**
- **Neuroleptic-Induced Tardive Dyskinesia (uncontrollable twitching of the muscles and extremities)**
- **Medication-Induced Movement Disorder**



Texas: Psychotropic Drug Costs Soared After Parity Was Passed

Psychiatric Fraud—

A $1.6 BILLION ANNUAL WASTE OF GOVERNMENT & INSURANCE FUNDS

- **A study of Medicaid and Medicare insurance fraud in the U.S., especially in New York, between 1977 and 1995, showed psychiatry to have the worst track record of all medical disciplines.[20]**
- **In May, 2001, the Office of the Inspector General reported that one-third of outpatient mental health care services provided to Medicare beneficiaries were "medically unnecessary, billed incorrectly, rendered by unqualified providers, and undocumented or poorly documented," costing Medicare $185 million in 1998 alone.[21]**
- **The largest health care fraud suit in America's history involved the smallest sector of health care—mental health. After the FBI and other federal agencies raided the offices and facilities of National Medical Enterprises, the company paid out $1.1 billion in criminal penalties and fines and to settle suits.**
- **Nearly 40% of American psychiatrists are sued for malpractice.[22]**

$35,000 FRAUDULENT "FAMILY THERAPY" ENDS IN DIVORCE

Joe and Carol Swistok from Ohio needed marriage counseling. They had three children, Maggie, 5, who was stubborn; John, 7, wet the bed and Joey, 8, was afraid of the dark. Normal kids. However, for a Florida psychiatric facility they were referred to, the family and their Spanish exchange student were a goldmine. Horizon hospital paid $4,692 for their round-trip air tickets, claiming that this helped the family to "remove the barrier to treatment."

The family were locked up under high security and separated from each other. The eldest son, Joey, didn't understand why they were there and protested. He was diagnosed with "atypical depression." A psychologist tested the boy at zero on the depression rating scale, but added, "probably in denial." Maggie was diagnosed as having an "adjustment problem with a depressive episode." Medical records claimed that John was admitted because he ate too much and, therefore, had "atypical depression." The exchange student *needed* to be admitted because psychiatrists had to know more about the "troubled" family in order to make a "complete diagnosis."

Despite the parents' instructions that their children not be given drugs, antidepressants were ordered for two of the children. Both boys were also given a potent steroid. Treatment for the adults was mainly group and music therapy. The family's health insurance was billed $35,000. Subsequently, Carol and Joey filed for divorce.

Their case is not an isolated incident.[23]

Types of Psychiatric Fraud:

WHAT TAXPAYERS UNWITTINGLY PAY FOR

- **Billing insurers for therapy that was supposedly given to people who were dead.**
- **"False claims"—billing for services never rendered or delivered.**
- **Charging $150 per day for the use of a television and watching movies as a form of therapy.**
- **Billing for playing "bingo."**
- **Billing for children aged between 3 and 5 for treatment of marijuana use.**
- **Charging for baptisms in the psychiatric hospital swimming pool, calling them "recreational therapy."**
- **Billing for psychotherapy and other treatments on days when the psychiatrist was out of town or on vacation.**
- **Billing insurance companies for having sex with patients.**
- **1990: A congressional committee report estimated that Community Mental Health Centers (CMHCs) had diverted between $40 million and $100 million to *improper* uses.**
- **CMHCs used federal funds for patient care to build tennis courts and swimming pools.**
- **Charging $80,000 for a weight loss program, billed as treatment for anorexia which the patient didn't have.**
- **Paying "bounty hunters" $3000 per patient routed to psychiatric facilities, with one facility billing taxpayers $11 million for the treatment of 800 railway workers. Amtrak was billed a further $1 million.**

"...we have uncovered some of the most elaborate, creative, deceptive, immoral and illegal schemes being used to fill empty hospital beds. . . . This is not just unreasonable. It is outrageous. And it is fraudulent."

—Mike Moncrief
Texas State Senator
investigating psychiatric fraud, 1992

Funding a Scientific Sham: the *DSM*

Costs will do nothing but dramatically escalate when providing for coverage for the vast array of "disorders" in the American Psychiatric Association's *Diagnostic & Statistical Manual of Mental Disorders (DSM-IV)*.

- **Professors Herb Kutchins from the California State University and Stuart A. Kirk from the University of New York, in their book about *DSM*, say the manual is an unreliable "diagnostic tool." "In practical terms, this means that many people who do not have any mental disorder (although they may have other difficulties) will be inappropriately labeled as mentally ill and those who have a mental disorder will not have it recognized. It means that reimbursement systems tied to diagnostic categories will be misused...."[24]**

- **Psychiatrists cannot distinguish between a mental disorder and no mental disorder; even their own billing manual admits this. While some patient advocacy groups, heavily funded by drug interests, and the mental health lobby, purport that mental illness is like a physical disease such as diabetes, cancer, or epilepsy, scientific evidence does not substantiate this.**

- **"The primary issue is whether equal benefits should be extended to every condition listed in the *DSM* or limited to the most serious disorders, such as schizophrenia, bipolar disorder and major depression," reported *The Washington Post* in April 2000.[25] Insurance companies warn that opening the door to all the *DSM* disorders would drive the costs up steeply.[26]**

- **In 2001, Ken Sperling, a health-care consultant for Hewitt & Associates, an employee benefits consulting firm said: "With an appendectomy, there's no question when you're better and when you return to work. But, with anxiety, who knows?"**

What psychiatrists say about *DSM*:

- **In *DSM-III* psychiatrists admit, "There is no satisfactory definition that specifies precise boundaries for the concept 'mental disorder'....For most of the *DSM-III* disorders...the etiology [cause] is unknown. A variety of theories have been advanced...not always convincing—to explain how these disorders come about."**

- **Dr. Joseph Glenmullen, Clinical Instructor in Psychiatry at Harvard Medical School, states, "...the current *DSM* is a compendium of checklist diagnoses: cursory, superficial menus of symptoms in which a minimum number (for example, four of eight or three of twelve) is needed to make a particular diagnosis....Any attempt to help patients understand themselves and to effect real change is lost in the rush to diagnose and medicate them."[27]**

- ***DSM-IV* states the term "mental disorder" continues to appear in the volume "because we have not found an appropriate substitute."**

- **Allen J. Frances, Professor of Psychiatry at Duke University Medical Center and Chair of the *DSM-IV* Task Force, stated: "There could arguably not be a worse term than mental disorder to describe the conditions classified in *DSM-IV*."**

- **While the federal parity proposals do not include treatment of substance abuse or chemical dependency, there are demands for coverage for all 374 mental disorders in the *DSM-IV*. These include substance abuse "disorders," such as "Amphetamine Use Disorder," "Cannabis-Induced Disorders," "Inhalant-Induced Disorders," "Nicotine Withdrawal Disorder," "Sedative, Hypnotic Disorders," and "Caffeine-Related Disorders."**

Mental Illness is not a "Treatable Brain Disease"

Review any studies that purport there is a biological cause for mental disorder and you will find the words: "suggests," "suspect," "believe," "may," "could," "think," "probably," "perhaps," "argue" and every other conceivable verbal safety-valve possible.

- **For a disease to exist there must be a tangible, objective physical abnormality that can be determined by a test such as, but not limited to, blood or urine test, X-Ray, brain scan or biopsy. All reputable doctors agree: No physical abnormality, no disease. In psychiatry, no test or brain scan exists to prove that a "mental disorder" is a physical disease. Disingenuous comparisons between physical and mental illness and medicine are simply part of psychiatry's orchestrated but fraudulent public relations and marketing campaign.**

For a disease to exist there must be a tangible, objective physical abnormality that can be determined by a test . . .

- **Steven Hyman, director of the National Institute of Mental Health admits that indiscriminate use of brain scans (for mental disorders) are "pretty but inconsequential pictures of the brain."[28]**
- **According to one veteran U.S. psychiatrist, "When there are differences in brain scans between two individuals they sometimes are caused by psychiatric drug-use and other times represent a normal variation. *No reputable physician would ever claim to be able to diagnose a psychiatric problem from a brain scan.*"[29]**
- **An APA Task Force admitted that, "there are those who want some or all mental disorders designated as diseases in order to protect reimbursement and research funding."[30]**

"We do not yet have proof either of the cause or the physiology for any psychiatric diagnosis. In every instance where such an imbalance was thought to have been found, it was later proven false.... No claim of a gene for a psychiatric condition has stood the test of time, in spite of popular misinformation."[31]

—Joseph Glenmullen
Clinical Instructor in Psychiatry,
Harvard Medical School

"No single gene has been found to be responsible for any specific mental disorder."[32]

—U.S. Surgeon General's Report on Mental Health

"There's no biological imbalance. When people come to me and say, 'I have a biochemical imbalance,' I say, 'Show me your lab tests.' There are no lab tests. So what's the biochemical imbalance?"[33]

—Ron Leifer
Psychiatrist, New York

"Legislators and the general public should not be hoodwinked. Behaviors cannot be diseases."[34]

—Jeffrey A. Schaler,
Adjunct Professor of Psychology,
Chestnut Hill College, Philadelphia

Mental "Disorders" Parity Would Force to be Covered

"*The Senate bill will require coverage of a range of conditions, including caffeine addiction, jet lag, religious problems, occupation problems,*" says Karen Ignagni, president of the American Association of Health Plans, which represents insurers.

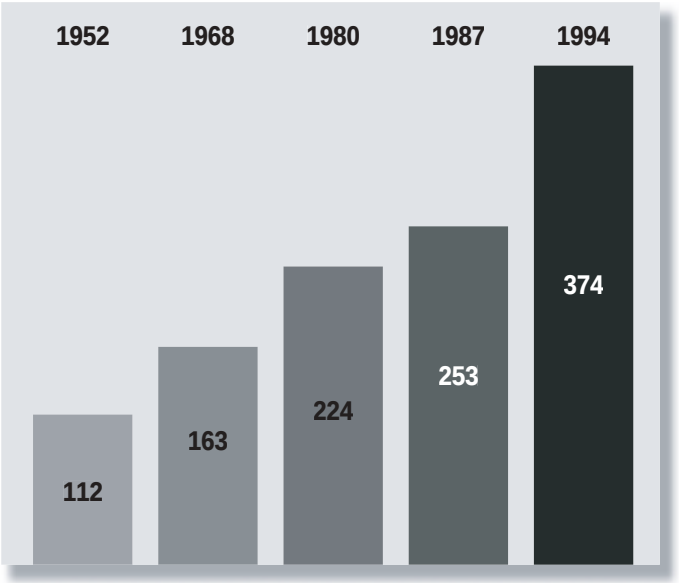
"*When members of Congress think about mental health, they think about schizophrenia,*" she continued. "*I don't think they are aware of the generalities and terms used in the Senate legislation which could increase cost for conditions that are not supported by the scientific research.*"[35]

So-called *DSM* "disorders" include:

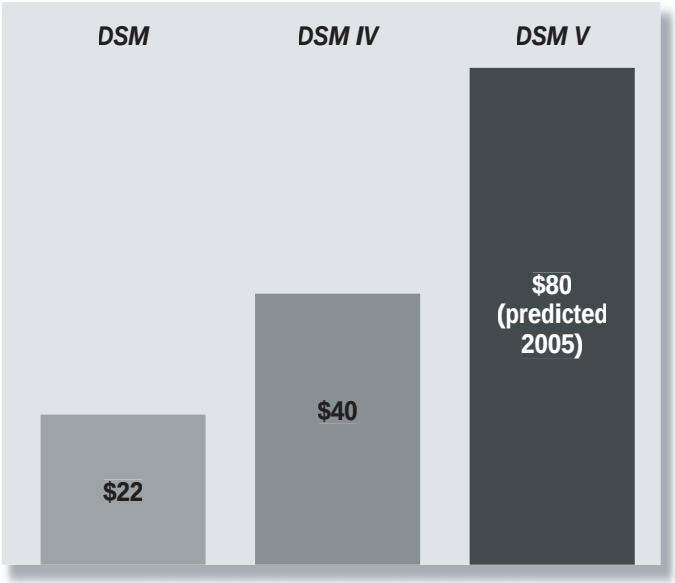
- **Speech Articulation Disorder**
- **Spelling Disorder**
- **Expressive Language Disorder**
- **Disorder of Written Expression**
- **Mathematics Disorder**
- **Nicotine Use or Withdrawal**
- **Phonological Disorder**
- **Caffeine Intoxication/Withdrawal**
- **Conduct Disorder**
- **Oppositional Defiant Disorder**
- **Sibling Rivalry Disorder**
- **Phase of Life Problem**
- **Pathological Fire-Setting**
- **Pathological Stealing**
- **Pedophilia**
- **Sexual Desire Disorders**
- **Sexual Abuse of a Child Problem**
- **Physical Abuse of an Adult Problem**
- **Unspecified Mental Disorder (when you can't find a billing code to fit the "non-psychotic" behavior presented to you)**

In 1973, APA committee members voted—5,584 to 3,810—to cease calling homosexuality a mental disorder after gay activists picketed the APA conferences.[36]

Attorney Lawrence Stevens, J.D., comments: "If mental illness were really an illness in the same sense that physical illnesses are illnesses, the idea of deleting homosexuality or anything else from the categories of illness by having a vote would be as absurd as a group of physicians voting to delete cancer or measles from the concept of disease."[37]



Number of *DSM* Mental Disorders



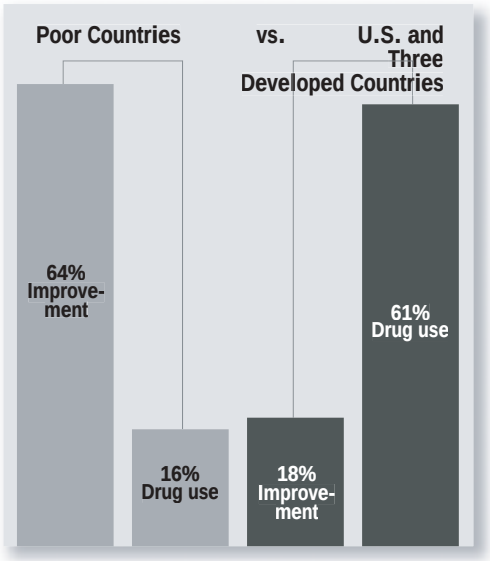
***DSM* Sales for the APA (in millions)**

Parity for Schizophrenia?

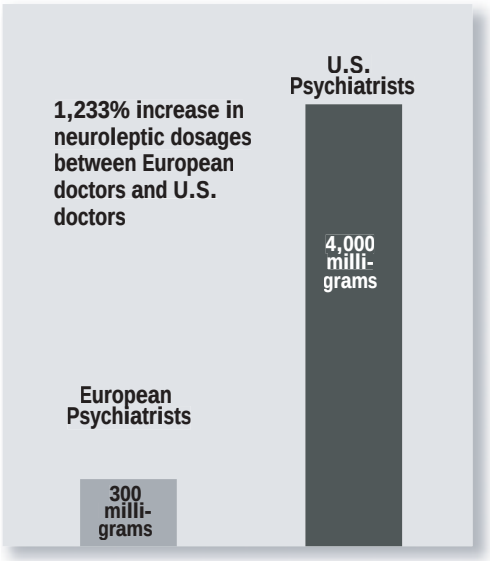
On schizophrenia, the *DSM-II* admits, "Even if it had tried, the [APA] Committee could not establish agreement about what this disorder is; it could only agree on what to call it." All is not what it seems even at this extreme end of the psychiatric spectrum.

- **In a study over eight years, the World Health Organization found that patients in three economically disadvantaged countries—India, Nigeria, and Colombia—fared dramatically better than patients in America and four other developed countries; 64% of the patients in the poorer countries were without symptoms and functioning well, compared to 18% in the United States. The difference? Only 16% of the patients were maintained on neuroleptics in the poor countries. In prosperous countries, the figure was 61%.**
- **Studies prove that that relapse rates for "schizophrenic" patients have been better for non-drugged patients than drugged patients.**
- **In one year alone, more than 100,000 Americans were *misdiagnosed* schizophrenic.**
- **Since the introduction of neuroleptics, American psychiatrists have indiscriminately prescribed these drugs and at dosage levels 1,233% higher than those prescribed by European doctors.**
- **In one experiment, 69% of American psychiatrists shown a video of a socially inept, moody bachelor diagnosed him as schizophrenic, whereas only 2% of the British psychiatrists did.[38]**
- **American psychiatry thereby discriminates and stigmatizes with its treatment of schizophrenia.**

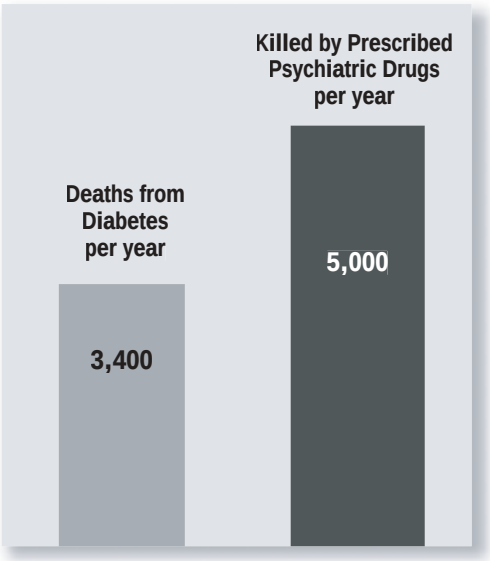
COSTLY PSYCHIATRIC TREATMENTS HARM



Schizophrenia Improvement Rate With and Without Drug Use



Dangerously Drugging Americans



Psychiatric Drug-Induced Deaths

Knowingly Damaging Brains & Getting Insurance to Pay for It

The drugs prescribed for many "serious mental disorders" such as schizophrenia cause a series of irreversible damaging effects:

- **Tardive Dyskinesia (TD): (*tardive* meaning "late" and *dyskinesia*, a permanent impairment of the power of voluntary movement of the lips, tongue, jaw, fingers, toes, and other body parts). It appears in 5% of patients within one year of neuroleptic treatment.**
- **Akathisia (*a*, without; *kathisia*, sitting; an inability to keep still), akinesia (extreme blunting of emotions) and Parkinson's are side effects of neuroleptics that for years regularly went undiagnosed. One 1987 study found that akathisia was missed by doctors 75% of the time.**
- **Neuroleptic malignant syndrome led to thousands dying needlessly. Between 1960 and 1980 an estimated 100,000 Americans died from neuroleptic malignant syndrome, or one patient every hour.**
- **MRI studies have found that neuroleptic use is associated with shrinkage of the frontal and temporal lobes that increases 6.5% for each ten grams of neuroleptics taken.**
- **Researchers now admit that neuroleptics didn't control delusions and hallucinations very well. Two-thirds of all medicated patients had persistent psychotic symptoms a year after their first psychotic break. Thirty percent of patients didn't respond to the drugs at all.**

Psychiatrists Force Horrific Drug Side Effects Onto Patients:

Other adverse physical and mental effects attributed to neuroleptics include:

- **Blindness**
- **Fatal blood clots**
- **Arrhythmia**
- **Heat stroke**
- **Swollen and leaking breasts**
- **Impotence**
- **Sexual dysfunction**
- **Blood disorders**
- **Painful skin rashes**
- **Seizures**
- **Birth defects**
- **Extreme inner anxiety and restlessness**
- **Violent and criminal behavior**

Drug Withdrawal Symptoms

Often, people withdrawing from neuroleptics experience agonizing withdrawal symptoms, which make it much more difficult for them to return to a drug-free state. These symptoms include:

- **Nausea**
- **Diarrhea**
- **Anxiety**
- **Insomnia**
- **"Rebound" psychosis**
- **Drug-induced violent or aggressive behavior**

The Newer "Medications"— More Harmful Than Older Ones

With the 1980s exposure of the devastating side effects of neuroleptics, sales dropped to less than $400 million. It was "good business" to introduce a new branch of psychiatric drugs for "serious mental illness." The FDA found clinical trials for three atypical (new) antipsychotic drugs to be biased, with fabricated stories of superiority enabling the drugs to be sold at *30 times* the price of the older neuroleptics. Sales of one "atypical" topped $500 million by 1996. This was greater than revenues for all of the other neuroleptics combined.

- **The "newer antipsychotic medications" being offered under parity offer false hope and treatment for "serious mental illness."**
- **A team of English scientists at Oxford University reviewed results from 52 studies, involving 12,649 patients on "atypicals" and concluded, "There is no clear evidence that atypical antipsychotics are more effective or are better tolerated than conventional antipsychotics."**
- **One atypical induced extrapyramidal (involuntary movement) symptoms in 42% of the patients, compared to only 29% in patients taking older neuroleptics.**

Other Facts About The Newer Antipsychotics

- **There's potentially a fatal depletion of white blood cells in up to 2% of patients**
- **One in 145 patients in clinical trials involving four of these new drugs died**
- **36 patients in clinical trials committed suicide**
- **84 experienced such serious life-threatening effects that they required hospitalization**

Early clinical trials revealed side effects, such as:

- **Seizures**
- **Respiratory arrest**
- **Heart attack**
- **Rare sudden deaths**

"A choice, in essence, was presented to psychiatry. Would it hold to the original vision of reform, which called for the provision of care that would promote recovery? If so, it would clearly need to rethink the merits of neuroleptics. The drugs were apparently making people chronically ill, and that was quite apart from whatever other drawbacks they might have. Or would it cast aside questions of recovery and instead defend the drugs?

"There can be no doubt today about which choice American psychiatry made. Evidence of the harm caused by the drugs was simply allowed to pile up and up, then pushed away in the corner where it wouldn't be seen."

—Robert Whitaker
Science Writer
Mad In America*, 2002*

The Questionable Statistics on Prevalence of Mental Illness

Claiming that 48% of Americans "will suffer from a mental illness in their lifetime" is a lie. In fact, many of the complaints found in surveys determining prevalence of mental illness have been normal, temporary reactions to the ordinary stresses of living, and do not necessarily require treatment.[39]

- **Hutchins and Kirk put it this way: "It means that when NIMH [National Institute of Mental Health] announces how many Americans suffer from mental disorder, the numbers may be grossly inaccurate."[40]**
- **In 1999, the Surgeon General misled people by erroneously claiming that 28% of the nation's adult and 21% of children ages 9 to 17 have a mental or addictive disorder at some time during a one-year period. The studies upon which these statistics were based were fraught with arbitraries. A 2001 Minnesota Office of the Legislative Auditor report said the figures are most likely to be 5-6% and 11% respectively, representing an error of 13.3 million and 13.9 million.**
- **The studies above, conducted between 1980 and 1985, were based on interviews with 18,571 residents and 2,290 inmates of psychiatric facilities. If the interviewee had informed a doctor about their symptoms and had taken medication for them more than once, and the symptoms interfered with their life or activities a lot, the symptom was treated as "clinically significant," although the researchers admit there is no definition for this.[41]**

A "Global Burden of Disease": Arbitrary and Discriminatory

Lacking any truly scientific system of measuring mental phenomena, psychiatric sources artfully report that five out of the ten leading causes of disability worldwide are mental problems. Major depression is similarly ranked fifth in the ten leading causes of the global disease burden.

- **However, in July 2001, Carl Hampus Lyttkens from the Department of Economics, Lund University, Sweden and Lund University Centre for Health Economics, says that the measuring method used is "ethically dubious" and "does not provide us with what it purports to do (a measure of population health)..."[42]**
- **In 2000, doctors from the Yale School of Public Health and Statistics Division of the United Nations stated, "To begin, although the DALY [Disability Adjusted Life Years: the arbitrary measurement used to determine degree of disability] provides extensive discussion of disability, disability is itself, never defined...." They also state that "There is no alternative weighing mechanism in the DALY that would allow us to measure positive contributions to society made by individuals with disabilities. According to the DALY scheme, Franklin D. Roosevelt's years as President of the United States were years of 'life lost' to disability...."[43]**

Statistics reported in the United States regarding numbers of mentally ill individuals are likely to be 50% less than what is claimed.

Patient Deaths: Killing Not Curing

YOU CAN EXPECT MORE WITH PARITY

Being denied basic human rights is not the only loss that a patient risks once he or she is involved with psychiatry's coercive mental health system. The patient's life itself may also be at risk.

- **Between 1950 and 1990, the total number of inpatient deaths exceeded the number of Americans killed in 10 wars, including World Wars I and II, and the Vietnam and Korean Wars.**
- **Today, there are up to 150 restraint deaths per year in psychiatric institutions, including many children.**
- **Between 1995 and 2002, 960 people died in New York group homes for the mentally ill—that's two people dying every week in one state alone.**

The Dying Words of Children

When psychiatrists talk about safe and effective care for children, they neglect to inform governments about the number of children who have been killed in psychiatric hands—without any treating psychiatrist being held accountable.

Between February and April 1998, three children, aged 11, 15 and 16, died in psychiatric facilities all apparently from asphyxiation after hospital staff had rough-handled them.

"I was 15 years old. I was your typical rebellious kid and for that my Mom decided to send me here. . . You could hear people in the ward screaming and gasping for breath. It was awful. . . I've seen a 250-pound guy sit on a 14-year-old kid. . . Not everyone there was bad, but some were cruel."

—Nate Rabbe, 1998

The 16-year-old screamed that he was choking, that he couldn't breathe, but was ignored.

"The fact that people heard my son say he was choking and couldn't breathe and they did nothing...I'm appalled...The nightmare just gets worse. This is basic humanity. I cannot fathom that no one did a thing." And "No one told me they heard Tristan scream...That means the last minutes of my son's life were a struggle."

—Jean and Richard Sovern
Speaking about the death of
their son, Tristan, 1998

The parents of the 15-year-old girl were told they could not speak to their daughter for seven days when they admitted her to an Arizona psychiatric facility. They never spoke to her again. Within two weeks she was brought home in a coffin.

The mother of an 11–year–old is asking, "How could people be so cruel to harm an 11–year–old. . . ? You've got to love kids, not kill them." Sadly, this is an all too common scenario.[44]

"How could people be so cruel to harm an 11–year–old. . . ? You've got to love kids, not kill them."

—Mother of an 11-year-old killed by psychiatric restraint procedures

Summary

Thomas Szasz, Professor Emeritus of Psychiatry, wrote in *The Washington Times* last December, "Advocating 'parity for mental illness' is a hoax. The supporters of 'mental health parity' do not want parity for mental patients: They do not seek equal 'legal treatment' by legislators and courts for mental patients and medical patients. What they want is parity for psychiatrists: They seek equal 'monetary treatment' by health insurance companies for psychiatrists and other physicians."

The National Center for Policy Analysis (NCPA), a Dallas-based think-tank, said that the Mental Health Equitable Treatment Act was "more bad news for businesses." Senior Fellow Greg Scandlen said: "It's another straw on the camel's back."[45]

In short, mandated mental health parity is an effort by the mental health industry to have governments force insurers, employers, consumers and taxpayers for a service they will not buy of their own free will. It drives up the cost of insurance and has skyrocketed the number of uninsured. Faced with rising defense costs and government bailouts for failing companies hit by the tragic events of September 11, mental health parity is at least a very bad fiscal move.

However, that individuals, employers and the free market in general have rejected psychiatric services has proven to be not only sound financial judgment, it is sound mental health as well.

No mental health parity law should rely on the psychiatric invention called the *DSM*. Terms such as "treatable brain disease" are myths, calculated to sell the idea of mental "disorders" and the need for psychiatric intervention.

Affordable, equitable and ethical mandated mental health parity should consider:

- **An "opt-out" clause where individuals could decline mental health coverage offered by their employer/insurance carrier in the same way that they can decline dental and vision coverage and, thereby, pay less premiums. Psychiatric intervention should be user-driven and not provider-driven.**
- **That only those mental disorders that could be proven through physical tests to be a disease (physical abnormality) should receive "parity" insurance coverage.**
- **That just as no one can be forcibly incarcerated in a medical facility for refusing chemotherapy for cancer, insulin for diabetes or cough medicine for a cold, all involuntary commitment for mental "disorders" should be abolished.**
- **That all mental health laws need to be amended and funding priorities changed so that holistic medicine is also made accessible and covered by insurance for those suffering from mental illness.**

If schizophrenia or other "serious mental disorders" were truly "brain diseases" a person would not be involuntarily committed or require treatment from a psychiatrist; they would be treated by neurologists and would already be covered by health insurance.

Recommendations

1. Congress *should not* mandate Mental Health Parity.
2. Psychiatry and psychology should be held accountable for the funds already given them. They should also irrefutably and scientifically prove the physical existence of mental disorders that require psychiatric treatment covered by insurance in the same way that physical diseases are.
3. Health insurance coverage for mental health problems should only be provided on the proviso that full, searching physical examinations are first undertaken to determine that no underlying and, thereby, untreated physical condition is causing the person's mental health condition. Such examinations would be covered under existing health coverage.
4. Mental health insurance coverage should not be based on the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* as it is not based on science or medical fact, but psychiatric opinion only.

The Citizens Commission on Human Rights International

The **Citizens Commission on Human Rights® (CCHR®)** was co-founded in 1969 by the Church of Scientology and Professor Emeritus of Psychiatry, Thomas Szasz, to investigate and expose psychiatric violations of human rights, and to clean up the field of mental healing.

Today, it has more than 130 chapters in 31 countries. Its board of advisors, called Commissioners, includes doctors, lawyers, educators, artists, businessmen, and civil and human rights representatives.

CCHR has inspired and orchestrated many hundreds of reforms by testifying before legislative hearings and conducting public hearings into psychiatric abuse, as well as by working with media, law enforcement and public officials the world over.

"As long as we have a system that lends itself to greed, that lends itself to being more concerned about the bottom line of a financial statement of a provider than it does to the quality of care delivered in that situation, we have a potential for being taken advantage of."

—Mike Moncrief
Texas State Senator

For further information:

CCHR International
6616 Sunset Blvd. • Los Angeles, California 90028, USA
(323) 467-4242 • (800) 869-2247

http://www.cchr.org; http://www.fightforkids.com; http://www.psychassault.org

http://www.psychassault.org/parity_analysis_cover.htm

email: humanrights@cchr.org

1. David E. Sternberg, M.D., "Testing for Physical Illness in Psychiatric Patients," *Journal of Clinical Psychiatry* 47, no. 1 (January 1986, Supplement): 5; Richard C. Hall, M.D. et al., "Physical Illness Presenting as Psychiatric Disease," *Archives of General Psychiatry* 35 (November 1978): 1315-20; Ivan Fras, M.D., Edward M. Litin, M.D., and John S. Pearson, Ph.D., "Comparison of Psychiatric Symptoms in Carcinoma of the Pancreas with Those in Some Other Intra-abdominal Neoplasms," *American Journal of Psychiatry* 123, no. 12 (June 1967): 1553-62.
2. National Association of Health Underwriters, "NAHU Position Statement on Federal Health Benefit Mandates," website, 2001; Employers Face Rising Health Premiums, *The Business Journal,* 1 Jan. 1999.
3. Dan Danner, National Federation of Independent Business, Letter to Rep. Newt Gingrich, 17 Sept. 1996.
4. "What's Behind Rising Health Care Costs?," Price Waterhouse Coopers report, Prepared for the American Association of Health Plans, April 2002.
5. Charles N. Kahn III, President, Health Insurance Association of America, Testimony before the Subcommittee on Criminal Justice, Drug Policy, and Human Resources House Committee on Government Reform, U.S. House of Representatives, 21 Oct. 1999.
6. *Op. cit.* Charles N. Kahn III.
7. "An Easy Way to Make Health Insurance More Expensive," National Center for Policy Analysis, 21 Feb. 1997.
8. *Ibid*.
9. "State Mandated Health Benefits: A Bad Prescription," American Legislative Exchange Council, *The State Factor,* Vol 15, No. 6, Dec. 1989.
10. *Op. cit.* Charles N. Kahn III.
11. Mark Schiller, M.D., "California's Mental Health Parity Insanity," Policy Issue, No. 30, 1 Oct. 1999.
12. Robert J, Franciosi, "The Cost of Mental Health Parity in Oklahoma," Research Fellow, The Goldwater Institute.
13. "Impact of State Basic Benefit Laws on the Uninsured," Blue Cross Blue Shield of Tennessee, May 1989.
14. "What's Behind Rising Health Care Costs?," Price Waterhouse Coopers report, Prepared for the American Association of Health Plans, April 2002.
15. Barbara Martinez, et al. "Far from Site, Employees Seek Emotional Help," *The Wall Street Journal,* 5 Oct. 2001.
16. Julie Appelby, "Health insurance prices to soar," *USA Today*, Aug. 27, 2001.
17. Barbara Martinez, "Far from Site, Employees Seek Emotional Help," *The Wall Street Journal,* 5 Oct. 2001.
18. "Texas Largest Spender For Mental Health Drugs," *The Dallas Morning News*, 9 Feb. 2001.
19. Vanessa Fuhrmanns & Gautam Naik, "In Europe, Prescription-Drug Ads Are Banned—and Health Costs Lower," *The Wall Street Journal,* 15 Mar. 2002.
20. Interview with New York State Dept. of Law, Medicaid Fraud Control Unit, 15 Dec. 1995, regarding 1995 health care fraud convictions in 1995 and 1992 report, "Special Prosecutor Arrests Westchester Psychiatrist--NY State Employee--In $8200 Medicaid fraud," Special Prosecutor For Medicaid Fraud Control News release, 6 Feb. 1992; Gilbert Geis, Ph.D., et al. "Fraud and Abuse of Government Medical Benefit Programs by Psychiatrists," *American Journal of Psychiatry*, 142:2, Feb. 1998, p. 231.
21. "Medicare Part B Payments for Mental Health Services," Department of Health and Human Services, Office of the Inspector General, May 2001, p. (i).
22. Sander Breiner, M.D., "Inappropriate Psychiatrists' Responses and the Avoidance of Malpractice Suits," *Psychiatric Times*, July 1998.
23. Carol A. Marbin, "Family counseling 'felt like jail,' *St. Petersburg Times*, 14 Nov. 1993.
24. Herb Kutchins & Stuart A. Kirk, *Making Us Crazy: The Psychiatric Bible and the Creation of Mental Disorders*, (The Free Press, New York, 1997), p. 50.
25. Shankar Verdantam, "A 941-Page Manual Takes on More Weight," *Washington Post*, 27 April, 2002.
26. *Ibid*.
27. Joseph Glenmullen, M.D., *Prozac Backlash,* (Simon & Schuster, NY, 2000), p. 194.
28. Kelly Patricia O'Meara, "Writing May be on Wall for Ritalin," *Insight,* 16 Oct. 2000, p. 39.
29. Kelly Patricia O'Meara, "A Hill and Tip Trip," *Insight,* 12 June 2000, pp. 10-11.
30. Richard E. Vatz, "Blanket Mental Health Coverage—Crazy," *The Wall Street Journal,* 14 Apr. 1993.
31. *Op. cit.*, Glenmullen, M.D., pp. 193-199.
32. Richard E. Vatz, "Misleading Report Overstates Prevalence of Mental Illness," www.etc.org, 30 Jan. 2000.
33. Interview with Ron Leifer, Jan. 1994.
34. Jeffrey A. Schaler, *The Philadelphia Inquirer,* 22 Aug. 1998.
35. *Op. cit.* Shankar Verdantam.
36. Paula J. Caplan, Ph.D., *They Say You're Crazy*, (New York: Addison-Wesley Publishing Company, 1995), p. 56.
37. Lawrence Stevens, J.D., "Does Mental Illness Exist?" URL: http://www.mentalhealthfacts.com/antipsychiatry/exist.htm
38. Robert Whitaker, *Mad in America: Bad Science, Bad Medicine, and the Enduring Mistreatment of the Mentally Ill,* (Perseus Publishing, 2002), p. 168-169. The information and statistics in the section of this report on schizophrenia and treatment with neuroleptics is from this book, pp. 182, 186, 191, 207-208, 255-256, 258, 260, 269, 273, 276, 278, 282. The book is highly recommended reading.
39. *Op. cit.*, Robert J. Franciosi.
40. *Op. cit.*, Herb Kutchins & Stuart A. Kirk, p. 50.
41. Office of the Legislative Auditor OLA – State of Minnesota "Insurance for Behavioral Health Care," Report #01-04 February 2001.
42. Carl Hampus Lyttkens, *Time to disable DALYs? On the use DALYs in health policy*, July 2001, Department of Economics, Lund University, Lund, Sweden, and Lund University Centre for Health Economics, Lund, Sweden, p. 18.
43. Nora Ellen Groce, Mary Chamie and Angela Me, "Measuring the Quality of Life: Rethinking the World Bank's Disability Adjusted Life Years," Disability World website, June-July 2000, Internet URL: http://www.disabilityworld.org/June-July2000/International/DALY.html, accessed: 1 Nov. 2000.
44. *Hartford Courant*, 24 Mar. 1998 and *New Haven Register*, 24 Mar. 1998, *News and Record*, 17 April 1998, *Arizona Daily Star*, 19 Feb. 1998.
45. W. Scott Bailey, "Supporters, Critics Rattle Sabers Over Mental-Health Parity Bill," *San Antonio Business Journal,* 31 Aug. 2001.