No Child Left Unmedicated

by Phyllis Schlafly Nov. 24, 2004

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Big Brother is on the march. A plan to subject all children to mental health screening is underway, and the pharmaceuticals are gearing up for bigger sales of psychotropic drugs.

Like most liberal big-spending ideas, this one was slipped into the law under cover of soft semantics. Its genesis was the New Freedom Commission on Mental Health (NFCMH) created by President George W. Bush in 2002.

The NFCMH recommends "routine and comprehensive" testing and mental health screening for every child in America, including preschoolers. President Bush has instructed 25 federal agencies to develop a plan to implement the Commission's recommendations.

The NFCMH proposes utilizing electronic medical records for mental health interrogation of both children and adults for mental illnesses in school and during routine physical exams. The NFCMH also recommends integrating electronic health records and personal health information systems.

The NFCMH recommends "linkage" of these mental examinations with "state-of-the-art treatments" using "specific medications for specific conditions." That means prescribing more expensive patented antidepressants and antipsychotic drugs.

Illinois became the first state to jump on board. By near-unanimous votes in 2003, the Legislature passed the $10 million Illinois Children's Mental Health Act creating a Children's Mental Health Partnership (ICMHP), which is expected to become a model for other states.

The ICMHP's plan, released on July 16, calls for periodic social and emotional developmental examinations to be administered to all children, and for all women to be interrogated for depression during pregnancy and up to a year postpartum. When the ICMHP showcased this plan with five public hearings stacked with bureaucrats and social service workers, a political tempest erupted, with state legislators saying they had no idea this was what they had voted for.

Illinois legislators were shocked to hear the details. The plan includes periodic developmental exams for children ages 0-18 years, a statewide data-reporting system to track information on each person, social-emotional development screens with all mandated school exams (K, 4th, and 9th), and report cards on children's social-emotional development.

The plan is to add mental health assessment to the state's physical examination certificate, along with mandatory immunization records. All children in Illinois, unless religiously exempt, are required to have up-to-date health examinations and immunizations for school entry.

The ICMHP requires the Illinois State Board of Education to develop and implement a plan that incorporates social and emotional standards as part of the mandated Illinois Learning Standards, which are due on the Governor's desk by December 31, 2004. This inevitably opens up screening for politically incorrect attitudes and non-conformity with liberal attitudes of tolerance.

Mental health diagnoses are inherently subjective and social constructions, as even the diagnostic manuals admit. Many thousands if not millions of children would receive stigmatizing diagnoses that would follow them for the rest of their lives.

"State-of-the-art treatments" will result in many thousands of children being medicated by expensive, ineffective, and dangerous drugs. The long-term safety and effectiveness of psychiatric medications on children have never been proven.

The side effects of suggested medications in children are severe. They include suicide, violence, psychosis, cardiac toxicity, and growth suppression. Several school shooters, such as Eric Harris (Columbine) and Kip Kinkel (Oregon) had been on antidepressants or stimulants when they committed their crimes.

The validity of much scientific research has lost its credibility because the Food and Drug Administration has allowed the pharmaceutical industry to withhold data not favorable to their products and because persons in the pay of the pharmaceuticals are the ones recommending the medications.

The current controversy about links between suicide and antidepressant drugs that have not been adequately tested has contributed to the uproar. The FDA posted an analysis in August that some antidepressants pose a risk of suicide in children.

Parental rights are unclear or non-existent under these mental screening programs. What are the rights of youth and parents to refuse or opt out of mental screening?

Will they face coercion and threats of removal from school, or child neglect charges, if they refuse privacy-invading interrogations or unproved medications? How will a child remove a stigmatizing label from his records?

A Columbia University pilot project of screening students called TeenScreen resulted in one-third being flagged as "positive" for mental health problems, and half of those being turned over for mental health treatment. If this is preview of what would happen when 52 million public school students are screened, it would mean hanging a libelous label on 17 million American children and putting 8 million children into the hands of the psychiatric/pharmaceutical industry.