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The Honorable Ted Stevens
United States Senate
522 Hart Senate Office Building
Washington, D.C. 20510

Re: Funding For Screening under the President's "New Freedom" Commission on Mental Health Report.

Dear Senator Stevens:

I am writing to urge you to do what you can to prevent the Senate from approving federal funding for mental health screening in the budget. While the idea of screening seems good, the truth of it is that the way the mental health system currently operates it ends up being little more than government sponsored marketing of drugs with dubious, at best efficacy, and which have known, serious, even life endangering effects. It has become increasingly apparent that psychiatric medications are neither safe nor effective and these facts have been systematically hidden by the pharmaceutical industry. The recent revelations about the drug companies hiding the greatly increased risk of suicides by adolescents taking Selective Serotonin Re-Uptake Inhibitor (SSRI) is merely the example that has made it into the mainstream media.[1] It has been estimated by Dr. David Healy, the Welsh psychiatrist that uncovered the raw data that led to its banning for adolescents in the UK and a new "black box" warning here in the US last month, that there have been at least 22,000 deaths caused by these SSRI's.[2] There is no evidence they decrease suicides.

It has become clear that the pharmaceutical industry has permeated every aspect of mental health policy development, skewing direction in favor of the administration of harmful medications. The recent revelations of corruption in Pennsylvania regarding the adoption of the Pennsylvania Medication Algorithm Project is just the tip of the iceberg. See, e.g., Allen Jones' whistleblower report which you can find at http://psychrights.org/Drugs/AllenJonesTMAPJanuary20.pdf. Another recent revelation in Pennsylvania is that the overmedication of kids has resulted in a number of deaths. The doctor who tried to bring these facts to the attention of the authorities was told to lay off and then fired for failing to do so. See, http://psychrights.org/States/Pennsylvania/kruszewskicom.pdf. And, of course, we have the lawsuit by the Attorney General of the state of New York that GlaxoSmithKline "engaged in repeated and persistent fraud by misrepresenting, concealing and otherwise failing to disclose to physicians information in its control concerning the safety and effectiveness of its antidepressant medication paroxetine HCL ("paroxetine") in treating children and adolescents with Major Depressive Disorder," which was settled a couple of months ago.

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[1] There has also been the recent revelations about the suppression of data regarding the great increase in heart attack deaths from the non-psychiatric medication, Vioxx.

[2] *See*, Dr. Healy's February 19, 2004, letter to the FDA, which can be accessed at http://psychrights.org/News/DHealy2-19-04FDAletter.pdf.

As you may know, the Food and Drug Administration has recently admitted that "Our current drug approval system has demonstrated that we don't always understand the full magnitude of drug risks prior to approval of drug products."[3]

As an attorney, I am used to presentation of evidence and facts and there really is little doubt that the massive reliance on psychiatric drugs is creating far more mental health problems than it is solving. I suspect you may get a number of entreaties to stop the screening funding and I thought it would be useful to lay out some of the facts that support these requests.[4]

For example, in *The case against antipsychotic drugs: a 50-year record of doing more harm than good*, by Robert Whitaker, Medical Hypotheses, Volume 62, Issue 1, 2004, Pages 5-13, Mr. Whitaker systematically goes through the research to show that the antipsychotics are doing way more harm then good and people are being misled by them. This article and all of the other studies he cites are available at http://psychrights.org/Research/Digest/Chronicity/NeurolepticResearch.htm. Other similar research can be obtained at http://psychrights.org/Research/Digest/NLPs/neuroleptics.htm.

Of course, the use of amphetamines to control the behavior of children has been going on for years, but the validity of this is seriously in doubt. See, e.g.:

* *Broken Brains or Flawed Studies? A Critical Review of ADHD Neuroimaging Research*, by Jonathon Leo and David Cohen, The Journal of Mind and Behavior, Winter 2003, Volume 24, Number 1, pp 29-56. This review of studies on ADHD and neuroimaging finds that most of them can not rule out that the differences observed are medication caused and the others "inexplicably avoided making straightforward comparisons" that could have given information on this issue.

* *ADHD among American Schoolchildren: Evidence of Overdiagnosis and Overuse of Medication*, by Gretchen B. LeFever and Andrea P. Arcona - Center for Pediatric Research, Eastern Virginia Medical School and Children's Hospital of the King's Daughters David O. Antonuccio - University of Nevada School of Medicine, Veterans Affairs Sierra Nevada Health Care System, The Scientific Review of Mental Health Practice, Spring/Summer 2003, Vol.2, No.1.

* *The Ethics and Science of Medicating Children*, by Jacqueline A. Sparks, Ph.D., Center for Family Services and Barry L. Duncan, Psy.D., Institute for the Study of Therapeutic Change makes several concise points about the ADHD literature and critiques the main study used to support drug therapy.

These articles can be downloaded from http://psychrights.org/Research/Digest/ADHD/ADHD.htm.

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[3] Dr. Steve Galson, director of the FDA's Center for Drug Evaluation and Research, as reported in the New York Times, November 6, 2004, in *F.D.A.'s Drug Safety System Will Get Outside Review*.

[4] I am also enclosing (1) Mad in America and (2) *The case against antipsychotic drugs: a 50-year record of doing more harm than good*, by Robert Whitaker, Medical Hypotheses, Volume 62, Issue 1 , 2004, Pages 5-13, for you and/or a member of your staff to read. All of the studies cited are available at http://psychrights.org/Research/Digest/Chronicity/NeurolepticResearch.htm.

With respect to the antidepressants, which has received the bulk of the press regarding pharmaceutical company misdeeds:

* *Efficacy and safety of antidepressants for children and adolescents,* by Jon N Jureidini, Christopher J Doecke, Peter R Mansfield, Michelle M Haby, David B Menkes, Anne L Tonkin in the British Medical Journal, BMJ VOLUME 328 10 APRIL 2004 bmj.com. This study concludes it is unlikely SSRIs (Selective Serotonin Re-uptake Inhibitors) have any major benefit. The study also concludes that because of the potential for harm, the magnitude of benefit is unlikely to be sufficient to justify risking those harms, so confidently recommending these drug treatment options, let alone as first line treatment, would be inappropriate.

* Transcript of February 2, 2004, FDA meeting on SSRIs (Selective Serotonin Re-uptake Inhibitor antidepressants) and children suicides contains many first hand accounts of children committing suicide on SSRIs.

* *Lines of Evidence on the Risks of Suicide with Selective Serotonin Reuptake Inhibitors*, by David Healy, M.D., Psychotherapy and Psychosomatics, 2003;72-71-79. This study found that the long-suppressed data in the original clinical trials as well as epidemiological studies indicated a dose dependent link for both agitation and suicidality. The study concluded that the data indicates a possible doubling of the relative risk of both suicides and suicide attempts on SSRIs compared with the older anti-depressants and non-treatment.

* *Suicidality, violence and mania caused by selective serotonin reuptake inhibitors (SSRIs): A review and analysis,* by Peter R. Breggin. International Journal of Risk & Safety in Medicine 16 (2003/2004) 31–49. This paper shows that evidence from many sources confirms that selective serotonin reuptake inhibitors (SSRIs) commonly cause or exacerbate a wide range of abnormal mental and behavioral conditions. These adverse drug reactions include the following overlapping clinical phenomena: a stimulant profile that ranges from mild agitation to manic psychoses, agitated depression, obsessive preoccupations that are alien or uncharacteristic of the individual, and akathisia. Each of these reactions can worsen the individual's mental condition and can result in suicidality, violence, and other forms of extreme abnormal behavior. Evidence for these reactions is found in clinical reports, controlled clinical trials, and epidemiological studies in children and adults. Recognition of these adverse drug reactions and withdrawal from the offending drugs can prevent misdiagnosis and the worsening of potentially severe iatrogenic disorders. These findings also have forensic application in criminal, malpractice, and product liability cases.

* Drug Safety Research, Special Report: Antidepressant Drugs and Suicidal/Aggressive Behaviors. This drug safety report documents higher than expected numbers of suicidal and aggressive behaviors observed in some clinical trials of antidepressants in children also can be seen in spontaneous adverse event data, and add substantial additional evidence to the case. The data show that suicidal/aggressive behaviors are reported in both adults and children, but more than twice as often in children.

* Canadian Medical Journal Article about Glaxo withholding detrimental data about Paxil and kids. This Canadian Medical Journal article discusses the suppression of data about the harm caused by SSRI's, including an internal document advised staff at the international drug giant GlaxoSmithKline (GSK) to withhold clinical trial findings in 1998 that indicated the antidepressant paroxetine (Paxil in North America and Seroxat in the UK) had no beneficial effect in treating adolescents.

* *The Emperor's New Drugs: An Analysis of Antidepressant Medication Data Submitted to the U.S. Food and Drug Administration*, by Irving Kirsch, University of Connecticut, Thomas J. Moore, The George Washington University School of Public Health and Health Services, Alan Scoboria and Sarah S. Nicholls, University of Connecticut, Prevention & Treatment, Volume 5, Article 23, posted July 15, 2002.

* *Why Has the Antidepressant Era Not Shown a Significant Drop in Suicide Rates?* by H.M. van Praag, Crisis, 2002 Volume 23(2):77-82.

* *Fatal toxicity of serotoninergic and other antidepressant drugs: analysis of United Kingdom mortality data*, by Nicholas A Buckley, Peter R McManus BMJ Vol. 325 7 Dec. 2002; 1332-3.

* *Raising Questions about Antidepressants*, by David O. Antonuccio William G. Dantona Garland Y. DeNelskyb, Roger P. Greenbergc James S. Gordond, Psychother Psychosom 1999;68:3–14. This paper explores relevant research data and raises questions about these beliefs and that many of the common beliefs about these medications are not adequately supported by scientific data: (1) industry-funded research studies which result in negative findings sometimes do not get published; (2) placebo washout procedures may bias results in some studies; (3) there are serious questions about the integrity of the double-blind procedure; (4) the 'true' antidepressant drug effect in adults appears to be relatively small; (5) there is minimal evidence of antidepressant efficacy in children; (6) side effects are fairly common even with the newer antidepressants; (7) combining medications raises the risk for more serious complications; (8) all antidepressants can cause withdrawal symptoms; (9) genetic influences on unipolar depression appear to be weaker than environmental influences; (10) biochemical theories of depression are as yet unproven; (11) biological markers specific for depression have been elusive; (12) dosage and plasma levels of antidepressants have been minimally related to treatment outcome; (13) preliminary evidence suggests that patients who improve with cognitive-behavioral psychotherapy show similar biological changes as those who respond to medication, and (14) the evidence suggests that psychological interventions are at least as effective as pharmacotherapy in treating depression, even if severe, especially when patient-rated measures are used and long-term follow-up is considered.

* *Reply to the American College of Neuropharmacology's Report on SSRI and Suicidal Behavior in Children*, by Jonathan Leo, Ph.D.

All of these studies can be downloaded from
http://psychrights.org/Research/Digest/AntiDepressants/AntiDepressants.htm.

In contrast to all of this negative data about how the mental health system is medicating people into serious problems rather than solving problems, we know that other types of treatment can really help:

* *Treatment of Acute Psychosis Without Neuroleptics: Two-Year Outcomes from the Soteria Project* by John R. Bola, Ph.D., and Loren R. Mosher, M.D., finds that a relationally focused therapeutic milieu with minimal use of antipsychotic drugs, rather than drug treatment in the hospital, should be a preferred treatment for persons newly diagnosed with schizophrenia spectrum disorder.

* *The Effects of Medicating or Not Medicating on the Treatment Process* by Bertram P. Karon, Ph.D. discusses both the harm caused by neuroleptics and the efficacy of a psycho-dynamic process (2003). Longer version presented at Division of Psychoanalysis (39), American Psychological Association, New York, NY, April, 2002

* *The Benefits of Individual Psychotherapy for People Diagnosed with Schizophrenia: A Meta-Analytic Review* by William H. Gottdiener and Nick Haslam, Ethical Human Sciences and Services, (2002) 4 (3), pp. 163-187. This comprehensive review of the literature finds that psychotherapy is as effective as medication and that adding medication does not increase effectiveness.

* *How Non-Diagnostic Listening Led to Rapid "Recovery:" from Paranoid Schizophrenia: What is Wrong With Psychiatry?* by Al Sieberts, Ph.D. In this paper, Dr. Sieberts finds that Psychiatry lacks insight into its own behavior, invalidates constructive criticism, avoids the kind of self-examination it urges on "patients," shows little interest in accounts of successes with "schizophrenic" individuals, erroneously lumps all the schizophrenias (plural) together in research studies, feels helpless and hopeless about schizophrenia, dismisses evidence that contradicts its inaccurate beliefs, and misrepresents what is known about "schizophrenia" to the public and to patients.

* *The Soteria Project: Twenty Five Years of Swimming Upriver*, Loren R. Mosher, John R. Bola, Complexity and Change, (2000) 9: 68-74. This paper identifies the key ingredients to Soteria's success in treating patients diagnosed with schizophrenia without or with minimal medication.

* *Recovery: The Lived Experience of Rehabilitation*, by Patricia E. Deegan, Ph.D., revised version of paper originally published in Psychosocial Rehabilitation Journal, 1988, 11(4), 11-19. This very important paper describes in moving, personal terms the importance of hope in recovery. And willingness. And responsible action. It also provides very important information on how to structure a program to achieve recovery.

* *Soteria-California and Its Successors: Therapeutic Ingredients* By Loren R. Mosher M.D., suggests that the strikingly beneficial effects of the Soteria type treatment are likely due to (a) the milieu, (b) attitudes of staff and residents, (c) quality of relationships, and (d) supportive social processes. Dr. Mosher also discusses how leadership effects the success of these programs.

* William Carpenter, Jr., *The treatment of acute schizophrenia without drugs: an investigation of some current assumptions,* American Journal of Psychiatry, 134 (1977), 14-20.

* *New Hope for People with Schizophrenia*, Monitor on Psychology, Volume 31, No. 2, February 2000 discusses the growing evidence that people can and do recover from serious mental illness with the critical ingredient being psychosocial rehabilitation.

* *Psychoanalysis and Psychosis: Trends and Developments* by Ann-Louise S. Silver, M.D Journal of Contemporary Psychotherapy, Vol 31, No. 1, Spring 2001. Psychodynamic work is too often dismissed as outmoded, while no theory has been developed that rivals it in effectiveness or in ability to offer cohesive theory.

* Maurice Rappaport, *Are there schizophrenics for whom drugs may be unnecessary or contraindicated?* International Pharmacopsychiatry, 13 (1978), 100-111, concludes many un-medicated-while-in-hospital patients showed greater long-term improvement, less pathology at follow-up, fewer re-hospitalizations and better overall function in the community than patients who were given chlorpromazine while in the hospital.

* *Psychoanalysis and Psychosis: Players and History in the United States*, by Ann-Louise Silver M.D., Psychoanalysis and History 4(1), 2002. In this paper, Dr. Silver outlines how psychoanalysis has had significant success in treating schizophrenia and other psychoses since the early 1900's in the United States.

* Susan Mathews, *A non-neuroleptic treatment for schizophrenia: analysis of the two-year postdischarge risk of relapse*, Schizophrenia Bulletin, 5 (1979), 322-332 finds that at 12 months postdischarge, the cumulative probability of remaining well significantly favors the alternative Soteria program over the standard use of neuroleptics.

* *Traditional community resources for mental health: a report of temple healing from India*, by R Raguram, A Venkateswaran, Jayashree Ramakrishna, Mitchell G Weiss, British Medical Journal, v325 p38, 6 July 2002 bmj.com

* *Effective Psychotherapy of Chronic Schizophrenia*, by Nathaniel S. Lehrman, M.D., American Journal of Psychoanalysis, (1982), Vol.42, No. 2: 121-131. This 1982 paper presents the evidence already existing that over-reliance on neuroleptics was worsening outcomes. In this paper Dr. Lehrman discusses how individually tailored psychotherapy can get people who have chronically suffered schizophrenia well and back out into the community as a full contributing member.

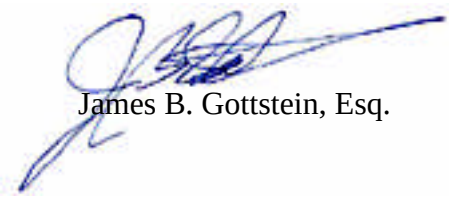
All of these can be downloaded from
http://psychrights.org/Research/Digest/Effective/effective.htm.

Because there is no doubt that the current screening effort will result in more drugging of our children and its serious attendant problems without any concomitant benefit I urge you to do what you can to remove the funding for grants to implement the recommendations of the New

Freedom Commission in Mental Health regarding screening from the omnibus appropriations bill.

I am planning to be in Washington on Monday, May 2, 2005, and would like to schedule an appointment with you and/or the appropriate member(s) of your staff to discuss how the mental health system should be reformed to greatly reduce costs while at the same time greatly improve the lives of millions of Americans who are ill-served by the present system.

Sincerely,



James B. Gottstein, Esq.

Encl.