

*WHAT DOES MANDATED
MENTAL HEALTH PARITY
PAY FOR?*

*Skyrocketing Costs, Increased Stigma,
More Child Abuse & Fraud*



*by
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International*

Introduction

Rather than creating beneficial results, less stigma and better health care services, mandated mental health parity relies on un-scientific diagnoses and creates exorbitant costs at a time when America can ill afford it. Corporate bankruptcies and continuing corporate layoffs have become virtual daily news items in the financial press. The jobless rate is now 6%, an eight year high. The stock market continues its long-term slide; business investment fell for a fifth consecutive quarter.

How then can Congress, itself, facing a budget deficit that may reach \$100 billion in 2002, consider mandating, indeed forcing, increased health costs onto the backs of American business? Recently, President Bush told Congress, "If we restrain spending...if we react responsibly, we can return to a balanced budget." "Parity" will only saddle the nation's businesses with yet more operating overhead in these times of severe economic stress.

Moreover, no one is looking at the costs in human terms. With little to no accountability in the mental health system, it is no small wonder that more people die in our nation's psychiatric hospitals than American soldiers killed in ten wars, including World Wars I and II, the Vietnam War and Korean War. Today, 150 people, many of them children, die each year due to violent restraint procedures in psychiatric facilities. And while releasing patients into the community may seem humane, the *New York Times* recently exposed how 960 people died between 1995 and 2001 in the state's group homes for the mentally ill.

Consider the real costs of Mandated Mental Health Parity:

- The Congressional Budget Office (CBO) estimates that over the next 10 years "parity" will cost American taxpayers \$23 billion.
- With mental health practitioners perpetrating more fraud than any other sector of medicine, about \$4.5 billion in mental health care fraud is committed each year and will cost taxpayers more than \$60 billion over the next ten years.
- 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.
- "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.
- “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.
- 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.
- Because of the ambiguous and unscientific nature of psychiatry’s *Diagnostic and Statistical Manual of Mental Disorders* (DSM), reimbursement will be misused and thousands of patients could be unnecessarily treated.
- The “newer 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 old neuroleptic drugs.
- The “newer medications” have been shown to cause a potentially fatal depletion of white blood cells in up to 2% of patients; 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.

Additionally, untreated mental illness does not cost the country \$300 million. “*This \$300 million cost is an unprovable argument that’s always made. We’re told that we’ll save money, but costs always rise. We’re saving money right now into the poorhouse,*” writes Michael Tanner, Director of Health and Welfare Studies Cato Institute.¹

On the contrary, mandated mental health parity is a blank check. It cannot effectively exist because there is no parity in the diagnosis of mental health problems compared to real physical conditions that can be accurately tested for and diagnosed. Psychiatrists cannot distinguish between a mental disorder and no mental disorder, with even their own billing manual admitting 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 simply doesn’t substantiate this.

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 show this to be untrue. The increase could be anywhere from 10% to 40%.

- Coverage for psychiatric hospital stays alone increases premiums by 12%.²
- 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%.³
- 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 members “has also shown that existing state benefit mandates can increase premiums by up to 30%.”⁴
- 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 PriceWaterhouseCooper’s 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.⁵
- A 1999 SAMHSA report showed that substance abuse parity mandates *alone* increases insurance premiums by 3.6%.⁶

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 *Diagnostic Statistical Manual of Mental Disorders*. This includes substance abuse “disorders,” such as “Amphetamine Use Disorder,” “Cannabis-Induced Disorders,” “Inhalant-Induced Disorders,” “Nicotine Withdrawal Disorder,” “Sedative, Hypnotic Disorders,” and “Caffeine-Related Disorders.”

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.

- 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 drive another two to three million Americans into the ranks of the uninsured.⁷
- 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. 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.⁸
- A study in 1998 had previously warned us of this: Dr. William Custer showed that people living in states with mandated mental health coverage were nearly 6% more likely to be uninsured than people in states without mandated benefits.⁹
- “By one estimate, one of out every four uninsured people 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 1997.¹⁰

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

- 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.¹²
- Mandated chemical dependency treatment coverage alone has already increased costs by 9% in those states that have adopted this type of mandate.¹³
- 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.¹⁴
- In Maryland, a 1992 Blue Cross/Blue Shield Association 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 21% once mandates were expanded—from 448,000 in 1983 to 800,000 in 1986.¹⁵

Soaring Drug Costs

An increasing 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. These drugs make 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 (SSRIs) and \$57 million on three anti-psychotic drugs alone.¹⁸
- 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

- 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.”

Psychiatric Drug-Induced “Disorders”

Psychiatric drugs create irreversible damage to the brain and central nervous system. The American Psychiatric Association 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:

- Neuroleptic-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

Psychiatric Fraud— A \$1.6 Billion Annual Waste of Government & Insurance Funds

In May, 2001, the Office of the Inspector General reported that one-third of out-patient mental health care services provided to Medicare beneficiaries were “medically unnecessary, billed incorrectly, rendered by unqualified provider, and undocumented or poorly documented,” costing Medicare \$185 million in 1998 alone.²⁰

- 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 to settle suits.
- 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.²¹
- 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 was 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 was 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 parent’s 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 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 which were called “recreational therapy.”
- Billing for psychotherapy and other treatments on days when the psychiatrist was out of town or on vacation.
- Billing insurance companies for the psychiatrist having sex with his patients.
- 1990: A congressional committee report estimated that Community Mental Health Centers (CMHCs) had diverted between \$40 million and \$100 million to *improper* uses.
- Charging \$80,000 for a weight loss program, billed as treatment for anorexia, which the patient didn’t have.²⁴
- Paying “bounty hunters” \$3,000 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.²⁵

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 (APA) *Diagnostic & Statistical Manual of Mental Disorders (DSM-IV)*,

“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 2000.²⁶ Insurance companies warn that opening the door to all the DSM disorders would drive the costs up steeply.²⁷

Unlike medical diagnoses, psychiatry’s checklists of behaviors lack any scientific validity and are renowned for being unreliable.

- 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....”²⁸

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.”
- 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.”
- 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."²⁹

Mental Illness is not a "Treatable Brain Disease"

Review any studies that purport there is a biological cause for mental disorder or "brain scans" that make it so, 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, a 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 determine a "mental disorder" to be a physical disease. Such comparisons are simply part of a well-orchestrated but fraudulent public relations and marketing campaign.

An APA Task Force admitted, *"there are those who want some or all mental disorders designated as diseases in order to protect reimbursement and research funding."*³⁰

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."*³¹

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."*³²

*"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."*³³

Joseph Glenmullen,
Clinical instructor in psychiatry,
Harvard Medical School, 2000

*"No single gene has been found to be responsible for any specific mental disorder."*³⁴

U.S. Surgeon General's
Report on Mental Health, 2000

*"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?"*³⁵

Ron Leifer
Psychiatrist, New York

*"Legislators and the general public should not be hoodwinked. Behaviors cannot be diseases."*³⁶

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."*³⁷

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.³⁸

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.”*³⁹

Parity for Schizophrenia? More Problems:

Regarding 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.”

- American psychiatry discriminates with its treatment of schizophrenia. In a study over eight years, the World Health Organization found that patients in three economically disadvantaged countries—India, Nigeria and Colombia—faired dramatically better than American patients 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%.
- 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.⁴⁰
- In one year alone, more than 100,000 Americans were *misdiagnosed* as 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.
- Studies prove that relapse rates for “schizophrenic” patients have been better for non-drugged patients than drugged patients.

Knowingly Damaging Brains & Getting Insurance to Pay for It

The drugs prescribed for many “serious mental disorders” such as schizophrenia cause 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. This shrinkage 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 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 going off neuroleptics experienced agonizing withdrawal symptoms, which made it that much more difficult for them to return to a drug-free state, including:

- Nausea
- Diarrhea
- Anxiety
- Insomnia
- “Rebound” psychosis
- Drug-induced violent or aggressive behavior

The Newer “Medications” – More Harmful Than Older Ones

With the devastating side effects of neuroleptics exposed in the 1980s, sales had dropped to less than \$400 million. Thus it was “good business” to introduce a new branch of psychiatric drugs for “serious mental illness.” Sales of one “atypical” (new) antipsychotic drug topped \$500 million by 1996, which was greater than revenues for all other neuroleptics combined. The “newer medications” being offered under parity falsely claim to offer real hope and treatment for “serious mental illness.”

- The FDA found clinical trials for three atypicals to be biased, with fabricated stories of superiority enabling the drugs to be sold at *30 times* the price of the older neuroleptics.
- A team of English scientists at Oxford University reviewed results from 52 studies, involving 12,649 patients taking “atypicals,” concluding, “There is no clear evidence that atypical antipsychotics are more effective or are better tolerated than conventional antipsychotics.”
- One atypical induced extrapyramidal 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
- 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 and rare sudden death.

The Questionable Statistics on Prevalence of Mental Illness

Claiming that 48% of Americans “will suffer from a mental illness in their lifetime” is fraudulent marketing. 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.”⁴¹

- Hutchins and Kirk put it this way: “It means that when NIMH announces how many Americans suffer from mental disorder, the numbers may be grossly inaccurate.”⁴²
- In 1999, the Surgeon General misled the American people by erroneously claiming that 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 are based are fraught with arbitraries and a 2001 Minnesota Office of the Legislative Auditor report said the figures are most likely to be 5-6% and 11% respectively. In fact, it decreases the number of “mentally ill” Americans by 13.3 million and 13.9 million.
- The studies, conducted between 1980 and 1985, were based on interviews with 18,571 residents and 2,290 inmates of psychiatric facilities. If they said they 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.⁴³

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)...”⁴⁴
- 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, the years that Franklin D. Roosevelt spent as president of the United States were years of ‘life lost’ to disability....”⁴⁵

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 the 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.⁴⁶

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 says that the Mental Health Equitable Treatment Act "is more bad news for businesses." Senior Fellow Greg Scandlen said: "It's another straw in the camel's back," he said.⁴⁷

In short, mandated mental health parity is an effort by the mental health industry to have governments force insurers, employers, consumers and taxpayers pay 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.

In our current economic times, faced with rising defense costs and government bailouts for failing companies hit by the tragic events of September 11, fiscally, mental health parity is also a very bad move.

That individuals, employers and the free market in general have rejected these services has proven not only to be sound financial judgment, it appears to be sound mental health as well.

No mental health parity law should rely on the speciousness of DSM. Terms such as "treatable brain disease" when referring to psychiatric "disorders" is fraudulent advertising and should be treated as such.

If psychiatrists were serious about mandated mental health parity, it would mean:

- An "opt-out" clause would be available 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.
- Only those mental disorders that could be proved through physical tests to be disease (physical abnormality) can receive "parity" insurance coverage.

- All involuntary commitment would need to be abolished 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 mental health laws would need to be amended and funding priorities changed so that holistic medicine was also made accessible and covered by insurance for those suffering from serious mental illness. This ensures no stigmatization.
- If schizophrenia or other “serious mental disorders” were truly “brain diseases” then it would no longer be one of the diseases for which a person would be involuntarily committed or require treatment from a psychiatrist. It would be treated by neurologists and already be covered by health insurance.

Recommendations:

Congress should not mandate Mental Health Parity.

Psychiatry and psychology should be held accountable for the funds already given them and irrefutably and scientifically prove the physical existence of mental disorders they claim should be treated and covered by insurance in the same way as physical diseases are.

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.

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 250 chapters in 34 countries. Its board of advisors, called Commissioners, includes doctors, lawyers, educators, artists, business professionals 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.

For further information:

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