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The Selling of Suicide for Profit

Jeanyne Wanner



A child's suicide; an un-imaginable tragedy to any parent whose life and love is so invested in that child! What greater, more disturbing fear could there be than to consider that one's child would deliberately take his or her own life? Such terrible sadness, what senseless waste; what an opportunity for the psychiatric community!

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Though this remark would seem to fly in the teeth of everything compassionate and feeling, not to mention civil, it is nevertheless true. The suicides of this country's children are being promoted and used to convince and coerce parents fearful for their child's life that only psychiatry and pills can detect and save their children from the likelihood of a self-inflicted demise.

Yes, this is a shocking statement and one that is, no doubt, either uncomfortable or provoking to think about. But, if we care about our children and their futures we must face the rather distasteful truth that all is not as it appears with the reigning proponents of mental health and "suicide screening."

What these proponents suggest and what they seek to implement with programs such as TeenScreen, as a solution to suicide, could be the very demise of those they would purport to help.

In the field of medicine and pharmaceuticals there is a term known as Disease Mongering - the medicalizing of normal conditions into "diseases" for what many scientists agree are questionable motives by the pharmaceutical companies. In an April 11, 2006 article by UPI Senior Medical Correspondent Steve Mitchell, he reported, "The trend, which is dubbed "disease mongering" by the experts, "turns healthy people into patients, wastes precious resources, and causes iatrogenic [caused by medical examination or treatment] harm,"

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If we segue to the field of mental health, we will see that not only is this practice seen, it is the norm. None of the over 370 "Mental disorders" carefully detailed in the diagnostic and statistical manual of psychiatry has any basis in science or fact. These "disorders" are just categories of symptoms, voted on and given a name so as to label individuals and bill insurance companies.

Yet, these psychiatric proponents of screening would have us believe that the reason our children might eventually commit suicide is because they are afflicted with one or more of these "disorders" which can then be "detected" by screening, and which, according to pharmaceutical psychiatry, most every one, is a result of a biochemical imbalance in the brain. This theory is completely unproven. Even the US Preventative Special Task Force found, in 2004 "no evidence that screening for suicide risk reduces suicide attempts or mortality." In a recent interview with neurologist Dr. Fred Baughman he made the point that. "Not one case report of one [mental] disease was validated - not one." . "What they do is they meet at the American Psychiatric Association, they meet in the DSM Committee and vote on making new behavioral and emotional disorders, and they vote and then they start immediately calling them diseases - total fraud!"

The website for the National Center for Injury Prevention and Control, reported in 2004, "The overall rate of suicide among youth has declined slowly since 1992."

According to TeenScreen's website, which relates figures from the National Survey on Drug Use and Health, approximately 900,000 youths aged 12-19 made a plan to commit suicide during their worst or most recent episode of major depression and 712,000 acted upon it.

Actual national suicide figures for children 12-19 for 2003 was a total of 1707 deaths out of over 33 Million children in that age group. That is approximately 5.13 per hundred thousand children or .000513 percent. Even former director of TeenScreen, Rob Caruano stated: "suicides are so rare that you'd have to screen the whole country to see a difference in mortality between screened and unscreened students." In actuality your child has 100x better chance of contracting a rare disease than committing suicide. Terrible though these suicide figures are they are a far cry from the epidemic that is being promoted by these psychiatric screening proponents.

What you will not see on the TeenScreen website is that "of the over 15,000 children who were admitted to the hospital for drug related suicide attempts, over 40% were on psychotropic medication." Strange that this was not mentioned as this was on the same website as the other information. In addition, in Florida over 50% of the child suicides since 2001 were found to be on psychotropic medication or already under psychiatric care. Not exactly what you'd want to put on the front cover of your brochure.

So what does this mean? Though any number of suicides of children are shocking, the corollary that the psychiatric community is making - i.e. that all of these children have a mental disorder - for example, major depressive disorder or bi-polar - is just bad science and a slap in the face of conscientious observation.

Dr. David Cohen, Professor of Social Work at Florida International University, is quoted in an article in April of 2006 as saying, "Unless one has been living in a cave the past 20 years, one knows that youth with psychological/ behavioral learning problems are likely to be referred for psychotropic medications. If this is so it should, in effect be considered to be one of the major "purposes" of youth screening." . "Encouraging screening as presently constituted simply

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encourages children to be put on medications - with no idea what this will do to the suicide rate, and with some indications that it could "increase" suicide."

This is not to say that children do not get depressed. It happens to everyone at some time or another. There are generally identifiable reasons however, which have nothing to do with the chemical reactions in their brains. Whether those reasons stem from hopelessness, loss, medical difficulties or just the human condition, pretending understanding where there is none is just an arrogant betrayal of man. If we take the recent example of farmers in India's Andhra Pradesh State who, in the last 6 years over 3000 of them, have committed suicide under the crush of insurmountable debt, do we conclude without at least a nod in recognition of their plight, that they all had "mental illnesses?" Would we actually think that the correct solution is let's drug them so they aren't bothered by their situation, or would we seek to fix the deplorable conditions which have driven them to this outcome? If the tire were flat why would we kick the tail pipe?

In such a way we must consider the source of our children's upsets as palpable, real conditions that are unique to each child and that cannot be diagnosed, or even determined by their filling out a canned, invasive and divisive survey designed with the particular goal of creating a "patient for life" for the psychiatric and pharmaceutical community.

From the TeenScreen Questionnaire.

Has there been a time when nothing was fun for you and you just weren't interested in anything?

Has there been a time when you felt you couldn't do anything well or that you weren't as good-looking or as smart as other people?

How often did your parents get annoyed or upset with you because of the way you were feeling or acting?

Have you often felt very nervous when you've had to do things in front of people?

Have you often worried a lot before you were going to play a sport or game or do some other activity?

Have you tried to kill yourself in the last year?

Are you still thinking of killing yourself?

Have you thought seriously about killing yourself?

Have you often thought about killing yourself??

Have you ever tried to kill yourself?

Food for thought for your 12 year old!

Not surprisingly, TeenScreen and it's supporters - after being exposed for their true intentions - are now trying to distance themselves from the inevitable outcome that will result from children who are found to be "at risk" from a mental disorder - that of psychiatric evaluation and more often than not, a label and a prescription.

TeenScreen's director, Leslie McGuire recently stated, "The program (TeenScreen) is not affiliated with or funded by pharmaceutical companies." And "does not involve treatment and does not recommend or endorse any particular kind of treatment for the youth who are identified as at risk by the screening."

Her Co-director, Laurie Flynn, in direct opposition to Ms. McGuire's pronouncement stated "Treatment is the long term goal for TeenScreen." Interesting, in that according to the Journal of the American Academy of Child Psychiatry in 2002, a survey of recently trained child psychiatrists found the treatment for 9 out of 10 children consisted of drugging.

Couple this with the knowledge that Ms. Flynn was the former director of the National Alliance on Mental Illness (NAMI), a psychiatric/pharmaceutical front group. NAMI received millions of dollars in funding from various pharmaceutical companies during Flynn's tenure. These funds were to promote the validity and

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acceptability of "mental illnesses," and forward and reward the "concerns" of its patrons, the psychiatric and pharmaceutical industries. Their denial of this incestuous relationship and their agenda to medicate our children is preposterous.

Perhaps TeenScreen is trying to distance themselves from their pharmaceutical connections because they realize they need to be more guarded of their "alliances." This will be a difficult task for them however as TeenScreen, from its inception was developed by psychiatrist David Shaffer who is a consultant and apologist of pharmaceutical companies. Shaffer has served as an expert witness for various drug companies and as a consultant on various psychotropic drugs.

The American Foundation for Suicide Prevention (AFSP) sent out a press release on May 8, 2000, that said Shaffer was their president and they had just released a national survey they had done on suicide. The funder of the survey? Pfizer, Inc. Shaffer's AFSP has also received \$1,250,000 from Solvay Pharmaceuticals, Inc. (<http://www.psychsearch.net/advisors.html>)

Though the goal of screening may sound admirable, its actual intent is a wolf in sheep's clothing, skulking around, preying on the sympathies of concerned parents and legislators, despite the outcries of the thousands who have been harmed or who recognize in psychiatry's duplicitous methods the terrible threat not only to the children of this country but to all of our individual freedoms.

Right now there are plans afoot by proponents of mental health screening to screen everyone in the country. President Bush's New Freedom Commission on Mental Health has opened the door for psychiatry to now spread to all sectors of our society. This includes seniors, school children, and pregnant and new mothers. Even babies and toddlers are now being drugged and are targeted as the up-and-coming group of potential patients. Tell me, just how does one determine if a baby is depressed?

Is this to be the fate of our citizenry, checking in routinely for mental health "exams" which will adjudicate our need for medication? Is this what we want for our children? Are we so scared by all the propaganda that our children will kill themselves without intervention by psychiatry that we would subject them to such ridiculous, ineffective and even dangerous programs such as TeenScreen?

Look at the FDA Black Box warnings that are prevalent on many psychotropic medications. They caution against risk of suicidal thinking and behavior in children and adolescents but are used as "treatment" for depression and suicidality. Find out about the many high profile school shootings and the suicides by children already under psychiatric care or on psychotropic medication. Examine the deaths from heart failure and other medical causes from these drugs, not to mention the mental effects. Is this fraudulent practice to be regarded as the "savior" of our children?

Beyond the obvious goal of billions of dollars into psychiatric and pharmaceutical coffers - 3.3 billion dollars realized on Zoloft sales alone in 2005 - will we see a society where the continued labeling and fraudulent "diagnosing" of our children by unscientific means will be the catalyst by which their rights and personal freedoms will be usurped? Will this medicated homogenizing of all of our children's singular gifts for the spurious purpose of "protecting" them result in children with less thoughts of suicide? Or will we label and medicate our future's brightest hopes for no more reason than they were unfortunate enough to wrongly answer their survey? Yes, even psychiatrist David Shaffer stated that TeenScreen "does identify a whole bunch of kids who aren't really

suicidal, so you get a lot of false-positives." (84%).

If the billions of dollars that are now spent by US taxpayers to medicate our country's children, were funneled into workable programs instead of medications, would we be more likely to effect real changes for the better? If our focus was centered more on educational or social activities and programs which fostered communication, compassion for abused or neglected children, productive ideals, and which promoted an understanding of life's worth and capabilities, would we not see changes in our children which would spread into the future like an ever widening road, instead of the dead end path upon which we have now set so many children?

No one can say why one child will commit suicide and not another. Life is not a predictable activity and people's viewpoints of life are as varied as the people that possess them. Who's to say that by locating a particular set of feelings in a child that that child will be at risk or not? Life cannot be distilled down to such predictable uniformity. Perhaps the best we can do is to provide a caring environment that nurtures our children's goals and offer a supportive shoulder for their concerns and troubles. Perhaps the worst we can do is to take from them their right to best their own demons and in so doing condemn them to lives as victims of every pharmaceutically contrived chemical reaction that will course in their brains.

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