



Investigative reporter, Kelly O'Meara's new book - "**Psyched Out: How Psychiatry Sells Mental Illness and Pushes Pills That Kill**" – exposes the fraud of psychiatric diagnosing and the dangerous potentially life-threatening adverse reactions associated with the prescription mind-altering drugs used as "treatment." No one in the medical/scientific communities today is capable of providing objective, confirmable proof of a brain abnormality that is any alleged psychiatric mental disorder and even the pharmaceutical companies openly admit that they do not know what causes the alleged mental illness nor do they know how the mind-altering drugs work to alleviate the alleged mental abnormality for which they have been approved to treat.

O'Meara tackles many issues in "**Psyched Out**", including the push to identify America's mentally ill through the **TeenScreen** Program in Chapter Seven of the book:

### **Excerpt from Chapter 7, entitled: "Something Wicked This Way Comes."**

The push to identify America's mentally ill began in April 2002 when Bush established the NFC, which was tasked with conducting a comprehensive study of the mental health service delivery system in the U.S. and, based on the findings, make recommendations how best to fix the system. Members of the NFC were to identify policies that could be implemented by federal, state and local governments to promote psychiatric screening, enhance utilization of treatment interventions and streamline delivery of medical services.

Minus all the we-want-to-help psycho-pharma language, what the initiative really is saying is through government financial support psychiatric diagnosing will be promoted, more children will be drugged and getting the drugs will be much easier. Bada-bing bada-boom!

The NFC Executive Summary delivered to Bush in July 2003 reads as if it were written by the psycho-wizards at the APA in conjunction with the pharmaceutical industry. For example, the NFC Executive Summary begins: “We envision a future when everyone with a mental illness will recover, a future when mental illnesses can be prevented or cured, a future when mental illnesses are detected early, and a future when everyone with a mental illness at any stage of life has access to effective treatment and supports—essentials for living, working, learning, and participating fully in the community.” Sounds patriotic, almost as if “God Bless America” is playing in the background, huh?

But what immediately comes to mind after reading the above NFC we’re-looking-out-for-your-best-mental-health-interests opener is that it might be easier to swallow the benevolent grand plans for the nation’s mental health if the commission first could cough up scientific and/or medical proof that any of the nearly 400 psychiatric diagnoses actually are objective, confirmable abnormalities of the brain. As has been demonstrated time and again throughout this book, having objective, confirmable science to support the mental “abnormality” is no impediment to planet psycho-pharma, as it has never depended on scientific discovery of diseases of the brain to make psychiatric diagnoses or to create mind-altering drugs to treat the alleged brain abnormalities.

But the NFC’s chairman, Michael F. Hogan, director of the Ohio Department of Mental Health, further explains in the summary: “The Commission’s findings confirm that there are unmet needs and that many barriers impede care for people with mental illnesses. Mental illnesses are shockingly common; they affect almost every American family.” “Shockingly common?” Is Hogan kidding?

Alleged mental illnesses are a dime a dozen and growing by leaps and bounds with every new printing of the APA’s Diagnostic and Statistical Manual (DSM). In fact, based on the ever-increasing number of alleged mental disorders, the line between normal and abnormal behavior is becoming indistinguishable. If one is shy, sad, depressed, too happy, drinks or eats too much or too little, smokes, wiggles, doesn’t pay attention, is forgetful or has any number of phobias, they can be diagnosed as suffering from a mental illness requiring psychiatric treatment in the form of drugs.

The gist of the above policy is that if the local board of education approves the program as part of the school curriculum, then parental consent is not required. And, although TeenScreen suggests obtaining active consent as a safeguard, the program only explains that it “should” be sought, not that it “must” be sought. Given the above, parents no longer have to be concerned only with the progress of their children’s reading, writing and arithmetic abilities, they also have to be on a constant vigil, interrogating their child on a weekly basis about whether the school intends to test their child for alleged mental disorders.

This, of course, says nothing about the fear, confusion and anxiety elementary school children may experience waiting in line for tests which will determine whether they suffer from a mental illness—that’s if the child even understands what it means to be labeled mentally ill, especially in later years like junior and senior high school.

More importantly, even though the initiative talks about ways to reduce the stigma

associated with mental illness, one is compelled to consider how this is possible when being labeled with a mental illness—an alleged brain abnormality—is, in itself, stigmatizing. For instance, what happens when children become aware of a classmate’s mental illness label, unless, of course, the plan is to slap a label on a majority of children, making the norm well...abnormal? Parents, though, are all too aware of how hurtful adolescents can be, and it seems fair to suggest that the future doesn’t look emotionally promising for those children being labeled as mentally abnormal. Nevertheless, apparently ignoring these bothersome issues, the deep thinkers who concocted the grand mental health initiative decided it was in the best interest of America’s children to move forward at all costs.

The first step in the grand mental health plan then is to obtain parental consent which, TeenScreen has made clear, is not mandatory in a number of scenarios. Step two is the first leg of the actual screening process. The TeenScreen program utilizes three “instruments” for determining the likelihood of a mental health “problem.” The first “tool” that may be used in the screening process is the Columbia Health Screen (CHS), a 14-item self-completion questionnaire that takes about 10 minutes to complete.

The second “tool” that may be used for screening is the Columbia Depression Scale (CDS) consisting of 22 items that also is a self completion, paper-and-pencil questionnaire. The CDS may not be quite as good as the CHS because the CDS can be completed in a record eight minutes. Both of the above self-completion screening tools are approved for 11- to 18-year-olds, and what will really impress and instill confidence in the screening process is that both the CDS and the CHS, which allegedly show the “likelihood” of a mental health problem with a child, can be scored by “trained non-professionals.” That’s right, if taken literally, the lunchroom personnel can be trained to score your child’s mental health test!

The final “tool” available by TeenScreen to determine if a child is at risk of suffering from a mental illness is the Diagnostic Predictive Scales (DPS), which is a 52-item, computerized interview that also can be scored by “trained non-professionals.” The DPS computer test is designed for 9- to 18-year-olds and also takes just 10 minutes, but this test produces a computer-generated report of the results.

Wow, that’s impressive! Just answer a few questions and 10 minutes later a child may be a candidate for a psychiatric diagnosis. In fact, it appears that the TeenScreen process of determining which of America’s children may be suffering from a mental illness is speedier than lunch-time ordering at most drive-thru fast-food restaurants!

Then again, speed is definitely something Americans crave, but is it such a good idea when it comes to deciding the mental health of the nation? There are clues provided by TeenScreen, though, that suggest that even the psycho-wizards who created the program know, no matter how speedy, the tests may not be appreciated by parents of America. This is evident by what is missing from the information provided at TeenScreen’s website.

The entire program, of course, is about helping children who have fallen through the cracks, determining if they are suffering from some alleged mental illness but, oddly enough, TeenScreen does not post for informational review the specific questions from the tests that will be posed to the children. Why? Would not having all the information about the program help garner support and confidence from the masses? Although I have obtained copies of two of the tests, officials at TeenScreen did not respond to my request for reprint approval.

Given that all three tests involve questions, in part, that specifically deal with the child

having thoughts about killing himself/herself; it is not difficult to understand why the questions have been withheld from public review. Really, one has to wonder how many parents would consider it a good idea for their 9-year-old elementary school child to be questioned about suicidal thoughts, how often they have the thoughts and if they've ever tried to kill themselves. It seems fair to say that there may not be a whole lot of parents pumped up about having their elementary school children even having to consider answers to such questions but, then again, given that many parents may not be aware that their child is taking the mental illness test, they'll only learn about the questions when the child is referred to Step Three.

The third step and, perhaps, the most liberal step in the screening process, consists of an interview with an on-site clinician, who will review the test score (which may have been scored by a trained non-professional) and then spend a "brief" amount of time talking with the child. In Step Three, the "on-site" clinician then will complete the "Screening Information Form," which consists of checking off in the positive or negative whether the child displays symptoms relating to alleged mental disorders such as social phobias, panic disorder, generalized anxiety, obsessive compulsive disorder, depression and suicide.

What extraneous questions may be posed to the child is anyone's guess.