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Tracking the American Epidemic of Mental Illness - Part III

By Evelyn Pringle

The Psychopharmaceutical Industrial Complex

For the past two decades, the Psychopharmaceutical Industrial Complex has been the driving force behind the epidemic of mental illness in the United States with the promotion of biological psychiatry and a bogus "chemical imbalance" in the brain theory.

The Psychopharmaceutical Industrial Complex (PPIC) is a symbiotic system composed of the American Psychiatric Association, the pharmaceutical industry, public relations and advertising firms, patient support organizations, the National Institute of Mental Health, managed care organizations, and the flow of resources and money among these groups, according to an October 1, 2009 paper in the Journal of Mental Health Counseling, by Dr Thomas Murray, director of Counseling and Disability Services at the University of North Caroline School of Art.

Murray's paper draws parallels between cult indoctrination and PPIC techniques and notes the similarities between cult members and mental health consumers who are vulnerable to losing their identities to the PPIC.

The PPIC and "its adherence to the disease model pervades mainstream culture and greatly impacts psychotherapy," he says. "Consequently, the effects of the PPIC may have resulted in some psychiatric consumers adopting disease-model messages in ways similar to cult indoctrination."

"Consumer adoption of the disease model can create obstacles to treatment when hope is fundamental," he advises.

Murray says his most difficult cases "involve clients who have in essence been drawn into the PPIC and have become resigned to the disease model with little sense of empowerment to overcome their emotional problems."

"These are the consumers who have little self-efficacy and little hope that they have options other than to suffer," he reports.

"Insurance companies rely on pharmaceuticals to contain costs (and limit psychotherapy sessions), and reimbursement depends on a diagnosis of a diseased brain," Murray notes.

For psychiatrists, insurance "companies typically encourage short medication visits by paying nearly as much for a 20-minute medication visit as for 50 minutes of therapy," according to the April 19, 2010, New York Times article, "Mind Over Meds," by Dr Daniel Carlat, author of the Carlat Psychiatry Blog, and the new book, "Unhinged: the Trouble With Psychiatry."

Psychiatrists have become enthralled with diagnosis and medication and have given up the essence of their profession - "understanding the mind," Carlat reports in his book.

"We have become obsessed with psychopharmacology and its endless process of tinkering with medications, adjusting dosages, and piling on more medications to treat the side effects of the drugs we started with," he says. "We have convinced ourselves that we have developed cures for mental illnesses ... when in fact we know so little about the underlying neurobiology of their causes that our treatments are often a series of trials and errors."

Back in December 2003, a study in Psychiatric Services on "financial disincentives" for psychotherapy noted that psychiatrists could earn about $263 an hour doing three 15-minute "medication management" sessions, verses about $156 for a 45 to 50-minute therapy session, representing a pay cut of close to 41% per hour for doing therapy only.

The most common excuse given for the high rate of prescribing psychiatric drugs is that talk, behavioral, cognitive or other forms of non-drug treatment cost too much. However, in 2008, more than $24 billion worth of antidepressants and antipsychotics were dispensed.

"Such expenditure would employ 240,000 psychotherapists earning an annual income of $100,000 to provide 6 million hours of psychotherapy averaging 25 client-hours a week," Murray estimates.

These figures do not include what would be possible using the additional revenue generated by the sales of antianxiety, hypnotic, and psychostimulant drugs, he says.

Drug Makers Pay Prescribing Shrinks Top Dollar

Vermont is one of the few states that requires pharmaceutical companies to disclose the money spent on marketing drugs to prescribers each year. In 2009, the report by the state's Attorney General, showed that during the period July 1, 2007, through June 30, 2008, pharmaceutical companies spent approximately $2.9 million, in a state with a population of less than 609,000, on consulting and speaker fees, travel expenses, gifts, and other payments to or for physicians, hospitals, universities and others authorized to prescribe or dispense pharmaceutical products.

"The greatest amount of expenditures went to psychiatrists as a group, totaling nearly half a million dollars; one psychiatrist received over $112,000, the greatest amount of pharmaceutical marketing dollars spent on any single person," the report states.

Eleven psychiatrists made the top 100 recipients list with an average payment total of $43,473. Shrinks also received the highest pay in 2007, when 11 earned a total of $626,379, or about 20% of the total payments made that year.

The top five spenders in last year's report were Eli Lilly, Pfizer, Novartis, Merck and Forest Pharmaceuticals, with $242,730 listed for the promotion of depression medications and $217,983 for ADHD drugs.

Lilly was the top spender in Vermont for 3 years in a row. The company's psychiatric drug portfolio includes Zyprexa, Prozac, Cymbalta, Strattera, and Symbyax, a combination of Prozac and Zyprexa. A list of drugs in the report shows the most marketing dollars went for Lilly's ADHD drug Strattera and spending on its antidepressant Cymbalta was second. Forest's Lexapro ranked fifth and Pfizer's atypical antipsychotic Geodon was in the thirteenth position.

The drug makers now even have general practitioners wildly writing

prescriptions for psych drugs. A study in the September 2009 journal, Psychiatric Services, reported that 59% of prescriptions for mental health drugs in the US are written by family doctors, not psychiatrists.

Drug Peddling in the Military

In a joint project with Northwestern University's Medill School of Journalism, the Center for Public Integrity reviewed travel disclosure forms filed by Department of Defense personnel from 1998 through 2007, and found the medical industry was the largest sponsor of free travel, accounting for about 40% of all trips.

According to their June 2009 report, "Pentagon Travel," there were 8,700 trips by DOD personnel paid for by the healthcare industry, at a price tag of more than $10 million, with sponsors that included drug and device makers as well as health foundations and trade groups often funded by those companies.

"Drug companies and device manufacturers spent about $1.7 million for more than 1,400 trips taken by DOD doctors, medical researchers, pharmacists, and other health care employees over the decade, creating relationships that pose serious conflict of interest issues, according to medical ethics experts," the Center said in a study summary titled, "Medical Industry Showers DOD with Free Travel."

"Of special interest to the industry were DOD employees who prescribe, purchase, or recommend the use of drugs or medical equipment," the Center notes.

DOD's pharmacy system employees, who can influence which drugs are selected at base pharmacies, took more than 400 trips, worth over $400,000, from medical industry sources, according to the Center's analysis.

The review found drug companies paid more than $115,000 for trips to destinations that included Orlando, Las Vegas, San Diego, New York City, New Orleans, Paris, and Rome.

Shahram Ahari worked as a sales rep for Eli Lilly in 1999 and 2000, and described how he used free meals, trips, and unrestricted grants to subtly seduce civilian physicians into prescribing Lilly's drugs. The strategy was to make friends with doctors and pharmacists to get them talking about the drugs and then reward them with additional perks for prescribing the drugs.

"The return on dividends is phenomenal," Ahari says in the summary.

"If it costs them a thousand dollars for a dinner, that's a [patient's drug] payment for one month."

"If they fly you on the Concord to Paris for five grand, even if they get one patient out of it, it's a lifetime of cash," he pointed out.

From fiscal year 2000 to fiscal year 2006, the Pentagon's prescription drug spending more than tripled from $1.6 billion to $6.2 billion, according to an April, 2008 Government Accountability Office report.

The head of the DOD's pharmaceutical program, Rear Admiral Thomas McGinnis, banned his own staff from going on company-paid trips, but other military pharmacy staff took about 400 trips, the Center points out.

Drug spending hit $6.8 billion in 2008, said McGinnis, and "the GAO expects DOD pharmaceutical spending to reach $15 billion by 2015," according to the summary.

In a May 19, 2009, report for MSNBC titled, "U.S. military: Heavily armed and medicated, Melody Petersen pointed out that military physicians "can be swayed by the aggressive promotional efforts of the pharmaceutical industry just like civilian doctors often are."

Military rules limit the handouts doctors can take from drug companies, she says. "A doctor can go to a dinner paid for by a drug company, but the meal's value can't be more than $20, and the value of all gifts received from a company over the course of a year can't exceed $50. "

However, drug companies find ways to work around the limits. For instance, Petersen reports that when "thousands of military and federal health-care professionals met in November (2008) for the annual meeting of the Association of Military Surgeons of the United States (AMSUS), more than 80 pharmaceutical companies and other health-care firms were on hand."

"The companies helped pay for that San Antonio event in exchange for the opportunity to set up booths in the convention hall, where sales reps pressed doctors to prescribe their products or to use their medical equipment and devices," she notes.

The 6-day meeting also included a celebration, she reports, "15 military and federal doctors and other health professionals received awards that included cash prizes provided by various drug

companies."

On March 17, 2010, Navy Times ran the headline, "Medicating the Military," to report a Military Times investigation that found 1 in 6 service members is on some form of psychiatric drug.

"And many troops are taking more than one kind, mixing several pills in daily "cocktails" -- for example, an antidepressant with an antipsychotic to prevent nightmares, plus an anti-epileptic to reduce headaches -- despite minimal clinical research testing such combinations," the Times noted.

The investigation also found that drugs originally developed to treat bipolar disorder and schizophrenia are now commonly used to treat symptoms of post-traumatic stress disorder, such as headaches, nightmares, nervousness and fits of anger.

"It's really a large-scale experiment. We are experimenting with changing people's cognition and behavior," says Dr Grace Jackson, a former Navy psychiatrist and author of the book, "Drug-Induced Dementia: A Perfect Crime," in the article.

Troops and military health care providers told Military Times that these drugs are also being prescribed, consumed, shared and traded in combat zones, despite some restrictions on the deployment of troops using those drugs.

The Times investigation of records obtained from the Defense Logistics Agency showed $1.1 billion was spent on common psychiatric and pain medications from 2001 to 2009, and the use of psychiatric drugs had increased 76% overall, since the start of the current wars.

Orders for antipsychotics rose by more than 200%, and annual spending more than quadrupled, from $4 million in 2001, to $16 million in 2009. Orders for anti-anxiety drugs and sedatives increased 170%, and spending rose from $6 million to about $17 million. Annual orders of anticonvulsants had a 70% increase, with spending more than doubled, from $16 million to $35 million.

Antidepressants orders had a 40% gain, but an overall decrease in spending, from $49 million in 2001 to $41 million in 2009, due to the arrival in recent years of cheaper generic versions of the drugs.

Collateral Damage

During the same time frame, from 2001 to 2009, the Army's suicide rate increased more than 150%, from 9 per 100,000 soldiers to 23 per 100,000, and the Marine suicide rate increased about 50%, from 16.7 per 100,000 in 2001, to 24 per 100,000 marines in 2009.

In a June 20, 2009, commentary for Huffington Post titled, "Antidepressants Cause Suicide and Violence in Soldiers," Dr Peter Breggin, author of "Medication Madness: The Role of Psychiatric Drugs in Violence, Suicide, and Murder," dismisses the theory that the increased use of prescription of drugs in the military is a response to increased depression among the soldiers.

"In reality," he says, "the use of psychiatric drugs escalates when, and only when, drug companies and their minions target new markets."

"In this case, the armed services have been pushing drugs as a cheap alternative to taking genuine care of the young men and women in our military. The stated: instead of shortening tours of duty, instead of temporarily removing stressed-out soldiers from combat zones, and instead of providing counseling the new army policy is to drug the troops."

"During Vietnam, a mere 1% our troops were taking prescribed psychiatric drugs," he reports. "By contrast, in the past year one-third of marines in combat zones were taking psychiatric drugs."

In Medication Madness, Breggin evaluated more than fifty cases of suicide, violence, mania and crime induced by psychiatric medications, especially the new antidepressants.

Atypical antipsychotics produce a potentially disastrous "metabolic syndrome" that includes elevated blood sugar, elevated cholesterol, elevated blood pressure and severe obesity, according to Breggin in a 2009 Psychiatric Drug Facts Newsletter.

"They can also cause direct harm to the function of the heart," he says. "Overall, it's a prescription for cardiac disease and premature death."

As far as claiming the increase in suicides is due to increased horrors in the current wars, California neurologist, Dr Fred Baughman points out: "Who can claim that one war is any more horrible, evil or effecting than another?"

"What jumps out as different about these wars," he says, "are veterans and soldiers saturated with psychiatric drugs, and kept on the front lines or sent back to the front lines time after time."

"These frequent, sudden deaths occurring in the military are due to its policy of reckless, anti-scientific, psychiatric drugging," he warns.

Veterans Dying

"Official figures regarding military "suicides" also have to be taken with a grain of salt," Baughman says.

In 2008, after reading an article in the Charleston Gazette, titled "Vets Taking Post Traumatic Stress Disorder Drugs Die in Sleep," Baughman began to investigate veterans dying in their sleep because the deaths did not make sense. "Young men in their twenties do not suddenly die for no reason," he points out.

He specifically investigated the deaths of four West Virginia veterans who died unexpectedly in their sleep in 2008, including Andrew White, Eric Layne, Nicholas Endicott and Derek Johnson. At the time, Stan White, Andrew's father, knew of eight such cases in Kentucky, Ohio and West Virginia.

Baughman learned that all four veterans had been diagnosed with PTSD and all were taking the same three-drug cocktail consisting of Seroquel, an atypical antipsychotic, Paxil, an antidepressant, and the anti-anxiety drug, Klonopin.

His investigation determined they did not commit suicide or go into a coma, as a result of an accidental mixed drug overdose, as suggested by the military. "None of the veterans who died in their sleep were drunk, drugged, or overdosed when they went to bed, they all appeared normal," Baughman says.

Within a year, he had learned of between 70 and 80 more similar cases. "These are undoubtedly sudden cardiac deaths," he reports, "due to the prescription of antipsychotics and antidepressants."

"Although antipsychotics and antidepressants have been proven to increase the risk of sudden cardiac death, they are routinely prescribed together, as if no such risk is known," Baughman warns.

He points to the January 2009 study, Ray et al, which reported that antipsychotics double the risk of sudden cardiac death, and that on

March 17, 2009, Whang et al reported antidepressants, as well, increase the rate of sudden cardiac deaths.

Sudden cardiac death has been defined as the "unexpected natural death - from a cardiac cause. Some studies suggest that 85 to 90% of these deaths result from ventricular tachyarrhythmias and medications may contribute to the risk of these underlying arrhythmias. Kay et al found atypical antipsychotics increased the risk for arrhythmias.

As of May 24, 2010, by conducting Google searches on the internet, veteran's wife, Diane VandeBurgt of Charleston, found 128 deaths of veterans using terms such as: dead in barracks, in bed, at work station. Diane's husband quit taking Seroquel, prescribed as sleep aid as part of his PTSD treatment, after experiencing many terrible side effects.

Andrew White joined the Marines because he wanted to follow in the footsteps of his older brothers. One brother served in the army and the other in the Navy.

Andrew returned from Iraq in September of 2005 and less than two weeks later his brother was killed in Afghanistan. Andrew had not even emptied his bags when we all had to deal with this loss. His mother Shirley recalls. Shirley and her husband, Stan, have been on a non-stop mission to find answers for Andrew's death and the deaths of other veterans.

The soldiers, veterans, and their families deserve the truth about this epidemic of antipsychotic-antidepressant sudden cardiac deaths in the military, Baughman states.

"Most importantly," he says, "they cannot be allowed to continue to cover up these deaths and dole out psychiatric drug cocktails as they are doing to the exclusion of psychotherapy.

"The number of Americans on government disability due to mental illness skyrocketing from 1.25 million in 1987 to over 4 million today is an iatrogenic, physician induced epidemic that will only mount in the future," Dr Baughman says. "The utter, complete fraud based on the fiction of psychiatric diseases has got to stop."

Invented Diseases

Unlike a medical diagnose that indicates a probable cause, treatment and prognosis, mental disorders are voted into existence by committees representing the American Psychiatric Association, a roughly 38,000 member professional group, that gets to decide what is normal, and what is not, for the more than 300 million other people in the US.

The APA's "Diagnostic and Statistical Manual for Mental Disorders IV (DSM IV)," contains all the billable mental disorders and amounts to nothing much more than a bunch of checklists of symptoms. The original 1952 version contained just over 100 disorders. By the fourth edition the number had more than tripled to over 350. The DSM5 is due for publication in May 2013.

The DSM is immensely important to drug makers because the FDA will not approve a medication to treat a disorder unless the condition is listed in the manual. For the DSM IV, fifty-six percent of of the 170 panel members, and one-hundred percent of the experts involved in writing diagnostic criteria for "mood disorders" and "schizophrenia and other psychotic disorders," for which medication is standard treatment, had financial ties to the drug companies, according to a

2006 study titled, "Financial Ties Between DSM-IV Panel Members and Pharmaceutical Industry," in the "Psychotherapy and Psychosomatics" journal.

The leading categories of financial interest for panel members were research funding (42%), consultancies (22%) and speakers bureau (16%).

The authors of the DSM 5 have agreed to limit their industry income to $10,000 or less per year until the completion of their work. But as Dr J Wesley Boyd, an academic psyhiatrist, pointed out in an April 11, 2009 editorial in the Boston Globe:

> "Even if these individuals adhere to the stated income limits, how much pharmaceutical funding is being funneled into the authors' respective departments by way of lectureships, endowed chairs, or sponsored research? And if the authors are free to resume their usual heavier ties to industry after 2012, how can the promise of big payouts later not influence their current work?"

In 2003, a group of psychiatric survivors went on a hunger strike in California with the goal of forcing the APA and the National Alliance on Mental Illness to acknowledge that there was no scientific proof for the claim that mental illness was biological in nature. Three weeks into the strike, the APA issued a statement admitting that "brain science has not advanced to the point where scientists or clinicians can point to readily discernible pathologic lesions or genetic abnormalities that in and of themselves serve as reliable or predictive bio-markers of a given mental disorder or mental disorders as a group."

The marketing strategy in psychiatry is to invent diagnoses out of thin air and call them diseases as a means to prescribe drugs, says Dr Baughman.

"They take entirely normal people and create patients by diagnosing them with fictional diseases," Baughman says. "It's a total fraud."

To validate this point, he tells how he helped a father in Canada, whose son had been diagnosed with multiple disorders, write a letter to Health Canada, an agency similar to the FDA, asking for information on ways to validate a diagnosis of mental illness.

In a November 10, 2008 response letter, Health Canada stated: "For mental/psychiatric disorders in general, including depression, anxiety,

schizophrenia and ADHD, there are no confirmatory gross, microscopic or chemical abnormalities that have been validated for objective physical diagnosis. Rather, diagnoses of possible mental conditions are described strictly in terms of patterns of symptoms that tend to cluster together."

Baughman then wrote a similar inquiry to the FDA Commissioner, and forwarded a copy of Health Canada's letter. Donald Dobbs, from the Center for Drug Evaluation and Research, consulted with the FDA's new drug review division, and responded to Baughman's inquiry by stating: ""they concurred with the response you enclosed from Health Canada. Psychiatric disorders are diagnosed based on a patient's presentation of symptoms that the larger psychiatric community has come to accept as real and responsive to treatment. We have nothing more to add to Health Canada's response."

"The entirely bogus stigmatizing labels are a barcode on the forehead of a child, and once a label gets in a record, it sticks," Baughman warns. "These children are going to have problems getting health insurance and trouble finding employment.".

As a neurologist, "I would say that a third to a half of all the patients I saw had no organic disease," he says. "Now contrast that with a 2002 survey of child psychiatrists, where 91% of the kids were given a drug."

"It's not just psychiatry, it's pediatrics, neurologists, family practitioners, and psychologists all across the country," he states. "They have all become members of the child drugging establishment."

An alarming study by researchers from Thomson Reuters and the US Substance Abuse and Mental Health Services Administration reviewed 472 million prescriptions for psychiatric drugs from August 2006 and July 2007, and found general practitioners wrote more than half of prescriptions in two main classes of drugs, 62% of antidepressants and 52% of stimulants. Family doctors also wrote 37% of prescriptions for antipsychotics, and 22% of anti-mania drugs, the study showed.

The researchers were especially concerned over antipsychotics being prescribed by general practitioners. The fact that antipsychotics may be more complex to prescribe, have some potentially serious side-effects, "emphasizes the need to understand the adequacy of care being provided by a GP," said Tami Mark, director of analytic strategies for the healthcare and science business of Thomson Reuters.

Attack on Child Drugging

The massive drugging of America's children, particularly poor, disadvantaged children and youth through Medicaid and in foster care, is an unfolding public health catastrophe of massive proportions, according to Alaskan attorney, Jim Gottstein, the leader the Law Project for Psychiatric Rights. Gottstein and PsychRights have made attacking this problem a priority.

In letters to several federal lawmakers in May 2009, Gottstein reported the massive Medicaid Fraud involved in the prescribing of psychiatric drugs to children covered by Medicaid. Copies of the letters were also sent to Kathleen Sebelius, Secretary of Health & Human Services, Kerry Weems, Acting Administrator, CMS, and Joyce Branda, Director of the Department of Justice Commercial Litigation Branch (Frauds).

"The fraudulent activities of drug companies in promoting off-label pediatric use of psychiatric drugs ... has begun to be exposed, but the psychiatric drugging of America's children and youth goes on unabated," Gottstein advises in the letters.

While preparing the filing of a lawsuit to prohibit the State of Alaska from paying for psychiatric drugs prescribed off-label to children covered by Medicaid in Alaska, Gottstein led an investigation that determined the vast majority of psychiatric drugs prescribed to kids on Medicaid constitute fraud. A tremendous percentage of the prescriptions did not qualify for reimbursement the letters point out:

> "For example, no anti-convulsants masquerading as "mood stabilizers," such as Depakote or Tegretol, have been approved for pediatric psychiatric use or supported by any of the compendia. However, these drugs, especially Depakote, are routinely paid for by Medicaid without any apparent consideration that the practice has been prohibited by Congress.
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> "With respect to the second generation neuroleptics, no pediatric use of Seroquel, Zyprexa or Geodon is approved by the FDA or supported by any of the designated compendia. Risperdal is approved for very narrow uses, as is Abilify, but even when prescribed for these indications, they are almost always prescribed concurrently with another drug(s), which is not FDA approved or supported by any of the designated compendia."

In 2007, through a state FOI request, PsychRights found Alaska Medicaid was paying approximately $123,000 per month for anticonvulsants prescribed to kids and $288,000 for second generation

neuroleptics for a "total averaging approximately $411,000 per month in improper Medicaid payments in Alaska alone."

"Extrapolating this to the entire country," the letters state, "there is over $2 Billion in Medicaid payments for psychiatric drugs to children and youth that Congress has explicitly prohibited."

"In truth," Gottstein says, "this is the smallest amount because typically two or more of these drugs are administered concurrently, in what is called polypharmacy, none of which has been approved by the FDA for pediatric use or supported by any of the designated compendia."

"It is hard to come up with an adjective that adequately conveys the horror this is inflicting on America's children and youth," he states. "Suffice it to say that when the country wakes up to the carnage this has caused, it will be recognized as the largest iatrogenic (doctor caused) public health disaster in history."

In January 2010, PsychRights announced the unsealing of a major Medicaid Fraud lawsuit against psychiatrists, their employers, pharmacies, state officials, and a medical education and publishing company for their roles in submitting fraudulent claims to Medicaid. The complaint was filed on April 27, 2009, under the federal False Claims Act which allows private parties to bring fraud actions on behalf of the Government, but was kept under seal until January 2010. The defendants include more than a dozen child psychiatrists, Alaska officials, health care agencies, and pharmacies.

PsychRights has also developed a streamlined model *Qui Tam* Complaint for use by interested attorneys around the country. The complaint is drafted for former foster children to bring the lawsuits and receive the whistleblower's share of the recovery, but anyone with knowledge of specific offending prescriptions, such as parents and mental health workers, can bring suit.

Last fall, Gottstein gave presentations on how to file and conduct these types of cases at the national conventions of the National Association for Rights Protection and Advocacy (NARPA), and the Internation Center for the Study of Psychiatry and Psychology.

While PsychRights is not bringing these cases for the money, such lawsuits represent a tremendous financial opportunity for attorneys to do well by doing good. "These are about as open and shut as cases can get," Gottstein says, "it is Medicaid fraud to cause or submit prescriptions to Medicaid for reimbursement if they are not for a medically accepted indication. End of story."

(Part IV of this series will cover the role of Patient Support Organizations in the American Epidemic of Mental Illness)

Evelyn Pringle

(This series is sponsored by the International Center for the Study of Psychiatry and Psychology http://icspponline.org/index.html)

(Evelyn Pringle is an investigative journalist focused on exposing corruption in government and corporate America)

Author's Bio: Evelyn Pringle is an investigative journalist and researcher focused on exposing corruption in government and corporate America.

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