

Mental Health Watchdog Keeps Service Open for Consumers to Report Abuse & Fraud

With \$1.7 billion allocated to mental health programs in response to COVID-19 fears and concerns, CCHR anticipates increase in telepsychiatry fraud and abuse.

LOS ANGELES, CALIFORNIA, UNITED STATES, March 31, 2020 /EINPresswire.com/ -- Staff at [Citizens Commission on Human Rights International](https://www.cchr.org/), while operating remotely from their homes during the Coronavirus pandemic, is still servicing patients that are experiencing, and need to report, abuse in the mental health system. CCHR is increasing its oversight of the industry in light of the recent federal stimulus package that has allocated \$425 million for mental health services and an additional \$1.32 billion for community mental health centers (CMHCs).[1]



With \$1.7 billion allocated to mental health programs in response to COVID-19 fears and concerns, CCHR anticipates increase in telepsychiatry fraud and abuse. It offers tips for consumers on detecting online scams and avoiding psychotropic drug risks.

CCHR is very mindful of the fears and uncertainties that many are facing with the COVID-19 crisis and the need to communicate those concerns with someone. However, it says that, in what it thinks is an altruistic, but misguided action, the Federal government has loosened the

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CCHR urges people to use its service and report abuse and to access its psychiatric drugs side effects database to become better informed about these drugs risks.”

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regulations surrounding “telepsychiatry” (also known as digital psychiatry) to access psychiatric treatment via the Internet. While psychiatrists and psychologists were limited to practicing telepsychiatry in rural areas in their own state, a special waiver will now allow them to treat across the entire nation.[2] A psychiatrist could hold a group therapy session with patients in five different states.[3]

“It is wide open to abuse,” Jan Eastgate, President of CCHR says. A recent American Psychiatric Association survey of 1,004 Americans deduced that over 40% of the nation is

anxious about dying or becoming seriously ill from COVID-19, which CCHR says could send consumers thinking they need online “telepsychiatry” services, running the risk of being prescribed mind-altering drugs.

One incentive is that psychiatrists would get paid the same rate as they do for seeing a patient in person. Telepsychiatry averages \$68 and \$107, whereas an in-person consultation can be up to \$500.

Another waiver allows them to prescribe controlled substances (highly addictive psychotropic

drugs) via the Internet. The drugs come with serious risks and side effects.[4]

This makes oversight of telepsychiatry fraud and prescription abuse difficult. In a national survey of 48 state medical boards the most common physician violations online were inappropriate patient communication online, e.g., sexual misconduct, and prescribing without an established clinical relationship.[5]

The psychiatric invented disorder, “health-” or “illness anxiety” is already seeping into COVID-19 nomenclature, described as an irrational and obsessive worry with having a serious medical condition. It is allegedly marked by a person’s imagination of physical symptoms of illness. Like all mental disorders listed in the Diagnostic and Statistical Manual for Mental Disorders (DSM-5), experts do not know the exact causes, according to Johns Hopkins School of Medicine.[6]

Psychiatrist Alan Frances, former head of the DSM-IV Task Force wrote, “Adding to the woes of the medically ill could be one of the biggest problems caused by DSM5. It will do this in two ways: 1) by encouraging a quick jump to the erroneous conclusion that someone’s physical symptoms are ‘all in the head’; and 2) by mislabeling as mental disorders what are really just the normal emotional reactions that people understandably have in response to a medical illness.”[7]

Eastgate says that while CCHR supports the need for more funded healthcare, in the mental health field, this could be a recipe for greed and fraud. The Justice Department has already needed to crack down on telehealth fraud.[8] Last year, five telemedicine companies were criminally charged over fraud schemes involving more than \$1.2 billion in losses.[9]

Medical Guardian advises on how to spot a telemedicine scam.

1. They ONLY suggest talking to you virtually.
2. They reassure you that your health insurance will cover the payments.
3. A big red flag for Medicare fraud is any type of physician who will write you a prescription for pharmaceuticals without meeting with you in person first.[10] While meeting in person is waived under new regulations because of COVID-19, CCHR says to be alert to multiple “psychotropic drug prescriptions” as a potential sign of fraud.

Investment into mental health technology has already boomed, reaching \$769 million in 2019. Research shows an almost five-fold increase in mental health tech investment in the last six years, rising from \$200.9 million in 2014.[11]

The American Medical Association (AMA) reports that according to one study, younger children are good prospects for telepsychiatry as they appear to be less inhibited when using it and those with significant behavior and conduct problems may be more “expressive” in that venue.[12] CCHR says America has more than 6.7 million children and adolescents already taking psychotropic drugs,[13] which telepsychiatry will only add to. UK health advocate, Suzy Chapman, who closely monitored every step in the development of DSM-5, wrote about health anxiety: “These are inherently unreliable and untrustworthy judgments that will open the floodgates to the overdiagnosis of mental disorder and promote the missed diagnosis of medical disorder.”[14]

CCHR urges people to use its service and [report abuse](#) and to access its [psychiatric drugs side effects database](#) to become better informed about these drugs risks, especially when taken during a time we need to remain alert.

CCHR is the mental health watchdog responsible for more than 180 laws that now protect patients from damaging practices. DONATE to support its work here:

<https://www.cchrint.org/cchrint-donate/>

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