

Billions of Dollars in Mental Health Funding Has Delivered a System in Shambles

Mental health watchdog, CCHR, says \$280 billion in mental health funding hasn't ended violent restraint use and patient deaths.

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-- The Federal government spent around \$280 billion in mental health funding in 2020, about a quarter of which came from the Medicaid program. In 2013, mental health was already the costliest healthcare sector in the country, costing more than that expended on heart conditions and cancer. However, the mental health industry watchdog, [Citizens Commission on Human Rights International](#), says despite this investment, America's mental health system is in shambles. Conditions and outcomes have only worsened.



Mental health watchdog, CCHR, says \$280 billion in mental health funding hasn't ended violent restraint use and patient deaths. And in schools, despite mental health screening and treatment, a culture of violence continues.

It is consistently reported that the U.S. is experiencing a profound crisis when it comes to mental health care and those with psychiatric disorders have shorter life expectancies than the general population. However, studies show people are more likely to die from psychiatric hospitalization and treatment. Spending time in a psychiatric hospital—where psychotropic drugs that are linked to suicide can be forced on individuals against their will—increases the risk of self-inflicted death by 44 times.[1]

- Children are being killed in residential psychiatric facilities, some as young as 7.
- With [6.1 million American children](#) ages 0-17 being prescribed psychotropic drugs documented to cause suicide and violent behavior, we see a culture of violence in schools. From 1992 to 2017, there were at least 37 active shooter incidents in schools and 15 such incidents at post-

secondary institutions.[2]

- Today, children are subjected to psychiatric-style “restraints” in schools—pinned to the ground or bound by mechanical devices such as straps or handcuffs. Federal data reports restraints and seclusions happen 2,300 times per school day, on average, across the nation to upward of 102,000 students each academic year. Some are preschoolers as young as 3 and 4 years old.[3]
- In the 2019–20 school year, 55% of public schools (or 45,600 schools) reported providing mental health assessments to evaluate students and 42% (or 35,200 schools) reported providing treatment to students for mental health disorders. 62% provided treatment both at school and outside.
- When schools refer students to outside “treatment,” over 96% of psychiatric hospitals, and general hospitals with a separate psychiatric unit administer psychotropic drugs. In 2020, in mental health facilities providing treatment, 38.3% treated those ages 5 or younger, 56.9% children ages 6-12, and 64.9% adolescents ages 13-17.

Although accounting for approximately 20% of the population, patients with “behavioral health” conditions account for 48% of Medicaid spending. It is estimated that almost a third of low-income Medicaid beneficiaries have been labeled with “depression,” representing twice the rate of the nation.[4]

That puts them at greater risk of being prescribed psychotropic drugs that can have debilitating side effects and universal mental health screening in schools can be a conduit to children being prescribed these mind-altering drugs. Antipsychotics remain one of the costliest drug classes for Medicaid programs.[5]

Leading international psychopharmacologist David Healy says: “So if ever more money is going into children’s mental health, why are things not getting better. It’s because the money is going into screening programs to pick up children who may be off-color....” With the use of antidepressants on some of these children, he said, “the rate of suicidal events in children goes up.” Further, “antidepressants now appear to be the most commonly used drugs by teenage girls after oral contraceptives,” and “many of these teenagers will be on drugs for life because of this.”[6]

CCHR is concerned about school mental health programs. For example, the altruistic-sounding but deceptive “Social emotional learning” (SEL) program permeates public education and is taught in pre-K and K12 curricula. It is supposed to cultivate in children the attitudes, feelings, and behaviors necessary for academic achievement. But one Oklahoma State Senator calls it an effort to “psychologically manipulate children and surveil Oklahoma families under the guise of addressing trauma.”[7]

While such programs are aimed at “character building,” according to the National Center for

Education Statistics, there were 1,193 fatal injuries in elementary and secondary schools between the 1992–93 school year and the 2017–18 school year. During the 2019–20 school year, there were about 939,000 violent incidents (including sexual assaults, robbery, and physical attacks with or without a weapon) in public schools.[8]

One school survey is the 41-question SCARED (Screen for Child Anxiety Related Disorders). It is based in part on the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM)—one of the most disputed psychiatric texts, especially because of its unreliability. A 2019 study published in *Psychiatry Research* concluded that psychiatric diagnoses are scientifically worthless as tools to identify discrete mental health disorders. Led by researchers from the University of Liverpool, it involved a detailed analysis of five key chapters of DSM-5. Lead researcher Dr. Kate Allsopp said: "Although diagnostic labels create the illusion of an explanation they are scientifically meaningless and can create stigma and prejudice." [9]

Professor Peter Kinderman, University of Liverpool, said: "The diagnostic system wrongly assumes that all distress results from disorder, and relies heavily on subjective judgments about what is normal."

CCHR says no questionnaires based on the DSM should be given to schoolchildren, and taxpayers' money should never fund this. However, this is not limited to children but the entire mental health industry because, despite \$280 billion, outcomes are not only poor but also harmful to children's and patients' lives.

[Read the full article here.](#)

[1] Matthew M. Large, Christopher J. Ryan, "Disturbing findings about the risk of suicide and psychiatric hospitals," *Soc. Psychiatry Psychiatr Epidemiology* (2014), 49: 1353-1355

[2] <https://study.com/learn/lesson/school-violence-statistics-causes.html>

[3] Emilie Munson, et al., "When Schools Use Force, A National Investigation," *CT Insider*, 27 Jan. 2022,
<https://www.ctinsider.com/news/article/Controversial-and-often-used-these-little-known-17474949.php>

[4] Domonic Pilon, et. al., "Medicaid spending burden among beneficiaries with treatment-resistant depression," *Journal of Comparative Effective Research*, Vol 8, No. 6, 2019,
<https://www.futuremedicine.com/doi/10.2217/cer-2018-0140>

[5] Becky A. Briesacher, Ph.D., et al., "The Quality of Antipsychotic Drug Prescribing in Nursing Homes," *Arch Intern Med.*, 13 Jun. 2005;165(11):1280-1285.
<https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/486595>

[6] <https://davidhealy.org/the-greatest-failure-in-what-used-to-be-called-medicine/>

[7] <https://kfor.com/news/local/senator-proposes-bill-that-would-prohibit-social-emotional-learning-in-oklahoma-schools/>

[8] <https://study.com/learn/lesson/school-violence-statistics-causes.html>

[9] "Study finds psychiatric diagnosis to be 'scientifically meaningless,'" Neuroscience, 8 Jul. 2019, <https://neurosciencenews.com/meaningless-psychiatric-diagnosis-14434/>

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