

PRESS RELEASE
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Mental Health Medications for Vermont Children:

WHO IS LOOKING OUT FOR THEIR BEST INTERESTS ?

Last March, a coalition of mental health advocacy groups led by the *Vermont Association for Mental Health*, treatment providers and parent organizations, wrote to the Office of Vermont Health Access (OVHA) indicating serious concerns about a perceived growth in the number of Vermont children on powerful psychotropic medications.

Eleven months later, there has been no response, no data and no expenditure figures that might shed light on prescription practices, cost figures or diagnoses patterns which might "educate the public" about a serious health care topic as well as an enormous and growing expenditure in the state's Medicaid budget.

Today, the *Vermont Association for Mental Health* indicated that it will press forward, seeking a new level of transparency, information and accountability. A letter was sent last week to Representative Ann Pugh, chair of the House Human Services committee and Senator Doug Racine, leader of the Senate Health and Welfare committee, from the coalition asking for legislative oversight and legislative leadership on this issue. Leaders in the Vermont Senate and House will also be formally requested to pressure the state for public disclosure of Medicaid information that might influence and change medication and purchasing patterns as it impacts young children as well as teenagers of all ages.

"Medications can play an important and effective role in the treatment of children and adolescents", said Libertoff who holds a doctorate in clinical psychology, " but we are concerned that they are being over prescribed or used to control, rather than treat, behavioral problems". Many mental health treatment experts agree that medications alone are rarely an adequate or appropriate intervention.

A recent Vermont Press Bureau story highlighted the concerns of the *Vermont Association for Mental Health* who charged that mental health treatment leaders as well as researchers and advocacy organizations not only have relied greatly on the influence of the pharmaceutical industry but have been recipients of large amounts of money from drug companies. In the field of psychiatry, drug makers underwrite research, training of doctors and oftentimes write guidelines that doctors follow.

While this is not unique only to the mental health field - - indeed much of medicine is greatly influenced by drug company marketing - - mental health advocates are particularly worried about this arrangement where money and medicine collide, the victims, according to advocates like Libertoff, "are children and their families". Increasingly it is understood that psychotropic medications have both immediate and long-term impact on the "health and welfare" of Vermont children. The Vermont Attorney General's Office reported in June of last year, drug makers gave away \$2.25 million to doctors in 2006 with psychiatrists being the largest "consumers" of all specialty areas. Libertoff believes that these patterns should be an issue of grave concern to medical leaders, treatment specialists, the Vermont Mental Health and Health Departments as well as with OVHA. The lack of public scrutiny and review is not in the best interest of children and their parents.

The lack of a response to the March 2007 letter offers advocates and members of the coalition tangible evidence that OVHA do not take this matter seriously. In Libertoff's opinion, that is "both irresponsible and unacceptable". He noted that other states are currently engaged in probes that will answer some much needed questions about accountability and best practice. For example, New York State last week discovered, to the outrage and shock of the chair of the Senate's Committee on Mental Health and Developmental Services, that the New York Medicaid program spent more than \$82 million on powerful antipsychotic and antidepressants drugs for tens of thousands of children. In Florida, according to a press story of January 28th, the number of children on antipsychotic drugs in the state's Medicaid program doubled in seven years with a 300% increase in costs, which in 2007 are almost \$30 million.

The Vermont coalition outlined issues that need public oversight and public scrutiny. They include:

- Purchase patterns for psychotropic medications being prescribed to children and teenagers in the Medicaid program.
- An analysis of who is prescribing psychotropic medications with a focus on the role of psychiatrists as compared to general practitioners.
- Common diagnoses patterns for young children, six years and younger along with prescription patterns for those between 6 years to 18.
- A review of the number of children in foster care who are on these medications.

- A report of how many children, six years or younger, are on psychotropic medications.
- An analysis of whether aforementioned drugs are approved for children by the Federal Drug Administration.
- A description of the composition and monitoring work of the Agency of Human Services' Drug Utilization Review Board and its specific psychopharmacology subcommittee, which might best assure "best practices".

According to the advocates, this is a campaign about empowerment. "Parents want to make the best health choices for their children", said Libertoff but that includes accurate research information, understanding side-effects, possible harmful consequences and the cost of medications". "The lack of public information and leadership within the state on this issue is nothing short of a disgrace", said Libertoff.

"It is inexcusable that in a state like Vermont, there has been an inability and reluctance to even put the material on the table so that experts can help ensure that the safety and health of kids are the first priority. In addition, since the state is spending millions of dollars on psychotropic medications, you would think that this matter would be a high priority," said Libertoff.

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