

**THE WHITE HOUSE**

WASHINGTON

September 18, 2000

**STATEMENT BY FIRST LADY HILLARY RODHAM CLINTON TO  
THE SURGEON GENERAL'S CONFERENCE ON CHILDREN'S MENTAL HEALTH:  
DEVELOPING A NATIONAL ACTION AGENDA**

I want to applaud Surgeon General David Satcher for bringing together so many advocates and experts today for the Surgeon General's Conference on Children's Mental Health: Developing a National Action Agenda. The work you are doing today and tomorrow has the potential to bring more health and hope to our nation's children -- and more peace of mind to their parents.

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As a parent and longtime children's advocate, these findings concern me a great deal, as they do Federal health officials and countless other experts. But, let me be very clear: Our goal has never been to attack these medicines. They have literally been a Godsend for countless adults and young people with behavioral and emotional problems. We know that when children are left untreated, they may fail to reach their God-given potential later in their lives. That's why these efforts to improve the diagnosis and treatment of children with behavioral and emotional conditions are so important. We want the best information for every parent, every doctor, every teacher -- every single person who cares for our children.

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care at the right time. And we discussed many of the difficult questions, which the participants in this conference will be addressing as they help the Surgeon General develop an action plan for the future.

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At this White House meeting, we announced some immediate steps to ensure that children with behavioral and emotional problems get the care they need. I am pleased that we are already making progress in meeting that goal. We know that more research is necessary to ensure that we make more informed decisions about treatments for our children. To address the gap in knowledge, we announced that NIMH would dedicate \$5 million to conduct a landmark study examining ADHD and Ritalin use in preschoolers. This five-year study, which NIMH has already begun funding, will shed much needed light on the safety and effectiveness of Ritalin in young children.

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We also should look at the concerns that have been raised by physicians, patient advocates, and other experts about the extraordinary increase in marketing expenditures for a whole range of medications, including Ritalin. We need to determine whether such marketing has encouraged excessive and inappropriate use of pharmaceutical products or has been constructive in making the public more aware of available treatment options. Moreover, we need to determine the implications of the increased use of these medications in very young populations given the lack of knowledge about their long-term effects.

We need to develop long-term strategies for addressing our children's mental health needs, and your work today and tomorrow will play a large role in making that happen. With your input, the Surgeon General will develop recommendations to improve the way we diagnose, treat, and care for children with emotional disorders.

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# OUTLOOK

Commentary

Edit  
Column  
Close to

SUNDAY, SEPTEMBER 17, 2000

DM

## Don't Be Frightened . . .

PHOTOCOPY  
PRESERVATION



# Of Medicine That Helps

## *Enough Scare Stories. Treat Kids Who Need It*

By PATRICIA DALTON

**W**hen the Journal of the American Medical Association reported last February that there had been a dramatic increase in the use of psychotropic medications for children between the ages of 2 and 4, I could see what was coming.

The JAMA report, citing data on 200,000 youngsters from different parts of the country, revealed that the use of stimulants such as Ritalin and antidepressants such as Prozac had doubled, in some cases even tripled, between 1991 and 1995. One important fact was lost: The number of preschoolers on those medications was low to begin with.

Nonetheless, the story made for provocative headlines and sound bites, and there was no problem finding experts willing to support the claim that American children—regardless of age—were being overmedicated.

As a clinical psychologist who treats children with behavioral and emotional problems, I was dismayed by the coverage. I feared that worried parents would refuse or resist the use of medications that could help

their children live more normal lives. While the JAMA study focused on the very young, I knew it would alarm parents whose children were older. Sure enough, in my office I began hearing, "Aren't too many kids put on these drugs today? And I've heard they're dangerous."

Then, just last week, I was appalled to read news reports about lawsuits filed in California and New Jersey accusing Novartis Pharmaceuticals, makers of Ritalin, of conspiring with the American Psychiatric Association to create the "novel medical disorder" of attention deficit hyperactivity disorder (ADHD) in order to make money.

Now, it will be interesting to see how the media cover two upcoming high-level conferences—one sponsored this week by the Surgeon General's Office, the other in October by the Food and Drug Administration and National Institute of Mental Health—that will focus on children's mental health, treatment and medication.

I hope we will not see more hyperbole. My experience, and that of many other therapists, has shown that psychotropic medications can be safe to prescribe and dramatically effective in children and adolescents. Certainly there have not yet been enough controlled studies of their use and effects over time. But the media stories have greatly

ILLUSTRATION BY PHILIP BROOKER  
FOR THE WASHINGTON POST

Patricia Dalton, a clinical psychologist, practices in the District.

See ALARM, B4, Col. 1

# Don't Be Scared About Medicating Our Ch

ALARM, From B1

oversimplified a complex issue.

The truth is that psychotropic medications for children are both over- and under-prescribed. And the larger of these problems is that there are children and adolescents who are not getting the medication they need.

Let me be very clear: Medication is not a substitute for therapy. And the decision to use medication for

childhood problems should not be made lightly. The costs and benefits must be weighed in each situation. But it is an invaluable weapon in the arsenal of treatments available for psychological and emotional problems in children.

Take the example of the extremely bright 11-year-old who was brought to my office by his mother and father. The immediate reason was that he was

miserable because of a rift with some boys in his class and was resisting going to school. In general, he complained constantly, seemed deeply unhappy and had trouble sleeping; he had always been much harder to raise than his sunnier younger sister. Because both his mother and grandmother had suffered from depression, and had been successfully treated with medication, I suspected it could work for his mood disorder as well. But his parents were hesitant because of his age. So I recommended a combination of individual and family sessions while we observed his progress.

Over the next four months, the boy went to school more willingly and seemed to get along better with friends, but there was no major change in his lack of *joie de vivre* or his sleep pattern. One night around bedtime, he said despairingly to his mother, "Mom, sometimes I don't know what the purpose of my life is." At this point, I strongly recommended that their son see a psychopharmacologist, and his parents agreed. Anti-depressant medication was prescribed, and both his symptoms and functioning changed dramatically for the better.

Then there was a 4-year-old boy who was so impulsive and disruptive that he was expelled by two preschools and never invited to play with another child more than once. When I met him, he was turning the household upside down and driving his parents to distraction. With a combination of Ritalin for him and some child management strategies for his parents, over a period of weeks he began to corral his behavior, take turns and relate better to other kids. He reentered school—this time, successfully. Everyone was happier, especially the child.

The key word here is "combination." Research on adult depression has found that the use of both therapy and medication is often more effective than either alone; it seems reasonable that this finding would apply to children as well.

The Office of the Surgeon General reports that of the 70 million children and adolescents in the United States, 6 million to 9 million have a serious emotional disturbance—and only one in five of those receives professional help. By conservative estimates, 3 to 5 percent of school-age children are affected by ADHD and 2.5 percent by mood disorder; only 1.2 percent of these children are treated for ADHD and .3 percent for mood disorder. The proportion affected by depression rises to 8 percent in adolescence, and far fewer get treatment than need it in this age group as well.

It is important to note that there is no definitive diagnostic test to show the presence or absence of ADHD or mood disorder in the way an EKG can detect heart problems. Instead, both are identified through signs, symptoms and functional impairments. Astute professionals (and sometimes observant family members) can identify them with reasonable success. But it's particularly difficult with children, because they are usually less verbal, and harried family practitioners and pediatricians often lack the time that careful assessment requires.

As a result, stimulants, antidepressants and mood stabilizers have sometimes been prescribed for children without adequate assessment and follow-up. Even in therapists' offices, medication is sometimes recommended when other interventions such as classroom behavior modification programs or family therapy would have sufficed. Sometimes too much medication is prescribed, or for too long a time. (I suspect that this is more likely in affluent, educated families with high expectations and resources.)

This is a problem that should concern us. But I can tell you about a greater problem: The agony of living with mental disorders before there were any drugs to help treat them. The last half-century produced huge strides in the development of effective medications and therapies. Take depression: In 1950, not one medication had been identified or developed to treat it. Those sufferers who improved with the rudimentary psychotherapy of the day usually had a mild form of depression. Today, there are more than 30 antidepressant medications. When one isn't effective, often another or a combination of medications will work.

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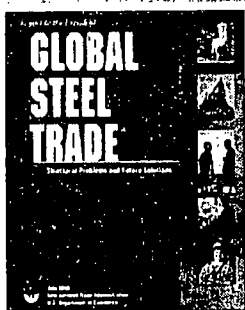
**Exposé:**

## FOREIGN ASSAULT ON AMERICAN JOBS AND COMPANIES UNCOVERED!

The assault is real and America could lose even more of its world-class steel industry. Over the last two years, the illegal dumping of foreign steel has caused companies to go bankrupt and cost thousands of Americans their jobs.

An unprecedented report by the U.S. Department of Commerce recently said unfair trade practices are the major cause of the U.S. steel market's decline and warned that our industry is in jeopardy unless action is taken soon.

That's bad news for everyone. Because a weak American steel industry means a weaker America.



We depend on safe, strong American steel every day. In our cars. Buildings. Highways. And for our national defense.

We can start by insisting that foreign countries tear down their walls against American steel imports, and

open their markets. But we also need to strengthen our own trade laws and enforce those rules more aggressively — at home and in the World Trade Organization.

It's time for Washington to stand up for America. It's time to insist on fair trade for everyone.

Stand up for American steel . . . and for every American industry.

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The American Steel Industry

Paid for by STAND UP FOR STEEL, a coalition of the leading American steel companies and the hardworking men and women of the United Steelworkers of America.

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# Children

In general, with appropriate diagnosis, we can effectively treat 80 to 90 percent of persons with mood disorder, and 90 percent of children with ADHD.

In spite of these impressive treatment statistics, even today professional help is not always sought or heeded. There are therapists who do not diagnose with acuity, or, even worse, who take the rigid position that medication is never indicated for children. It was a shame that children and adolescents suffering from mental disorders did not get appropriate treatment when these medications were first on the market several decades ago. But the same failure is a travesty today.

I will never forget the bright, wistful 33-year-old woman who came to me some time ago with many problems: personal angst, underemployment, divorce and few friends. She had vivid memories of being a confident young child who became severely depressed around the age of 10, sitting inside looking out the window rather than playing with her friends. She was finally properly diagnosed when she was 30, and began getting both medication and psychotherapy. (This is not that unusual; the average time lost between initial symptoms and diagnosis of a mood disorder is 10 years.) While her depression lifted and she was able to make progress in therapy, she was painfully aware of the lost potential that could never be reclaimed.

I can also remember a 45-year-old professional man with several failed jobs and three marriages. His agitation and restlessness, dating back to childhood, were classic signs of ADHD, and the tragedy is that he was not diagnosed and treated until he was well into middle age. He paid a price for this—and so did his wives, children and business partners.

Each of these cases illustrates a crucial point: Untreated mental disorders in children have *developmental* ramifications that can last the rest of their lives. Early treatment is almost always far more effective treatment. The malleability of a child's brain chemistry and personality diminishes with the passing of time. Many problems that we see in adults are the result of having been derailed developmentally during childhood. A person cannot re-live his youth.

There are reasons for being wary of medicating young people. One is the legitimate concern regarding safety. There have been very few controlled clinical trials of psychotropic medications on children in general, and even fewer on preschoolers. Most drugs therefore are prescribed for children "off-label," which means that testing for safety and efficacy has been done only with adult populations. Clinical use, however, has provided important anecdotal information.

Parents should also be wary of incomplete or inadequate evaluation. Thorough assessment of mental disorders takes time and diagnostic acumen, in part because symptoms of various disorders can overlap. Some agitated children diagnosed with ADHD and treated with a stimulant actually have bipolar mood disorder, which requires a mood stabilizer. Another common error is diagnosing unipolar depression when the child really has a bipolar disorder, involving both manic and depressive episodes. If antidepressants alone are prescribed, they can precipitate a manic episode.

Cost, both in terms of money and time, also deters proper identification and treatment of these children. Many poor children have either no health care or inadequate health care. These same children are often in schools that are so overwhelmed with problems that they can hardly educate children, much less identify and remedy mental disorders. Lack of health insurance and cost-cutting policies of managed care companies also mean some children do not get the treatment they need.

There are severe consequences for failing to treat children adequately. Prisons are full of poor, learning disabled young men who had ADHD that crossed the line into oppositional defiant disorder. Suicide is a problem reaching epidemic proportions, seen now in children as young as grade school and with increasing numbers in middle school, high school and college, especially among boys. A diagnosable mental disorder is thought to exist in 90 percent of all suicides.

We can make a difference with the judicious use of drugs. There are children who are counting on it.

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