

MENTAL HEALTH PARITY

*Funding DSM –IV Diagnoses
A Scientific Sham*



*by
Citizens Commission on Human Rights
International*

Why the DSM-IV Must Be Dropped from H.R. 1424, the Mental Health Parity Bill

While some patient advocacy groups, heavily funded by drug interests, and the mental health lobby purport that mental illness is like a physical disease such as diabetes, cancer, or epilepsy, scientific evidence simply doesn't substantiate this. On the contrary, there is no parity in the diagnosis of mental health problems compared to real physical conditions that can be accurately tested for and diagnosed. Psychiatrists admit they cannot distinguish between a mental disorder and no mental disorder.

The American Psychiatric Association's (APA) *Diagnostic & Statistical Manual of Mental Disorders* (DSM-IV) is the so-called "bible" of psychiatric diagnoses that is used as the source of billing codes for mental health treatment. Under H.R. 1424, every mental disorder identified by the mental health profession through the DSM-IV (all 374 of them) would be required to be covered by health plans. Even the vast majority of states who have mental health parity laws currently do not mandate this type of coverage.

Psychiatrists Admit the DSM Diagnoses Are Not Scientific

Unlike medical diagnoses, psychiatry's checklists of behaviors lack any scientific validity and are renowned for being unreliable. Psychiatrists even admit this:

- Loren R. Mosher, M.D., former APA member, stated in regards to the *DSM-IV*, "...there are no external validating criteria for psychiatric diagnoses. There is neither a blood test nor specific anatomic lesions for any major psychiatric disorder." ¹
- Allen J. Frances, professor of psychiatry at Duke University Medical Center and Chair of the DSM-IV Task Force, stated: "There could arguably not be a worse term than mental disorder to describe the conditions classified in DSM-IV." ²
- Psychiatrist David Kaiser wrote, "...modern psychiatry has yet to convincingly prove the genetic/biologic cause of any single mental illness.... Patients [have] been diagnosed with 'chemical imbalance,' despite the fact that no tests exists to support such a claim, and...there is no real conception of what a correct chemical balance would look like." ³
- Professor of Psychology Jeffrey A. Schaler stated, "Since there are no objective tests for 'mental illness,' all kinds of socially unacceptable behaviors will be declared 'mental illnesses. The bottom line is this: Behaviors cannot be diseases." ⁴

Should Congress Really Be Codifying Subjective DSM-IV Diagnoses Like These Into Law?

Spelling disorder
Disorder of Written Expression
Nicotine use or withdrawal
Conduct disorder
Sibling Rivalry Disorder
Pathological Fire-Setting
Pedophilia
Unspecified Mental Disorder

Expressive Language Disorder
Mathematics Disorder
Caffeine intoxication/withdrawal
Oppositional Defiant Disorder
Phase of Life Problem
Pathological Stealing
Sexual Desire Disorders
Circadian Rhythm Disorder (jet lag)

No Real Parity with Medical Benefits

Beyond the questionable nature of some of the “disorders” that would be required to be covered, H.R. 1424 applies no similar requirement on any other category of medical benefits covered by an insurance plan (hospital services, physician services, drug benefits, or any other category of benefits), many of which involve serious medical conditions.

Rather, the bottom line is that H.R. 1424 is a preferential benefit mandate in favor of mental health conditions, which would override many existing state mandates for insurance plans that require coverage of a specific list of behavioral health and substance abuse conditions.

Summary

No mental health parity law should rely on the speciousness of DSM-IV. If psychiatrists were serious about mandated mental health parity, it would mean:

- An “opt-out” clause would be available where individuals could decline mental health coverage offered by their employer/insurance carrier in the same way that they can decline dental and vision coverage and, thereby, pay less premiums.
- Only those mental disorders that could be proved through physical tests to be disease (physical abnormality) can receive “parity” insurance coverage.
- All mental health laws would need to be amended and funding priorities changed so that holistic medicine was also made accessible and covered by insurance for those suffering from serious mental illness. This ensures no stigmatization.

Recommendations

Congress must drop any reference to the DSM from any mental health parity bill.

Psychiatry and psychology should be held accountable for the funds already given them and irrefutably and scientifically prove the physical existence of mental disorders they claim should be treated and covered by insurance in the same way as physical diseases are.

Health insurance coverage for mental health problems should only be provided on the proviso that full, searching physical examinations are first undertaken to determine that no underlying and, thereby, untreated physical condition is causing the person's mental health condition. Such examinations would be covered under existing health coverage.

Mental health insurance coverage should not be based on the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) as it is not based on science or medical fact, but psychiatric opinion only.

The Citizens Commission On Human Rights International

The Citizens Commission on Human Rights (CCHR) was co-founded in 1969 by the Church of Scientology and Professor Emeritus of Psychiatry, Thomas Szasz, to investigate and expose psychiatric violations of human rights, and to clean up the field of mental healing. Today, it has more than 250 chapters in 34 countries.

CCHR has inspired and orchestrated many hundreds of reforms by testifying before legislative hearings and conducting public hearings into psychiatric abuse, as well as by working with media, law enforcement and public officials the world over.

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¹ Loren R. Mosher, M.D., resignation letter from the American Psychiatric Association, <<http://www.oikos.org/mosher.htm>> dated December 4, 1998.

² Thomas Szasz, M.D., *Pharmacracy Medicine & Politics in America*, (Praeger Publishers, CT, 2001) p. 78.

³ David Kaiser, "Against Biologic Psychiatry," *Psychiatric Times*, Vol. 13, Issue 12, 1996.

⁴ Margaret A. Hagen, Ph.D., *Whores of the Court - The Fraud Of Psychiatric Testimony And The Rape Of American Justice*, P. 15.