

Launch of New Public-Private
Effort to Improve the
Diagnosis and Treatment of Children with
Emotional and Behavioral Conditions,
Roosevelt Room
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PHOTOCOPY
PRESERVATION

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Remarks by First Lady Hillary Rodham Clinton

Roosevelt Room

March 20, 2000

Thank you all for joining us here this morning. I want to thank Secretary Shalala for her leadership, and I'm also pleased she refuses to sit still. Because whenever our children's health is at stake, she's out there working very hard to make sure we all pay attention.

Also, I'm pleased to be joined not only by Secretary Shalala, but by Surgeon General David Satcher, and FDA Director Jane Henney, and NMIH Commissioner Dr. Steve Hyman, and Dr. Judith Heumann, and representatives from many of the groups who are on the frontlines working on behalf of all of our children, particularly children with behavioral and emotional challenges.

We just came from a meeting where we talked about what more we can do to ensure that children with emotional and behavioral problems get the diagnosis and treatment they need, and when they need it. Today's meeting and the announcements around it are important steps, but they are certainly not the last step we need to take in ensuring that all of our children get the health and support and treatment that they deserve.

You know, when a child comes to us who is hurt or sick, there is nothing more terrifying for any of us, especially parents, when we don't know how to make it better. If they have a broken arm, we want to fix it; if they have a deadly disease, we want to do everything we possibly can to cure it. And it's no different if the problem they bring to us lies in their head or their heart.

Thanks in large part to the leadership of Tipper Gore, the President's mental health adviser, we've come a long way in our battle to bring mental illness out of the shadows and make sure it is treated just as seriously as physical illness. More and more often, those treatments include drugs, even for young children. That is the issue we're here today to discuss.

As many of you know, the Journal of the American Medical Association recently reported that the number of preschoolers who are taking psychotropic drugs increased dramatically from 1991 to 1995. We know that the increase for Ritalin alone was 150 percent, and the use of anti-depressants increased over 200 percent. Now I am no doctor, as is obvious, but I am a parent and I have been a longtime children's advocate. And these findings concern me. I know they concern Dr. Hyman, Secretary Shalala and countless other experts.

But let me be very clear: We are not here to bash the use of these medications. They have literally been a Godsend for countless adults and young people with behavioral and emotional problems. We know that when children with such problems are left untreated, they may fail to reach their God-given potential later in their lives. That's why we are here. We want

the best information for every parent, every doctor, every teacher—every single person who cares for our children.

But we do have to ask some serious questions about the use of prescription drugs in all children. We have to ask, for example, how are we diagnosing, treating and caring for children with behavioral and emotional conditions? Do we have the best tools to make the most accurate diagnoses? When it comes to drug treatments for children, why are we seeing such great variations by community and race? And what effects do overuse and underuse of these medications have on our children?

We need to ask also, why aren't we doing a better job of combining drugs, when necessary, with family therapy and other behavior modifications? And what about the effects on our very youngest children who haven't been tested for these prescription drugs and whose brains are in their most critical stage of development?

These are tough questions, and none of us have all of the answers. But as we made clear in the meeting this morning, we are building on a record, not starting from scratch. We have already taken critical steps over the past few years to ensure that drugs are being tested and labeled specifically for children. Some of you may remember that was a long, drawn out struggle, that we were finally able to make progress and we were able to make an announcement at the White House last year. In so doing, we have learned that finding the right prescription for a child is not always just a matter of decreasing the dosage.

You know, I think it's important that all of us adults recognize that children are not just miniature adults; that their systems, their developmental needs, are different from that of an adult. We also learned quite a bit from the first ever Surgeon General's report on mental illness, which came out in December. It grew out of the White House Conference on Mental Illness, led by Tipper Gore. It taught us that the stigma of mental illness is worse for children; that too many health care professionals lack training in the area of children's mental, emotional and behavioral needs; and that we have a long way to go to increase awareness about children's mental health.

So clearly, we must do more. We know that the questions being raised are very difficult and they cannot be answered overnight. And they certainly won't be answered by the government, or health care professionals or educators or parents acting alone. Every single person with a stake in our children's health has an important role to play.

So I'm very pleased today to announce some of the immediate steps we are taking to make sure that children with mental illness, with behavioral and emotional problems, get the right care at the right time.

As our meeting made clear, we already know a lot about the proper diagnosis and treatment of emotional and behavioral problems in children. But that critical information has not reached many of the people who need it most—many of the parents, many of the teachers, many of the school nurses, many of the school social workers, many of the family physicians, many of the pediatricians—so there are a few things we are going to try to do to change that.

Today, the NIMH is releasing a new, easy to understand fact sheet that parents can use to make the right decisions about their children's treatment for these conditions. The Education Department will soon release an information kit to help parents and teachers better care for children with ADHD. And I want to thank both the American Academy of Pediatrics and the American Academy of Family Physicians for all they are doing on this issue. This spring and fall, the American Academy of Pediatrics will give all of their 55,000 members up-to-date guidelines for diagnosing and treating children with emotional and behavioral problems. And as part of their yearlong focus on mental health, the American Academy of Family Physicians is sponsoring continuing education courses about these conditions for their 90,000 members.

But now we also have to admit, honestly, that there are some areas where we still just don't know enough, and that's especially true when it comes to giving prescription drugs to our very youngest children. I am pleased that NIMH will dedicate over \$5 million to conduct a landmark study examining ADHD and Ritalin use in preschoolers. This study will look at the gap between what we are finding out in the science labs and what is happening in clinical practice, so we can ensure that our children get the care they need. In addition, the FDA will look at some common psychotropic drugs and begin a process to find out what dosage levels are appropriate for very young children. This information will then be included on the labels of these medications, and the studies on them will address the obvious ethical issues that arise when you examine the use of prescription drugs in such a vulnerable group.

Finally, I'm delighted that this fall, the office of the Surgeon General will coordinate a national conference on the treatment of children with behavioral and mental disorders. It will bring together experts from the administration, parents, advocates, educators, researchers, healthcare professionals and consumers. It will look at the challenges we are all still facing in caring for children with mental illnesses. It will help us develop long term strategies that each of us can use to help young people get the childhood and chance in life that we all deserve.

I remember, as we were talking today, that I was fortunate, more than 30 years ago, to work at the Yale Child Study Center, one of the premier research institutions in our country when it comes to treating our young children. And I was exposed to some of the greatest minds and experts in the country about how to treat very young children. And there was nothing more challenging and, in many ways, heartbreaking, than a preschooler with obvious mental, emotional and behavioral problems. That child cannot speak for him or herself. So it's often difficult to find out what kind of conditions in the child's life led to—if there is a cause and effect—the kind of behavior that is being observed. So I know firsthand—from 30 years of work on my own behalf, and watching experts who are really on the frontlines of this—that this is a very big challenge we are taking on today.

But I am also concerned that we are seeing increasing numbers of children who are both being diagnosed with certain disorders and whose behaviors are crying out for helpful intervention. We spoke earlier today in our meeting about the increasing number of very young children in foster care. The fastest growing group of children being put into foster care are children under 5. They come into foster care because of abuse or neglect and they therefore have more than the kinds of problems that one would expect in the population at large. We talked about the increasing numbers of children who are in the juvenile justice and criminal justice

systems. We are not doing what we need to do to help intervene and treat those children, just as we are not providing adequate medical and mental health services in our adult prisons. These are problems that affect all of society, not just the individual with the specific problem or that individual's family or those teachers and others that come into contact with that young person. This has ramifications for all of us.

All we need to do is look back a few weeks and think about the 6-year-old that brought the gun to school to kill the other 6-year-old. That is a problem that did not just occur the morning the child picked that gun up off of the bed in that terrible condition in which he was living. So all of us have a stake in the research, the diagnosis and the treatment. And I would also add that we need some other people at the table, and we're going to try to do that through Dr. Satcher's efforts and the efforts of the associations represented here. We need to be sure that the insurance industry, the HMO industry, the pharmaceutical industry—as well as decision-makers at all levels of government—are also at the table. We do have a lot of information about what works, but we need more. And that's what this meeting and these announcements are about. But we should at least be trying to implement what we do know works while we look for more answers, and follow up on the efforts that will be underway.

You know, when a child is sad or misbehaving, it is never easy for even the most well-intentioned, best-meaning parent to figure out what is happening. Anyone who has ever had a child who is pre-verbal with any kind of illness, or a toddler, or a preschooler, knows how difficult it is. Some of these young people have problems that are symptoms of nothing more than childhood or adolescence. Some of them need a parent to love them, or a person simply to listen to them talk about their pain. And yet some do have severe emotional and mental problems that can be greatly helped by prescription drugs. These children are waiting for our help—every one of them—and today we are taking important steps to provide it.

It is my great hope that this meeting will move us closer to the day that we will be able, number one, to remove the stigma from these problems so that no parent or no community has to wonder whether this is something that should be talked about, or help should be sought for. And number two, that we will treat the problems of the body and the mind the very same.

I hope that all of us will see this as a beginning and that we will be even more committed to doing whatever it takes to make sure that our children get the help, support and love that they need to have.

Thank you all very much.