

9-18-00 Oregon General  
Conference on Children's  
Mental Health

HRC STATEMENT FOR SURGEON GENERAL'S CONFERENCE ON CHILDREN'S  
MENTAL HEALTH  
September 18, 2000

I want to applaud Surgeon General David Satcher for bringing together so many distinguished scientists, federal officials, health professionals, educators, and families 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.

Six months ago at the White House, I joined with Health and Human Services Secretary Donna Shalala, Surgeon General David Satcher, Director of the National Institute of Mental Health, Dr. Steve Hyman, FDA Commissioner Jane Henney, and Assistant Secretary of Education Dr. Judith Heumann to launch an unprecedented public-private effort to improve the diagnosis and treatment of children with emotional and behavioral conditions. We came together to address recent troubling reports about the increasing number of young children taking psychotropic drugs, and to help parents concerned about how to best treat their children.

According to a report in the Journal of the American Medical Association, the number of preschoolers taking psychotropic drugs increased dramatically from 1991 to 1995. The increase for Ritalin alone was 150 percent, and the use of anti-depressants increased over 200 percent. The number of children under the age of five taking clonidine, which is used to treat insomnia in children with attention deficit disorders, tripled. Unfortunately, many of the drugs being prescribed to our youngest children have never been tested on them. None of them have been tested on children under 6, and many haven't been tested on children under 16.

As a parent and longtime children's advocate, these findings concerned me a great deal, as they did Federal health officials and countless other experts. But, let me be very clear: Our goal has never been to attack these medications. 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 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.

At the White House that day, we met with representatives from many of the groups who are on the frontlines working on behalf of our children. We talked about what more we could do to ensure that children with emotional and behavioral problems get the right 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.

We asked, for example, how we are 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 also began to ask, why we aren't doing a better job of

combining drugs, when necessary, with family therapy and other behavior modifications? And what are the potential effects on our very youngest children who have not been tested for these prescription drugs and whose brains are in their most critical stage of development?

At our 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 knew that more research was necessary to ensure that we make more informed decisions about treatments for our children. Therefore, that day the NIMH announced that it would dedicate over \$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.

Second, the FDA announced it would look at some common psychotropic drugs and begin determining what dosage levels are appropriate for very young children. The goal is to put this critical information right on the drug labels. But, these studies would also address the obvious ethical issues that arise when you examine the use of prescription drugs in such a vulnerable group. The FDA's Pediatric Advisory Subcommittee has already begun meeting to discuss these ethical issues, and develop protocols for making the best diagnosis in young children. In addition, in October, the FDA and NIMH are holding a joint research meeting: "Psychopharmacology for Young Children: Clinical Needs and Research Opportunities."

Third, information about proper diagnosis and treatment of children with mental health problems has not reached many of the people who need it most – including parents, teachers, school nurses, social workers, pediatricians and family physicians. Therefore, at our White House meeting, NIMH released a new, easy to understand fact sheet to help parents make the right decisions about their children's treatment. The American Academy of Pediatrics announced it would develop new guidelines to treat and diagnose ADHD. Since then, those treatment guidelines were issued, and they are already giving vital assistance to health professionals everywhere.

Despite the progress already made, we know there are still many questions we must confront. All of us must look at the wide variations in treatment patterns and ask whether the kind of health insurance our children have is determining the kind of care they receive. We also should look at whether pharmaceutical companies are helping to increase the demand for particular psychotropic drugs, without doing the necessary research to understand the full effects these drugs could have on our young children.

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 mental illnesses. This week's conference is a very important step, but it is certainly not the last step. I look forward to your recommendations and to working with all of you to ensure that young people get the care they need to have the childhoods and futures they deserve.