

Supplemental Security Income Benefits for Children

by

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As a child psychiatrist, I have treated hundreds of children who were receiving Supplemental Security Income. What I have observed in these cases is an alarming abuse of the SSI system, but more importantly, I have observed what a devastating effect the abuse of the SSI system can have on the child and the family. Because diagnosing a child with a psychiatric condition is based almost exclusively on the verbal report by the child's parent, it is easy for the doctor to arrive at the wrong conclusion. There are no blood tests or CAT scans or MRI's or even SPECT scans that can accurately diagnose mental illness. The mis-diagnosing of children with psychiatric conditions and the consequential over-medicating of these kids has become a problem of epidemic proportions in the US. When you add the financial incentive of getting your child diagnosed and treated with a mental illness, the pursuit of SSI benefits for children has become an irresistible attraction for poor families. If this abuse of the SSI system were only a waste of tax-payer dollars, that would be bad enough, but the fraudulent use of SSI is hurting children, both emotionally and physically. The best way to elucidate this problem is to share my clinical experiences with this committee.

In 2002, I met an 18 year old girl, who had been assigned to see me at the Riverside County mental health clinic for a psychiatric evaluation. For the purpose of this testimony, I will refer to her as Sarah. Sarah explained to me that she was required by the Social Security Administration to be reevaluated if she wanted to continue to receive her benefits check. She told me that since she was 14 years old, she had been abusing every street drug imaginable: Meth-amphetamine, cocaine, LSD, Marijuana, alcohol and others. It was at 14, after she had started abusing drugs, when her mother took her to be evaluated at a county mental health clinic. When she was high on speed, she was hyperactive and agitated. When drunk she was depressed. She only experienced her mood symptoms while using or withdrawing from drugs. Prior to the time Sarah started using drugs, she had no serious mood symptoms aside from being belligerent and demanding. Regardless, her psychiatrist diagnosed her with Bipolar Disorder. With this diagnosis her mother was able to secure SSI benefits for Sarah. Though she was prescribed psychiatric medications for her "mood disorder" she told me that never took the medications consistently and usually she refused them altogether. Furthermore, Sarah explained that she continued to abuse street drugs for the next 4 years. She described her own behaviors as defiant, rebellious and wild throughout those drug soaked teen years from 14 to 18 years old. Sarah presented her history with pride and impunity.

At 18 years old, Sarah moved out of her mother's house and started cashing and keeping her SSI benefit check of over \$800.00/month. Though she abused drugs excessively, she was an otherwise beautiful, physically healthy, able-bodied, trim, attractive, smart, Caucasian, blond girl. Sarah reported in this first session with me, that she had established the practice of cashing her SSI check each month, checking into a cheap motel, buying up all the "meth" the SSI funds would afford and then she and her boyfriend would use drugs continuously until the money ran out. When the motel evicted them for non-payment, they would sleep on the streets and pan-

handle for money until the next SSI check arrived. With the start of each month, Sarah and her boyfriend would cash her SSI check and repeat this same routine.

When I confronted Sarah with the fact that using her SSI funds to do drugs was destroying her own life, she stated that she didn't care and that she was having fun. She told me that in spite of the fact that she was perfectly capable of working, her Bipolar diagnosis entitled her to the SSI money and that she had every intention of continuing to use that money to finance her drug use. When I pointed out to Sarah that people worked hard and paid their taxes to support programs such as SSI for the benefit of the truly needy, she responded by telling me that, "People who work and pay taxes are chumps." Furthermore, I explained that her abuse of the SSI system was fraud. She went on to provide me with the following advice. If working people had, "half a brain they would figure out her scam," and take advantage of the system as she had. I offered Sarah psychotherapy, vocational training and drug rehabilitation. She declined all of our services including refilling her psychiatric prescriptions. She reported that she had not taken any of the medications prescribed to her in the past few years anyway.

She asked that I simply complete her renewal application for her SSI benefits. I completed the application providing the SSA evaluators with all the information I had gathered in this first meeting. Her benefits were denied. I thought I had seen the last of Sarah, but a year later she and her mother returned to the clinic together. The mother demanded that I complete the SSI application again, this time describing Sarah as disabled so that she could start receiving the checks again. Sarah's mother explained that their house had burned down recently, and the family really needed the income to rebuild her home. Of note is the fact that without the SSI funds, Sarah had been forced to curtail her drug use, move back in with her mother and get off the streets. I declined to falsify the application just to secure the funds for the family. The mother became enraged and went directly to the clinic supervisor to complain that the doctor was cold hearted and unfair. Sarah's case was reassigned to another psychiatrist who immediately completed the application as Sarah's mother directed and the girl, once again, received her SSI check.

I wish I could report to this committee that this was an unusual case and did not represent the majority of the families that I treat. For those of us in the trenches, we see what the researchers, the number crunchers, the professors, the staff at advocacy programs, and politicians never see. But the fact is that this case is typical of how the SSI program is viewed by the lower income population whom I serve. They see the SSI program as an opportunity to cash in on a deal, from which everyone else in their community is benefitting. So, they justify to themselves....that if everyone else is benefitting, why shouldn't they cash-in too? The evidence that the financial incentive is foremost in their minds, not the mental health of their children, is revealed when they first present their child for "treatment." Those who lack any scruples, but are not very good at deception, start by telling me that their neighbor, friend or their sister told them that their kid could get SSI if the doctor would "fill out the forms." The childhood SSI program was supposed to be essential financial aid for families with extremely sick children. In reality it is crippling the ambitions and ruining the physical health in many, if not most, of the children currently on the program's rolls.

If the loss of ambition and productivity in SSI participants was the only casualty in this fiasco, I would say that this problem was no more than another example of how government waste leads to unintended negative consequences. But this problem is much more devastating for the children it purports to serve. Children learn, in the process of being evaluated and assigned their SSI benefit, that they are “disabled.” This can destroy a child’s self-esteem. These children give up on their hopes and dreams because they now see themselves as less of a person than their peers, less capable and less deserving of the lofty aspirations that kids often have. They resign themselves to the role that their parents have assigned them—the disabled patient—all in the service of an entitlement check for their parent’s benefit.

This final case is an example of how far this folly can go. Most of the children I see on SSI have been prescribed powerful psychiatric medications by their previous doctor. These medications can have ravaging physical side effects. It is very common amongst children being treated in mental health clinics to be morbidly obese—an effect caused by the most popular psychiatric medications prescribed to children: Abilify, Risperdal, Seroquel, Depakote along with a host of other psychiatric drugs. Worse than the obesity, diabetes, lethargy, sedation, and confused/dulled thinking, that these medications can cause, is the potential for these drugs to kill.

On December 13, 2006, at 4 years old, Rebecca Riley died in Hull, Massachusetts as a direct result of the medications prescribed for her Bipolar Disorder—a diagnosis assigned to her when she was only 2 years old. At the time of Rebecca’s death, both parents were unemployed, collecting welfare, food stamps and disability benefits while living in subsidized housing. Rebecca’s parents had secured Social Security disability benefits for themselves and Rebecca’s two siblings, who were 11 and 6 years old in 2006. All four family members had been awarded their benefits based on diagnoses of mood disorders. The psychiatrist, Dr. Kifuji, who had facilitated the procurement of the siblings’ disability benefits and who prescribed the medications that ultimately killed Rebecca, reported that the girl’s parents repeatedly pressed her to help the family get Rebecca on the SSI rolls. This would enable the couple to collect a 5th SSI check for the family. Toward this end, the mother, Carolyn Riley, continually complained to the doctor that Rebecca required higher and higher doses of her medications for what Carolyn described as out-of-control behavior. Meanwhile, Rebecca’s teachers, neighbors and uncle reported that Rebecca was severely sedated most of the day. At 4 years old, she needed help off and on the school bus, slept on her desk most the day and only awakened at home to eat meals. Dr. Kifuji would not comply with the mother’s demands to assist in getting Rebecca on SSI, though she was willing to continue to prescribe Rebecca the heavily sedating psychiatric drugs that killed her. Both parents went to jail for murder in 2010. Dr. Kifuji did not face charges because she agreed to cooperate with the prosecutor’s office.

Though SSI abuse rarely results in the death of the children it serves, the SSI system as it is used for mental health disabilities is causing more impairment in children emotionally and physically than it helps. The side effects caused by the medications used in the treatment of mental illnesses can lead to permanent physical damage. Furthermore, the label of “disability” can have an extremely detrimental effect on the emotional well-being of the child. The childhood SSI program is not working. It is devastatingly corrupt. It is a menace to children and a tragic misuse of public funds. I implore this committee to reform the Supplemental Security Income benefits program for children or end it before any more children are hurt.