

SAMPLE OPINION LETTERS AND LETTERS TO THE EDITORS

Governor Should Veto Harmful Bill on Teacher-Parent Communication

Utah HB202

By Linda Smith

As a mother, grandmother, former school teacher and Utah resident of more than 40 years, I was disheartened to hear that the Utah House of Representatives passed HB 202, "The Medical Recommendation for Children Act." Despite its well-meaning name, if the bill became law, it would discourage teachers from communicating with parents about important observations in the classroom that could lead to a mental health evaluation.

I have seen firsthand the importance parent-teacher communication plays in making a difference in a child's life. It was 20 years ago that my son's third grade teacher began alerting me to the fact that, among other things, he was disruptive, underperforming and not attending to tasks in the classroom. Because of this information I was able to take him to our doctor for a thorough medical evaluation, where he was diagnosed with attention-deficit/hyperactivity disorder (AD/HD) and oppositional defiant disorder (ODD) . Once he began treatment, his academic and personal life turned around for the better.

Today I see how parent-teacher communication has helped identify behaviors that have led to a diagnosis of AD/HD in my grandchildren. Because society better understands AD/HD and mental health disorders and there are scientifically-proven ways to treat it, my grandchildren will be unencumbered by the obstacles, frustrations and setbacks that stem from undiagnosed AD/HD.

Too bad I cannot say the same for some of my former students. When I taught English at one of Salt Lake City's high schools in the 1960s, a number of my students were underperforming and being disruptive. At the time, there was very limited understanding of the disorders that caused these issues, and many students were labeled as "bad kids" and relegated to detention hall or expelled altogether. I am certain that for many of these students life got no easier after high school.

There has been a great deal of progress since then, which makes HB 202 all the more alarming. If the bill becomes law, the legislature will be sending a message that we should ignore what government-funded research tells us about mental health disorders and turn the clock back on how we deal with them.

The bill's proponents claim that they are trying to prevent teachers from making

inappropriate recommendations or comments to parents regarding the benefits or use of medications in schools. But surely they know that federal law already prohibits such actions and the Utah State Board of Education has had a specific regulation in place since January 2003.

Let's not fool ourselves; if this bill were to become law, it would be used by anti-mental health advocates as leverage to intimidate schoolteachers. School officials could clamp down on communications, and parents would become clueless about their children's learning habits, behavior and social interactions. And it could have a devastating impact on many of our children.

Sadly, the state Senate is expected to pass this bill soon. We are left with very few options, so as a mother, grandmother, educator, advocate and human being, I am sounding the alarms and sending out an SOS to the governor. Please veto this bill.

Linda Smith is director of education for Utah CHADD.

Final Version

Utah Legislature Should Look to Science, not Science Fiction

Utah HB 299

By Peter Jensen, M.D.

As a Utah native and the principal author of the largest and most comprehensive research study on attention-deficit/hyperactivity disorder (ADHD), I am disheartened to see that the so-called “Ritalin Bill” was re-introduced recently in the state legislature.

The bill in question, HB 299, could keep teachers from communicating with parents about any observations that suggest a student has ADHD, a neurobiological disorder marked by inattention and/or hyperactivity. This bill completely runs counter to the science of this disorder.

Teachers spend at least 30 hours a week with their students, observing their learning habits, social interactions and behavior in and out of the classroom. They are in a unique position to raise red flags with parents when major problems that indicate learning and/or behavioral problems arise. It is then up to the parent to take the child to a medical or mental health professional for diagnosis and treatment.

Clinicians also rely on the observations of teachers as they identify the problem and determine the best treatment options for the child. If the conclusion is that the child has ADHD, the flow of communication among medical professionals, parents and teachers will greatly enhance the strategies that help the child succeed. Medication can be an important element of ensuring these strategies are successful – but the question of medication is one that is decided between physician and parent.

Some people claim we are over-medicating our children. Actually, it’s just the opposite. We’re giving them the best that science has to offer and helping them realize their true potential.

In the late 1990s I led one of the largest and most comprehensive studies on ADHD, sponsored by the National Institute of Mental Health entitled, *The Multimodal Treatment Study of Children with ADHD*. The report found that medication, along with other treatments, can play a necessary and important part in reducing the symptoms of ADHD.

Thanks to this study, we now know that children with the disorder, when they are identified early and properly treated, can succeed at school and at home. But kids who don’t receive the treatment they need, as will happen if teachers are barred from talking to parents about behavior problems observed in the classroom, face severe consequences: school failure, adjudication and, later in life, problems in the workplace, with finances and in relationships.

We can only hope Utah legislators will defeat HB 299 and explore ways to better help parents, teachers and medical professionals to identify and treat students struggling with

this debilitating condition. To do this, our policymakers must turn to the science and turn away from science fiction.

Peter Jensen, M.D., is the director of Columbia University's Center for the Advancement of Children's Mental Health.

Final version