

LETTERS TO LEGISLATORS AND GOVERNORS

February 23, 2007

The Honorable Jon H. Huntsman, Jr.
Governor
State Capitol Complex
East Office Building, Suite E220
PO Box 142220
Salt Lake City, Utah 84114-2220

Dear Governor Huntsman:

As national organizations representing families, children, and mental health professionals from across the country, we urge you to veto House Bill 202 – “Medical Recommendations for Children.” If enacted, HB 202 would prevent school personnel from openly communicating with parents and families about mental health related concerns, thereby creating a serious barrier to the early identification of mental health treatment needs in children and adolescents.

This bill infringes upon one of the basic tenets in education – the vital need for open communication between parents and schools about the health and well-being of children. If enacted, HB 202 would create a chilling effect on the willingness of school professionals to talk openly with families about mental health related concerns. When behavior interferes with learning, the development of healthy peer relationships and day-to-day functioning, **nothing** should stand in the way of an open and honest discussion between school personnel and families about what is best for the child.

HB 202 directly contradicts calls from national leaders for schools to play a more significant role in helping to identify children and adolescents living with mental illnesses (President Bush’s New Freedom Commission Report on Mental Health, 2003). It also threatens to drive up the number of children and adolescents with undiagnosed and untreated mental illnesses.

In this nation, we do a poor job of identifying children and adolescents living with mental illnesses. This has been well documented in numerous reports released by the U.S. Surgeon General and the nation’s leading experts in children’s mental health. Well-documented studies show that unidentified mental illnesses in our nation’s youth leads to tragic consequences, including youth suicide, school drop-out and failure, increased involvement with law enforcement and juvenile justice, and unnecessary suffering.

Our organizations firmly believe that schools should never require a student to be placed on medication as a condition for attending school (see attached fact sheet). However, this issue has already been addressed in federal law (in the 2004 reauthorization of the Individuals with Disabilities Education Act – IDEA) and is prohibited in Utah by regulations issued in 2003 by the State Board of Education (Education, Administration R277-611).

There are other compelling reasons to veto HB 202. The bill, if enacted, is an unfunded mandate that places the burden of training on the dictates of the law on Utah's 40 local school districts. So not only is there a lack of justification for the bill, but it would also require scarce education funds to be expended to inform and educate schools about the bill's provisions.

Also, this bill, if enacted, would drive up stigma by singling out and targeting mental illnesses in children. Stigma is the single greatest barrier to people living with mental illnesses accessing services and supports. Our organizations dedicate much of our work to eradicating stigma and are deeply concerned with anti-psychiatry activity that reinforces harmful stereotypes.

We respectfully request that you veto HB 202 because it threatens to harm Utah's children with mental health treatment needs and their families. We greatly appreciate your leadership in protecting the needs of children and adolescents living with mental illnesses and their families.

Sincerely,

American Academy of Child & Adolescent Psychiatry (AACAP)
Child & Adolescent Bipolar Foundation (CABF)
Children & Adults with Attention/Deficit/Hyperactivity Disorder (CHADD)
Federation of Families for Children's Mental Health
Mental Health America (MHA)
National Alliance on Mental Illnesses (NAMI)

cc: Christine Kearl, Deputy for Education
Michael Mower, Deputy Chief of Staff/Communications Director
encl: *Improving the Mental Health & Well-being of America's Children* Fact Sheet

Final version



IMPROVING THE MENTAL HEALTH & WELL-BEING OF AMERICA'S CHILDREN

THE FACTS

Serious emotional and mental disorders in children are real. Empirical research in neuroscience and the behavioral sciences is advancing our understanding of the etiology of these disorders. (Mental Health: A Report of the Surgeon General, 1999).

1. 10% of children and adolescents in the United States suffer from serious emotional and mental disorders that cause significant functional impairment in their day-to-day lives at home, in school and with peers (Mental Health: A Report of the Surgeon General, 1999).
2. In any given year, only 20% of children and adolescents with mental disorders are identified and receive mental health services (Mental Health: A Report of the Surgeon General, 1999).
3. Treatment of many serious emotional and mental disorders is effective. Psychotherapy, behavioral interventions, psychopharmacology and other interventions have been demonstrated to be effective for many childhood disorders. (Mental Health: A Report of the Surgeon General, 1999).
4. Untreated, these disorders can lead to devastating consequences for children.
 - a. Unidentified and untreated mental disorders can mean the loss of critical developmental years and can lead to youth suicide, school failure and involvement with the juvenile justice and criminal justice systems.
 - b. Approximately 50% of students with a mental disorder age 14 and older drop out of high school -- the highest dropout rate of any disability group (U.S. Department of Education, 2001).
 - c. Suicide remains a serious public health concern and is the third leading cause of death in youth aged 10 to 24. More youth and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease combined (National Strategy for Suicide Prevention, 2001). Research shows that 90% of people who die by suicide suffer from a diagnosable and treatable mental illness at the time of their death (Mental Health: A report of the Surgeon General, 1999).
 - d. 70% of youth involved in state and local juvenile justice systems throughout the country suffer from mental disorders, with at least 20% experiencing symptoms so severe that their ability to function is significantly impaired.

(Blueprint for Change, National Center for Mental Health and Juvenile Justice, 2006.)

The Value of Early Identification and Intervention

1. Mental health is central to the health and well-being of children. Those living with emotional and mental disorders must be identified early and linked with effective services and supports to avoid losing critical developmental years that will simply never be recaptured.
2. Parents play a crucial role in the identification and treatment of childhood emotional and mental disorders. They must drive decisions related to the identification and treatment of mental disorders to help achieve the best outcomes for their children.
3. Schools are in a key position to identify mental health concerns early and to openly communicate concerns with parents. Strong school mental health programs and open communication with families can help to reduce the pain and suffering all too often experienced by youth with undiagnosed and untreated mental and emotional disorders.
4. Treatment decisions must always be made by the parents of the child, in close consultation with a treating physician, and not with any pressure from the school system. Federal law prohibits schools from requiring a child to be placed on medication as a condition for attending school. It simply should never happen in any school in America.

Take Action

We call on you to reject attacks on children's mental health, mental health screening, and the use of medications to treat serious emotional and mental disorders. These attacks often lack reliable data and research to support them and reinforce harmful myths and stereotypes that drive up stigma.

As a coalition of family and provider organizations, we stand ready to work with you to improve children's mental health and well-being in America. We look forward to working with you to ensure the development of effective systems of care and services for children and families.

Coalition Partners

American Academy of Child and Adolescent Psychiatry (AACAP)
Child and Adolescent Bipolar Foundation (CABF)
Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)
Federation of Families for Children's Mental Health (FFCMH)
Mental Health America (MHA – formerly the National Mental Health Association)
National Alliance on Mental Illness (NAMI)

January 2007

April 17, 2006

The Honorable Tom Lee
President
Florida Senate

Dear Senate President Lee:

As national organizations representing families, children, and mental health professionals from across the country, we write to express our opposition with Florida Senate Bill 2286. It has come to our attention that your State is considering passage of this legislation which inaccurately portrays the purpose of student evaluation and threatens to jeopardize the health and well-being of Florida's children, youth and families. Specifically, our opposition to SB 2286 stems from the proposed language included in the consent form that parents would be required to sign to have their child evaluated for school-based services.

The proposed consent form reinforces harmful stereotypes and may prevent parents from consenting to an evaluation for their child. This bill promises to drive up stigma surrounding mental illnesses.

National leaders in our country have called for an end to stigma. President Bush made the following statement in calling for an end to stigma:

*"Stigma leads to isolation, and discourages people from seeking the treatment that they need. Political leaders, health care professionals, and all Americans must understand and send this message: mental disability is not a scandal, it is an illness. And like physical illness, it is treatable, especially when the treatment comes early."
(Statement by President Bush in New Mexico, calling for the U.S. to make a commitment to mental health care, April 29, 2002)*

This proposed legislation directly contradicts the President's message. It suggests that mental illnesses are not real illnesses because there are no blood or brain tests to prove their existence. This ignores years of research clearly showing that bipolar disorder, major depression, and attention deficit/hyperactivity disorder are serious illnesses that dramatically affect the lives of children, adolescents and their families. Many childhood illnesses are diagnosed through observation of symptoms. Surely we would not think of calling into question the existence of asthma simply because there is no specific test for the disorder. It is equally inappropriate to do so with mental illnesses.

The legislation will also discourage families from following the President's recommendation to seek early treatment. The consent form will unnecessarily alarm parents and discourage them from seeking an evaluation of their child. It contains a detailed discussion of negative side effects, but no mention of the benefits of mental health

treatment and the numerous research studies documenting the effectiveness of such treatment.

While the proposed consent form would be more balanced if it included a discussion of the benefits of treatment, it is entirely inappropriate for a school-based consent form to attempt to convey any medical information to families. First, it is important to note that medication is not a covered service under the Individuals with Disabilities Education Act (IDEA). IDEA specifically excludes any medical services, including medication. The detailed information about medications will mislead parents to believe that their child is being evaluated for medical intervention by their school.

Second, a consent form alone cannot adequately inform parents of the risks and benefits of treatment for their child. That is the job of a trained medical professional, who receives years of specialized training. Parents do not need a laundry list of every possible side effect to any medication. They need tailored information pertaining to their particular child and the treatments that may be appropriate for him or her. A trained medical professional can fully answer their questions. School personnel cannot. By providing information in the school context, this legislation invites confusion and frustration for parents.

Our organizations are concerned that SB2286 may further impair access to services and supports that promote child health and well-being and prevent mental illness. While an estimated four million American youth have a major mental illness, less than one-third of children who need mental health treatment receive any services at all, and even fewer receive appropriate care.¹ We are deeply concerned in light of data consistently showing that our nation fails to identify the overwhelming majority of children and adolescents living with mental health treatment needs. This all too often leads to tragic consequences, including unnecessary incarceration, social isolation, school drop-out, academic failure and youth suicide.

Legislation like SB 2286 imposes additional barriers to treatment and exacerbates the stigma associated with seeking assistance. In short, if the Florida legislature is to respond to the mental health needs of its youngest citizens in a manner commensurate with its impact on public health, it must tackle the alarming barriers to treatment that continue to face so many families whose children have mental health treatment needs, and the misinformation and stigma that still cloud understanding of mental illness.

Our collective organizations have fought for years to end the stereotypes and myths that are reinforced in the language in this bill. We stand behind science and research advances that show that the overwhelming majority of children that receive mental health treatment go on to lead better lives.

¹ US Department of Health and Human Services. *Mental Health: A Report of the Surgeon General*. 1999.

We oppose SB 2286 because it threatens to harm Florida's children with mental health treatment needs and their families.

Sincerely,

American Academy of Child & Adolescent Psychiatry (AACAP)
American Psychiatric Association (APA)
Child & Adolescent Bipolar Foundation (CABF)
Children & Adults with Attention/Deficit/Hyperactivity Disorder (CHADD)
National Alliance on Mental Illnesses (NAMI)
National Mental Health Association (NMHA)

Cc: Governor Jeb Bush
Senator Evelyn J. Lynn, Chair, Education Committee
Senator Durell Peaden, Jr., Chair, Health Care Committee
Members, Senate Education Committee
Members, Senate Health Care Committee

Final version

April 4, 2007

RE: HB164

Dear Senator Estabrook:

As Executive Director of NAMI NH, I am writing in **opposition** to the recently passed HB164. On the surface, as one reads the bill, it seems harmless enough. However, as one reads between the lines, this bill is an indicator of the continued stigma associated with mental conditions and the discrimination which persons with those conditions face throughout our state. It is unfortunate that this bill even comes before the Senate Education Committee.

The bill prohibits school personnel from recommending the use of psychotropic medications for any child. Why are psychotropic medications the only medications addressed in this bill? Psychotropic medications have been demonstrated to be effective for many mental illnesses. The medical literature is filled with this research. What if the child had asthma or a serious infection? Wouldn't it be OK for school personnel to recommend that perhaps medication was in order-we think so. Our position is that psychotropic medication should not be treated any differently than any other medication. This bill should not be added to RSA 189 because it is discriminatory.

Two final points which are important to NAMI NH and which relate to this action:

- Schools are in a key position to identify mental health concerns early and to openly communicate concerns with parents. Strong school mental health programs and open communication with families can help to reduce the pain and suffering all too often experienced by youth with undiagnosed and untreated mental and emotional disorders and;
- Treatment decisions must always be made by the parents of the child, in close consultation with a treating physician, and not with any pressure from the school system. Federal law prohibits schools from requiring a child to be placed on medication as a condition for attending school. It simply should never happen in any school.

The system is working as it is. For the most part, school personnel are working with parents to determine the best course of action for the "concerned" child. Let's leave things as they are. Thank you for giving our position a full review. We hope you consider marking this bill **ITL**.

Sincerely,

Michael J. Cohen, MA, CAGS
Executive Director
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