DO NOT PASS HB 1386 - SUICIDE "PREVENTION"

My name is Amy Philo. I am a Zoloft survivor, a law student, a former teacher, and a mom. I was given Zoloft samples by my doctor in 2004 for anxiety when my newborn nearly died, and within three days on the drug I became suicidal, homicidal and began hallucinating. No warning label had been included on the samples so I had no idea the drug had the potential to make me kill myself or my child. I was simply roped into a PPD prevention treatment plan because my doctor thought he was going to help me. I survived, but many of my friends have lost children to antidepressant induced suicide. The same thing could easily happen to our students, if we encourage mental health treatment without giving them adequate informed consent.

There are three main problems with this bill. First, there is **no informed consent** for either the formal or informal screenings that may be conducted, or the treatments that may be promoted. **Second,** there is not enough oversight and there are **no adequate safeguards for children.** And **third, the grants to fund this program could come from anywhere, including drug companies.**[1]

Suicide – it's a topic I deal with on a daily basis. To be against this bill the average person would think I would have to be against preventing suicide. Far from it. As I told a friend recently about myself and those who fight for kids every day, "We are not against suicide prevention, we ARE suicide prevention." If you really want to reduce suicides in the student population, you should be looking at ways to discourage people from drugging their children. But instead, it seems you're looking to do the opposite with this legislation.

As a result of this bill, should you pass it, schools will be likely to be keeping track of all students referred to parents as having a "necessity" for mental health "early intervention."

SAMHSA's website states "Prevention Works, Treatment is Effective, People Recover." In too many cases, as was the case for me, early intervention or "prevention" simply means preemptive drugging. That is, drugging someone before they even have a mental health problem. And that is not a "best practice" as far as I am concerned.

The bill allows the department to solicit and accept grants from pretty much anyone. Who's to say that the department won't be taking drug company money, or drug company money laundered through the same nonprofit organizations which are currently under U.S. Senate investigation for undisclosed conflicts of interest with pharmaceutical companies? The UK instituted a "Defeat Depression" campaign which essentially resulted in an increase in sales of antidepressants, and this bill would do the same thing. Yet antidepressants are no more effective at treating depression than a placebo, and they double the risk of suicide. And they work so poorly that drug companies now advertise antipsychotics as "add-on" treatments for depression. Usually, however these are actually prescribed in an attempt to counteract the psychotic effects of the antidepressants.

Wanting to help parents keep an eye on their children is more than fine, but any time there is a law or state policy in place regarding this goal of suicide prevention, teachers and other educators will be held accountable for follow-through. As a former teacher I know that when things go into a District Improvement Plan, they always funnel down resulting in teachers doing paperwork on students,

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[1] Chapter 161, Health and Safety Code. Proposed legislation amends by adding Subchapter 0-1, Subsection (f) (Line 23, Page 4 of attached bill): "**(f) The department may solicit and accept a gift, grant, or donation from any source for purposes of this section.**"

keeping track of them and having to do follow-up. Under this bill, that amounts to trying to make sure that students get mental health treatment even if they are only "at risk."

Our allies have fought hard against recommendations by schools that children be placed on drugs for years, passing the Child Medication Safety Act in the U.S. Congress which prohibits schools from recommending drug treatment to parents. But even though you're saying parents still have a choice (which they always do), what is to stop the school from recommending the mental health services of organizations that do recommend drugs?

Are we to believe that without full information being made available to everyone on the state's website regarding the risks of treatment, fewer children will wind up taking psychiatric drugs after the bill passes than the number of children taking them today?

Take the recent case of Detroit mother Maryanne Godboldo. Maryanne's daughter was in an at-risk program because she had a physical disability. After a series of vaccines caused a brain injury, her 13-year-old was placed on an antipsychotic for behavior problems at the recommendation of this agency which was supposed to be helping her. When Maryanne saw that the drug was hurting her daughter, she and her doctor took her daughter off the drug. However because her daughter wasn't on meds, the agency referred Maryanne to CPS. As a result, Maryanne's daughter was placed in a psych ward, where she was allegedly molested and contracted an STD.

When the state gets involved in promoting mental health "early intervention," that is simply a smoke screen for mental health screening being conducted under the radar. And under the language of this bill, schools can essentially conduct these programs as they may desire without subjecting this legislature to any criticism for the consequences - and with almost no oversight and most assuredly nothing to safeguard our children. One widely used screening test included in the now infamous Teen Screen program had an astonishingly high false positive misdiagnosis rate of 84% - only 16 out of every 100 students referred as being suicidal were actually suicidal.

If the state wants to help prevent suicide, you owe it to parents and children to at least make informed consent and informed refusal provisions explicit in the legislation. Before educators conduct any type of informal or formal assessments on students to determine them to be at risk, and before they refer them to parents as having a "necessity for early intervention," a parent should have to give informed consent to this screening - which is a medical diagnostic procedure. After all, a screening is a search, which under the Fourth Amendment requires adequate privacy protections including informed consent.

The UK made a wise move several years ago and banned almost all antidepressants for children because antidepressants cause, not prevent suicide. And the U.S. FDA's Black Box warning on antidepressants states that children and young adults are at least twice as likely to become suicidal on antidepressants as they are on placebo.

Any and every mental health industry promotional website sponsored by the state should be mandated to carry the same warnings that the FDA mandates drug makers to include with their drug packages. Parents and children, school staff members and teachers deserve to be warned and educated on the risks that children will be exposed to when and if they do seek out treatment.

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Nobody is saying students should never seek counseling, but with the risk of drug treatment being recommended by the so-called suicide prevention resources as high as it so obviously is, offering accurate information on drug risks is the least that the state can do to protect children and their parents from unnecessary tragedy.

I urge you to add at least a minimal level of informed consent to the language of this bill, in the form of posting the same required Black Box warnings that the FDA mandates on packages, to the state's website and in the student handbooks. Furthermore, I urge you to add informed consent language to the informal assessment sections of the legislation.

Before you can help even one child through any kind of mental health intervention, you have to recognize that these children and their families have every right not to be blindsided. Do what is truly best for these children and help protect them from dangerous and often deadly drugs.

Thank you for your time and attention.

Respectfully submitted,

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A BILL TO BE ENTITLED

AN ACT

relating to the public health threat presented by youth suicide.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. This Act is dedicated to every child who has fallen victim to severe emotional trauma.

SECTION 2. The legislature finds that:

(1) the United States Surgeon General's Report on Children's Mental Health estimates that one in five children and adolescents will experience a significant mental health problem during their school years;

(2) during elementary school years, children are in an ongoing developmental process where it is crucial that healthy mental and behavioral development be promoted and that a solid foundation in social-emotional skills and capacities be built;

(3) adolescence is a period of significant change, during which youth are faced with a myriad of pressures;

(4) the pressures facing youth during adolescence include pressures relating to adapting to bodily changes, succeeding academically, making college and career decisions, being accepted by peers, including pressure to engage in drugs, alcohol, and sex, measuring up to expectations of others, and coping with family and peer conflicts;

(5) increased levels of victimization also lead to increased levels of depression and anxiety and decreased levels of

self-esteem;

(6) emotional trauma and mental health issues, if left unaddressed, can lead and have led to life-threatening violence and suicide;

(7) suicide committed by youth continues to present a public health threat that endangers the well-being of the youth of the state;

(8) suicide is the third leading cause of death for persons who are at least 15 years of age but younger than 25 years of age and the sixth leading cause of death for persons who are at least 5 years of age but younger than 15 years of age; and

(9) it is of the utmost importance to keep children and adolescents mentally healthy and on a course to become mentally healthy adults.

SECTION 3. Chapter 161, Health and Safety Code, is amended by adding Subchapter O-1 to read as follows:

SUBCHAPTER O-1. EARLY MENTAL HEALTH INTERVENTION AND PREVENTION OF YOUTH SUICIDE

Sec. 161.325. EARLY MENTAL HEALTH INTERVENTION AND SUICIDE PREVENTION. (a) The department, in coordination with the Texas Education Agency, shall provide and annually update a list of recommended best practice-based early mental health intervention and suicide prevention programs for implementation in public elementary, junior high, middle, and high schools within the general education setting. Each school district may select from the list a program or programs appropriate for implementation in the district.

(b) The programs on the list must include components that provide for training counselors, teachers, nurses, administrators, and other staff, as well as law enforcement officers and social workers who regularly interact with students, to:

(1) recognize students at risk of committing suicide, including students who are or may be the victims of or who engage in bullying prohibited in accordance with Section 37.0832, Education Code;

(2) recognize students displaying early warning signs and a necessity for early mental health intervention, which warning signs may include declining academic performance, depression, anxiety, isolation, unexplained changes in sleep or eating habits, and destructive behavior toward self and others; and

(3) intervene effectively with students described by Subdivision (1) or (2) by providing notice and referral to a parent or guardian so appropriate action, such as seeking mental health services, may be taken by a parent or guardian.

(c) In developing the list of programs, the department and the Texas Education Agency shall consider:

(1) any existing suicide prevention method developed by a school district under Section 11.252(a)(3)(B) or 33.006(b)(1)(A), Education Code; and

(2) any Internet or online course or program developed in this state or another state that is based on best practices recognized by the Substance Abuse and Mental Health Services Administration or the Suicide Prevention Resource Center.

(d) The board of trustees of each school district may adopt

a policy, including any necessary procedures, concerning early mental health intervention and suicide prevention that:

(1) establishes a procedure for providing notice of a necessity for early mental health intervention regarding a student to a parent or guardian of the student within a reasonable amount of time after the identification;

(2) establishes a procedure for providing notice of a student identified as at risk of committing suicide to a parent or guardian of the student within a reasonable amount of time after the identification;

(3) establishes the actions to take to obtain assistance, intervention, and notice to a parent or guardian in response to the necessity for intervention; and

(4) sets out the available optional counseling alternatives for a parent or guardian to consider when their child is identified as possibly being in need of early mental health intervention or suicide prevention.

(e) The policy and any necessary procedures adopted under Subsection (d) must be included in:

(1) the annual student handbook; and

(2) the district improvement plan under Section 11.252, Education Code.

* (f) The department may solicit and accept a gift, grant, or donation from any source for purposes of this section.

(g) Not later than January 1, 2013, the department shall submit a report to the legislature relating to the development of the list of programs and the implementation in school districts of

selected programs. This subsection expires September 1, 2013.

(h) Nothing in this section is intended to interfere with the rights of parents or guardians and the decision-making regarding the best interest of the child. Policy and procedures adopted in accordance with this section are intended to notify a parent or guardian of a need for mental health intervention so that a parent or guardian may take appropriate action. Nothing in this Act shall be construed as giving school districts the authority to prescribe medications; any and all medical decisions are to be made by a parent or guardian of a student.

SECTION 4. Section 11.252(a), Education Code, is amended to read as follows:

(a) Each school district shall have a district improvement plan that is developed, evaluated, and revised annually, in accordance with district policy, by the superintendent with the assistance of the district-level committee established under Section 11.251. The purpose of the district improvement plan is to guide district and campus staff in the improvement of student performance for all student groups in order to attain state standards in respect to the student achievement indicators adopted under Section 39.053. The district improvement plan must include provisions for:

(1) a comprehensive needs assessment addressing district student performance on the student achievement indicators, and other appropriate measures of performance, that are disaggregated by all student groups served by the district, including categories of ethnicity, socioeconomic status, sex, and

populations served by special programs, including students in special education programs under Subchapter A, Chapter 29;

(2) measurable district performance objectives for all appropriate student achievement indicators for all student populations, including students in special education programs under Subchapter A, Chapter 29, and other measures of student performance that may be identified through the comprehensive needs assessment;

(3) strategies for improvement of student performance that include:

(A) instructional methods for addressing the needs of student groups not achieving their full potential;

(B) methods for addressing the needs of students for special programs, including:

(i) [~~such as~~] suicide prevention programs, in accordance with Subchapter O-1, Chapter 161, Health and Safety Code, which includes a parental or guardian notification procedure;

(ii) [~~,~~] conflict resolution programs;

(iii) [~~,~~] violence prevention programs; and

(iv) [~~, or~~] dyslexia treatment programs;

(C) dropout reduction;

(D) integration of technology in instructional and administrative programs;

(E) discipline management;

(F) staff development for professional staff of the district;

(G) career education to assist students in

developing the knowledge, skills, and competencies necessary for a broad range of career opportunities; and

(H) accelerated education;

(4) strategies for providing to middle school, junior high school, and high school students, those students' teachers and counselors, and those students' parents information about:

(A) higher education admissions and financial aid opportunities;

(B) the TEXAS grant program and the Teach for Texas grant program established under Chapter 56;

(C) the need for students to make informed curriculum choices to be prepared for success beyond high school; and

(D) sources of information on higher education admissions and financial aid;

(5) resources needed to implement identified strategies;

(6) staff responsible for ensuring the accomplishment of each strategy;

(7) timelines for ongoing monitoring of the implementation of each improvement strategy; and

(8) formative evaluation criteria for determining periodically whether strategies are resulting in intended improvement of student performance.

SECTION 5. This Act applies beginning with the 2012-2013 school year.

SECTION 6. This Act takes effect immediately if it receives

a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2011.