

Model Legislation #3

Note: The following proposed bills/regulations are models upon which governments can develop their own laws to safeguard citizens against psychiatric abuse.

FOR THE STATE OF _____ LEGISLATIVE SESSION

REGULATION TO BE IMPLEMENTED BY LAW TO PREVENT SCHOOL SETTINGS TO BE USED FOR MENTAL HEALTH SCREENING OR PSYCHOLOGICAL TESTING OF CHILDREN WITHOUT WRITTEN, PARENTAL INFORMED CONSENT.

A BILL ENTITLED: "MENTAL HEALTH SCREENING, CHILD PROTECTION AND INFORMED CONSENT ACT."

FINDINGS:

The use of educational settings to screen children and adolescents for "mental disorders" has led to parents not being given sufficient information about the purpose of such screenings, the ramifications if they consent—such as mandatory psychological or psychiatric treatment for their child and family—thereby violating the recognized requirements and standards regarding "full informed consent."

Frequently a system of "passive consent" is used whereby "consent" is considered provided when the parent DOES NOT return the consent form. The onus is, therefore, on the child/adolescent to transmit the consent form to the parent and on the parent ensuring that if consent is not given, the form is signed and returned. However, the onus should rest on both the school and the mental health professional or agency seeking to conduct the screening, with criminal penalties if consent is not obtained in writing and the child is subjected to non-consensual screening.

"PASSIVE CONSENT" OR OTHER CONSENT FORMS OFTEN:

- i. Mislead parents into thinking that what is taking place at the school is just a health evaluation for their child, not a psychiatric evaluation,
- ii. Do not include information about the personal and invasive questions their child will be asked,
- iii. Do not contain information on the difference between "emotional health concerns," mental disorders or physical diseases—the latter which can be physically tested for and the former which cannot, and
- iv. Leave the parent with so little information that he or she cannot make a proper informed decision to give valid informed consent.

Parents are also not informed that mental health screenings for "mental disorders" are based on those defined in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*. However, in the introduction of the *DSM-IV* it states, "Moreover, although this manual provides a classification of mental disorders, it must be admitted that no definition adequately specifies precise boundaries for the concept of 'mental disorder.'" Further, "...the term 'mental' disorders...persists in the title of *DSM-IV* because we have not found an appropriate substitute."

Unlike scientific methods to determine physical diseases like cancer, diabetes or tuberculosis, a diagnosis of "mental disorder" or "syndrome" is not based on any medical test, such as a brain scan, a "chemical imbalance" test, X-ray, or blood test. The former U.S. Surgeon General, in his 1999 Report on Mental Health—which became a reference for many countries—stated, "The diagnosis of mental disorders is often believed to be more difficult than diagnosis of medical disorders since there is no definitive lesion, laboratory test or abnormality in brain tissue that can identify the illness."

Harvard Medical School's Dr. Joseph Glenmullen warns that the checklist rating scales used to screen people for conditions such as "depression," are "designed to fit hand-in-glove with the effects of drugs, emphasizing the physical symptoms of depression that most respond to antidepressant medication... While assigning a number to a patient's depression may look scientific, when one examines the questions asked and the scales used, they are utterly subjective measures." He says, "[T]he symptoms are subjective emotional states, making the diagnosis extremely vague."

Based on the subjective nature of the mental health diagnostic system and mental health screenings, millions of children are prescribed antidepressants or stimulants recognized by leading drug regulatory agencies as causing suicidal behavior, suicide, violence, hostility and in the case of stimulants, the potential for strokes and heart attacks. In October 2004, the U.S. Food and Drug Administration (FDA) required a "black box" warning of suicide risks for all antidepressants prescribed to under 18-year-olds. In August 2005, The Commission of the European Communities that represents 25 countries issued the strongest warning yet against child antidepressant use, warning of the drugs potential to cause suicide attempts and suicidal ideation, aggression, hostility (predominantly aggression, oppositional behavior and anger) and/or related behavior. According to the U.S. Drug Enforcement Administration, the stimulant drugs being prescribed to children are scheduled as abusive as opium, morphine and cocaine. In February 2006, an FDA Advisory Committee recommended a "black box" warning for stimulants stating that they can cause heart attacks, strokes and even death.

As such, [INSERT STATE] parents, without explicit protection, will be unable to give informed consent about whether they want their child to participate in such screening.

THEREFORE, the [STATE EDUCATION AGENCY] shall:

- a) Prohibit the use of schools for any mental health or psychological screening or testing of any student, whether a non-emancipated minor or emancipated minor, without the express written consent of the parent or guardian.
- b) The consent form must be in a clear and legible form and in compliance with any state or federal regulation, in the primary language of the parent, not less than forty-five (45) days in advance of any such screening; and
- c) The consent form must be signed by the parent or legally appointed guardian of each non-emancipated minor or emancipated minor.
- d) The consent form must include the following information:

TO: (parent or guardian) _____

FROM: (school or organization) _____

[Particulars regarding name of screening program, where and when it will take place]

FULL INFORMED CONSENT FOR MENTAL HEALTH OR PSYCHOLOGICAL SCREENING:

Mental health or psychological screening methods for children and adolescents vary from state to state, but may involve a self-administered computer interview or survey to determine how a student feels emotionally (anxious or worried, sad or depressed) or to judge his or her behavior at the present time or in the past. These questions can cover thoughts or feelings your child has had or thoughts and feelings your child thinks you may have had or currently have about him or her.

An outcome could be you are asked to take your child for a follow-up interview or evaluation to determine if he or she has a mental disorder or syndrome. Based on an evaluation of your child's answers, he or she may be diagnosed with a "mental" or "psychiatric disorder." These diagnoses have to be made by a psychologist, psychiatrist or medical doctor, but the subjectivity of this diagnostic process makes it a risk.

Questionnaires or tests are frequently based on symptoms outlined in the *Diagnostic and Statistical Manual for Mental Disorders (DSM)* or the mental disorders section of the *International Classification of Diseases (ICD)*. The psychologist, psychiatrist and medical doctor often depend upon these diagnoses in order to bill private or government insurance.

The attitudes, beliefs, actions, inactions, or behaviors of a child or adolescent and whether or not these constitute a mental disorder are based on the opinion only of the person making the diagnosis. Unlike methods to determine physical diseases like cancer, diabetes or tuberculosis, a diagnosis of "mental disorder" or "syndrome" cannot be determined by any physical, medical test, such as a brain scan, a "chemical imbalance" test, X-ray, or blood test.

Mental health screening could be presented to you as a means of preventing suicide. However, there is no scientific evidence to substantiate this at this time. The U.S. Preventive Services Task Force (USPSTF) studied this and recommended against screening for suicide in 2004, saying that it "found no evidence that screening for suicide risk reduces suicide attempts or mortality."

Commonly psychiatric drugs prescribed to treat mental disorders can have very serious effects on some children. In 2005 the European Committee for Medicinal Products for Human Use (CHMP), which includes members from 25 European Member States determined that antidepressants should not be prescribed to under 18-year-olds because they can produce suicidal behavior, including suicide attempts and thinking about suicide and/or related behavior like self-harm, hostility or mood changes.

The U.S. Food and Drug Administration ordered that a "black box"—its highest level of drug warning—be placed on antidepressant packaging advising the drugs can induce suicide in children and teens. The FDA also has issued concerns that stimulant drugs prescribed children may cause "psychiatric events," described as "visual hallucinations, suicidal ideation, psychotic behavior, as well as aggression or violent behavior."

Before consenting to any such screening or survey, the educational facility must provide a manual and other published information which fully describes:

- (i) The nature and purpose of the screening/test or questionnaire.
- (ii) The development of the screening/test or questionnaire, its scientific validity as replicated in scientific studies, the rationale for the screening/test/questionnaire and reliability.
- (iii) Scientific journal citations demonstrating that the proposed screening/test or questionnaire has been proven to be reliable and valid by replicated scientific studies.

