

Texas Mental Health Legislation If You Aren't Mad, You Haven't Been Paying Attention

We started the 86th Texas Legislative Session to work on our usual issues - religious liberty, free speech, parental rights, education, life, national security, human trafficking, and foster care reform.

By February we knew our entire legislative session would be side-tracked by an issue that impacts most of the above-mental health.

Here's why you should be concerned:

Bills like SB10 and SB11 started coming to the forefront, promising school safety, yet threatening family security. By March, dozens and dozens of mental health bills had been filed.

We began finding familiar words from our work on foster care, education and the sex-Ed issue. Words like "social-emotional learning", "adverse childhood experiences", "healthy relationships", "trauma-informed care" - all controversial and without consensus even among professionals. (<https://thenationalpulse.com/commentary/new-study-shows-dangers-ineffectiveness-social-emotional-learning/> , <http://sbtexas.com/am-site/media/sel-presentation.pdf> , <https://www.psychologytoday.com/us/blog/stress-relief/201709/trauma-informed-approaches-the-good-and-the-bad>)

Why are these words in mental health bills and now programs being mandated for K-12?

We understand some people have serious mental health problems. While improvements in mental health must always be considered, we believe existing laws and programs are sufficient to support those.

What are we doing creating an expansive government bureaucracy?

We asked questions of legislators, but could not find anyone to explain the language or what the bills were seeking to do. In fact, we were asked to make a glossary because nobody understood what these words meant. (see first list of definitions from Faith and Family Day [HERE](#)).

Here's Where You Should Start Getting Mad:

These bills have everything to do with state intrusion into the personal decisions, parental rights and sincerely held religious beliefs of Texans. And apparently leadership does not care.

The last thing we need are school mental health clinics, services and curricula, subjective student assessments, a state-wide mental health consortium and controversial research on our children.

Senate Bill 10 and HB10. The “10’s” create consortia, or institutes, composed mainly of our medical schools, which of course receive big bucks from Big Pharma. Throw in a couple of agenda driven non-profits and mix thoroughly. The Consortium would consist of 12 Medical Schools and Chairs of Psychiatry and make recommendations for mental health for our entire state.

And like the special interest vehicles they are, SB10 and 11 seek to move full speed ahead with more access to psychiatry, which deals mainly with medications as treatment.

Given growing numbers of shootings, and suicides committed by those under the influence of psychotropic drugs, selling these bills as a solution to violence is unconscionable.

The Texas Tribune reported in 2015 the widespread consensus that pharmaceutical company partnerships with public universities are part of the new reality for medical research. Such funding arrangements have raised questions about the increasing role profit motive plays in science; and whether it delegitimizes the results of academic studies. <https://www.texastribune.org/2015/07/10/ut-system-partners-pharma-company/>

What school mental health initiatives would a conflicted Mental Health Consortium recommend? It’s clear from the plain language of Senate Bill 10 that we’re going to have psychiatrists reaching into our schools via telemedicine. Would they recommend universal, subjective mental health screenings and assessments? How about in your pediatrician’s office as the CEO of the Meadows Mental Health Policy Institute for Texas recommended in the senate SB10 hearing? (<https://s5de67c4496c9ef73.jimcontent.com/download/version/1549308853/module/11180200199/name/Primary%20Care%20Pediatrics%20-%20Trauma%20Screeener%20Standards.pdf>)

Dr. Moira Dolan, an internal medicine doctor in Austin, testified on SB10 in the Senate and questioned whether telemedicine programs that are in use now and billions of dollars the state has spent on mental health services have worked given that suicide rates among those 15-19 years old grew by 43 percent between 2007 and 2017. (<https://www.statesman.com/news/20190212/emergency-mental-health-bill-advances-in-texas->)

As one group put it, “Given the substantial investment our state has made in teen suicide prevention during that time, we should be calling for an investigation. Somebody spent the money and teens are dying.”

These bills are not about access to mental health care. Access could hardly be better. More and more psychiatric hospitals are being built. Child waiting lists at our publicly funded mental health clinics were virtually eliminated in 2017. <https://stateofreform.com/news/states/texas/2018/02/hhsc-report-mental-health-services-waiting-lists-released/>

In October 2013, The Center for Public Policy Priorities issued a brief of the 2014-2015 Texas Budget on Mental Health and said the Department of State Health Services budget contained an unprecedented \$2.6 billion (All Funds) for the public mental health system. They said this welcome attention would end a decade-long period of limited funding. And funding has continued to grow. They said the funding would enhance our system's infrastructure and commitment to ensure that individuals with serious mental illness and substance abuse disorder receive the necessary services. (Page 7).(https://forabettertexas.org/images/2013_10__PP_Budget_MentalHealth.pdf)

Mental health screenings may not keep children safe, but they sure will sell product- and that product is dangerous drugs.

Many tragic school/mass shootings and stabbings have involved psychiatric drugs. Dr. Karen Effrem, a pediatrician who also holds a background in pharmacy, says more mental health screenings, more access to care would not have stopped mass shootings or teen suicides. In the wake of mass casualty events, there are great risks of over-identifying children with mental health concerns. (<https://thenationalpulse.com/commentary/turning-teachers-psychotherapists-will-not-prevent-school-shootings/>)

If we really want to keep children safe, why aren't we investigating the link between Suicide and Psychotropic drugs?

HB4365 would have done just that...and it died. Groups like the Texas Medical Association, the Texas Hospital Association, the famously Pharma connected National Alliance on Mental Illness (NAMI), and Texans Care for Children made sure of it. If they really cared they would want to get to the bottom of this problem. But although it's undisclosed in Testimony Texans Care for Children received a grant from the Meadows Foundation in 2018: "\$75,000 Toward advocacy efforts related to child and youth mental health and familial substance use for the 2019 Texas Legislative Session" (<https://www.mfi.org/SearchGD.asp> , search Texans Care for Children)

It shouldn't be a surprise that these same groups are leading the charge for these intrusive school mental health bills.

SB10 makes clear that our already overburdened schools can be community mental health providers.

HB18 makes clear that our schools can bring in local mental health providers to run school based mental health clinics. This makes no sense at a time when a number of psychiatric hospitals are under investigation, indictment or under suit for holding patients against their will.

<https://www.star-telegram.com/news/local/community/arlington/article223102785.html>

<https://www.khou.com/article/news/lawsuits-patients-held-against-their-will-at-dallas-behavioral-hospital/285-509394385>

Forget the Special Interests and Think About Texas Families:

In laying out SB10, Senator Jane Nelson repeated Governor Abbott's tag-line about finding children who were "potentially at risk" and getting them the "help they need." This doesn't just sound like something out of "Minority Report." It's flat out dangerous. And it's real.

Mental screening for "at-risk" students is notoriously inaccurate (false positive rates as high as 84% - (see <https://thenationalpulse.com/commentary/parents-beware-mental-screening-students-ramps-up-texas/>) and what defines "at risk"? The problem with mental screening in general and with labeling "at-risk" children with a psychiatric label is that the already admittedly subjective diagnostic criteria are even more difficult to apply to children. The World Health Organization (not known as a conservative group) has said: "Childhood and adolescence being developmental phases, it is difficult to draw clear boundaries between phenomena that are part of normal development and others that are abnormal." (See more here -<https://thenationalpulse.com/commentary/turning-teachers-psychotherapists-will-not-prevent-school-shootings/> , <http://edlibertywatch.org/wp-content/uploads/2018/10/School-Safety-Memo-to-Commission.pdf>)

SB11 (see full analysis [HERE](#)) is aimed at school safety. We wouldn't be opposed - if only it stopped there. Instead, it erodes privacy, liberty, fails to warn parents or children that school Threat Assessment Teams are watching over, and potentially questioning their non-dangerous children, with no Miranda warning, and potentially no notification that questions have been asked. There is a provision for parental notification if the Threat Assessment Team thinks your child is suicidal, but how do they come to that conclusion?

Even if parents did give consent, would it be informed?

None of the mental health bills eliminate the need for parental consent. That's clearly in statute. The problem with current law is that it doesn't ensure parents are given adequate information. Would you let your children take a mental health screening with an 84% rate of false positives? How about a violence screening that's also undependable?

Here's Where You'll Really Get Mad:

What if your child takes one of these screenings, and knowing your child you decide to watch and wait, or get a second opinion? Will you be reported to Child Protective Services? A mental health supervisor for Austin Independent School District's campus police testified on HB10 that AISD alone had referred over 875 students to Child Protective Services over mental health issues so far this school year. In questioning, it sounded like many of these cases revolved around differences of opinion with parents.

Absent an immediate and obvious threat, there is no screening, assessment, or interview that can dependably prevent violence. Even the American Psychiatric Association has stated that when it comes to long term predictions of future dangerousness, they get it wrong in at least two out of three cases. <https://www.psychiatry.org/File%20Library/Psychiatrists/Directories/Library-and-Archive/amicus-briefs/amicus-1982-barefoot.pdf>

The "mental health" aspect of SB11 becomes even more troubling the more you read. It calls for implementation of subjective terminologies such as a "systemic and coordinated multi-tiered support system that addresses school climate, the social and emotional domain, and behavioral

and mental health," as well as "prevention and treatment programs relating to addressing adverse childhood experiences," and a requirement to have "healthy relationship" training. (<https://www.psychologytoday.com/us/blog/stress-relief/201709/trauma-informed-approaches-the-good-and-the-bad>, <https://www.psychologytoday.com/us/blog/stress-relief/201803/the-myth-trauma-informed-care>, <https://www.psychologytoday.com/us/blog/stress-relief/201809/truthiness-the-trauma-informed-science-policy-gap>)

Even if some initiatives are to be approved by the TEA, or the SHAC's (School Health Advisory Council) are supposed to approve criteria and age appropriateness of "healthy relationships", and mental health education for K-12 (HB18)- ask parent groups all over Texas how that's been working for them in regards to dangerous sex-Ed materials and instruction: (<https://takebacktheshac.wordpress.com>, <https://standforfortworth.com/librariesfilledtransgendersexed/> , <https://www.concernedparentsoftexas.com>)

There are currently many Christian and faith-based counselors and even some Christian faith-based trauma models. Will these be represented? Would traditional values and belief systems be represented?

Schools have increasingly shown they are not in line with traditional family values or transparency when it comes to teaching about relationships, values, belief systems or behaviors. Not only are there well-documented examples of this, but a few weeks ago Round Rock ISD hosted a "Community Health and Well Being" Seminar by the District Counseling Services. It was called "LGBTQIA the Basics" for 6-12 graders to debunk myths about gender identity and expression, bisexuality, transgender and gender non-binary communities, and gender neutral pronouns and vocabulary should be taught and used. This is what the school counseling services calls community health and well-being. (https://app.peachjar.com/flyers/692293/schools/35170?fbclid=IwAR3LccoKzmDEQtWtA81iQTbSDy1Ldr7kmbbgjqJbo5HKfjMT5e1c_BfQGLQ)

We want our schools to return to their original intent with the focus on such academics as reading the classics, writing, and mathematics that helped to make America great.

Let parents and families decide what their children need. Let our churches, communities, and private doctors be the ones we go to when we need help.

We ask the Texas Legislature to stop this massive government overreach. There must be more consensus and research in the new fields of trauma-informed care and adverse childhood experiences, in addition there must be parents, faith-based counselors, ministers and groups concerned with our liberties at the table to discuss what is best for our children.

Call or email TODAY and ask the Governor to STOP SB10, SB 11, HB10, HB18, HB19, HB4183, HB906.