

MENTAL HEALTH LEGISLATION IN TEXAS - 86th Legislative Session

We as Texans and parents are deeply concerned about mental health legislation such as HB10, SB10, SB11, SB1893, HB822, HB1536, HB 1069, HB198, HB204. The addition of 150 mental health bills in the 86th Texas Legislature is very concerning, both from a cost and liberty perspective. We know there are people who need help, but this answer must not come at making it prescriptive for everyone, expanding government control and mandates via adding school mental health clinics and services, mental health curriculum, student assessments, a state-wide mental health consortium that establishes a new government bureaucracy, grants and programs to research nebulous behavioral health, expanded authority for CPS and added new burdens for foster parents. These are only some of the many measures seeking to be legislated.

There are many mental health resources currently available in Texas. Existing laws and programs can provide support to those in need. To name a few there is Trauma Informed Care (TIC) training already mandated at DFPS; the Statewide Collaborative on Trauma Informed Care was launched by the Texas Supreme Court to elevate trauma-informed policy in the child welfare system; Trauma-Informed Care Consortium of Central Texas functions to bring together organizations as a networking hub for sharing information as well as trainings for health/mental health professionals, school personnel, law enforcement and juvenile justice professionals; Houston has a similar networking hub called the The Center for School Behavioral Health at Mental Health America of Greater Houston. State law already requires child welfare, juvenile justice, and state hospital systems to train professionals, staff, and caregivers in understanding the effects of trauma. Texas Legislature passed laws in 2017 authorizing trauma-informed care training as part of continuing education for teachers and principals.

1. Here are some fluid terms used on a regular basis throughout these bills and we have hoped to define some of the most prevalent. This is a soft science. There is no professional or medical consensus on the definitions that the Texas Legislature is seeking to define and mandate:

a) Trauma-Informed Care (TIC) –There are differing definitions and no consensus. While trauma is often a root cause of mental illness and dealing with trauma with therapy and other modalities is far preferable to psychiatric drugs, people react to and deal with trauma in a multitude of different ways. Within many Texas bills we are seeing TIC definitions such as "interpersonal or relational trauma, experiences that are a consequence of historical, cultural, systemic, institutional, and multi-generational abuse, the impact that traumatic experiences have on the brain, biology, body, beliefs, and behavior..."

Trauma-Informed Care can be interpreted and adapted to obtain many different agendas. For example:

*Adopting a Trauma-Informed Approach for LGBTQ Youth, A Two-Part Resource for Schools and Agencies- "Adopting a trauma-informed approach agencywide or schoolwide reflects a commitment to change culture..."

[-https://healthysafekid.org/sites/default/files/Trauma_Informed_Approach_LGBTQ_Youth_2.pdf](https://healthysafekid.org/sites/default/files/Trauma_Informed_Approach_LGBTQ_Youth_2.pdf)

*A Trauma Informed Approach for Adolescent Sexual Health (promotes sex-education and contraception)

[-http://resourcesforresolvingviolence.com/wp-content/uploads/A-Trauma-Informed-Approach-for-Adolescent-Sexual-Health.pdf](http://resourcesforresolvingviolence.com/wp-content/uploads/A-Trauma-Informed-Approach-for-Adolescent-Sexual-Health.pdf)

Will it be considered trauma if a child and parent differ in their beliefs? Round RockISD "Community Health & Well Being LGBTQIA"

https://app.peachjar.com/flyers/692293/schools/35170?fbclid=IwAR16btOZilebv8YI_wLDEqwUIGK-oFvqfTCw-MAX4HuWvMbGyOSmRji3HSE , <https://www.theamericanconservative.com/dreher/my-once-beautiful-daughter/>

Dr. Michael Scheeringa writes about his concerns and is one of the few that has not jumped on the bandwagon in the mental health field.

<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>

b) Adverse Childhood Experiences (ACE) - The same concepts described for trauma-informed care holds true here as well.

ACES has a 10 point questionnaire used in all screenings and is called "a new understanding of human behavior that could change everything". It has an ongoing list of what some have determined are childhood adversities. Parental conflict, insults, and others are listed as an ACE and need for intervention. See here- <https://www.ncjfcj.org/sites/default/files/Finding%20Your%20ACE%20Score.pdf>

c) Social Emotional Learning – (SEL) - self-awareness, self-management, social awareness... These are not based on your worldview as a parent but what is being input to the curriculum as one source states, "Children are tracked electronically to see how well they are conforming to "social norms".

SEL experts have a wide diversity of opinion of definitions on SEL. One NPR article had 9 different definitions for SEL.

<http://thefederalist.com/2016/10/19/schools-ditch-academics-for-emotional-manipulation/>

d) Restorative Justice – There are several definitions- some which carry potential abuses of authority. A study by the Rand Corporation showed at best, mixed evidence of effectiveness- "Restorative justice is frequently presented to teachers as "evidence-based" and on the cutting edge of "social justice" as something that works if they embrace it." <https://www.manhattan-institute.org/html/school-discipline-reform-media>

e) Historical, systemic, cultural, multi-generational abuse - This seems to cover any and all perceptions one would have in how their life has been lived and reflection on family history. Systemic - Systemic refers to something that is spread throughout, system-wide, affecting a group or system, such as a body, economy, market or society as a whole.

f) **Cultural humility** - Basically being able to see your privilege, and your ability to overcome that along with micro-aggression, micro-insults, micro-assaults and micro-invalidations.

g) **Interpersonal or Relational Trauma from abuse, neglect, maltreatment, or experiences that impact an individual's brain, biology, behavior, beliefs or body** – There are multiple research studies showing that psychiatry still has no actual studies showing a link between a gene or neurotransmitter level and any mental illness, so trying to define and standardize the effects of these various factors in mental illness can be dangerous. See http://www.huffingtonpost.com/dilip-v-jeste-md/dsm-5_b_2280155.html), and <http://edlibertywatch.org/wp-content/uploads/2014/11/Child-Mental-health-Quotes-and-references1.pdf>

2. Some of the Screenings and Assessments of Concern Currently Used:

a) **ACE Questionnaire** - <https://www.ncjfcj.org/sites/default/files/Finding%20Your%20ACE%20Score.pdf>

b) **Recommended screenings and assessments by the Central Texas Trauma-Informed Care Consortium** for children who attend school, pediatric offices, early childhood intervention, in home visits, child welfare system, juvenile justice, etc. - <https://www.traumatexas.com/trauma-screening/>

c) **TeenScreen** admitted by its developer to have an 84% false positive rate. Mental screening is notoriously inaccurate, with several commonly used instruments having approximately 60-84% false positive rates.
<http://edlibertywatch.org/wp-content/uploads/2014/11/Rutherford-Report-Final-Redacted.pdf>

3. Questions to Ask :

a) Parental Rights and Transparency:

* Will there be a form to opt-in, provides the exact questions that will be asked, states clearly the rights of parents to refuse screenings, assessments, evaluations, recommendations for treatments, programs, or services with no threat of retaliation?

* Will there be data privacy issues and will parents receive access to their child's FULL file?

* Will this increase CPS referrals (as the AISD Austin police officer testified in the HB10 hearing - 875 children last year alone were referred to CPS from AISD for some sort of mental health problem determined by the school)? The government is supposed to presume parents are fit until the evidence shows otherwise - presumptions can be easily overcome by presenting evidence. Results of trauma screenings and assessments could eventually be entered as evidence and burden of proof that DFPS has to meet is very low.

* Many of the mental health bills refer to early intervention and referrals to mental health services and treatments. What precisely does this mean and what if parents do not agree?

Examples: Aliah Gleason case (2005) - teen was forcibly taken from school and incarcerated in a mental institution & given 12 different meds without parental consent after a mental screening: <http://ahrp.org/mental-health-screening-a-form-of-child-abuse-children-drugged-without-parental-consent/>.

A Detroit mother fought a five-year legal battle against a state agency that insisted on removing her daughter from the home and administering to her a psychotropic drug that caused serious side effects. <https://www.clickondetroit.com/news/charges-dismissed-against-detroit-mother-maryanne-godboldo-due-to-aneurysm>.

b) Religious Service Providers/Convictions:

* Will mandated training programs and screenings for schools, pediatricians, child welfare services, judges, lawyers, etc. mean that Christian programs/trauma models/treatments get pushed out and not allowed by state contracts or grants?

It is a concern that Christian organizations, counseling services may be pushed out, be forced or have to compromise their principles to receive government money

c) Subjectivity in Diagnosis \ Unpredictable Outcomes:

* What are the outcomes – so what if you can label people as being predisposed to various diseases based on trauma or adverse childhood experiences - then what? Mental-health diagnostic criteria are readily admitted to be subjective and difficult to use in children, all who undergo rapid developmental changes. Under the right circumstances, everyone could be considered "at risk" for mental-health problems. This assessment comes from multiple prominent psychiatric organizations including the World Health Organization, U.S. Surgeon General, and American Psychiatric Association.

* Many school/mass shootings and stabbings have involved psychiatric drugs. More mental-health screening and treatment would not have stopped this. <https://thenationalpulse.com/commentary/turning-teachers-psychotherapists-will-not-prevent-school-shootings/>

4. Some of the Organizations of Concern Promoting these “Mental Health” Programs Nationwide:

* <http://learningforaction.com/lfa-blogpost/funders-practice-trauma-informed-principles>

* Hogg Foundation - <https://www.insidephilanthropy.com/home/2017/9/15/hogg-foundation-for-mental-health-grants-teenagers>

* Robert Wood Johnson Foundation - progressive in socialized medicine and bemoans the effect of climate change on “health and equity”; - <https://www.rwjf.org/en/library/research/2018/06/applying-an-equity-lens-to-social-emotional-and-academic-development.html>