A national coalition of parents, educators, mental health professionals, and physicians united in ensuring the mental health and well-being of our nation's children and adolescents.

Dear Advocacy Leaders, Colleagues and Friends:

Our national partner work group is extremely pleased to share this State Advocacy Toolkit with you and your organization. We jointly developed this toolkit to help educate state lawmakers about children's mental health in America. Our work group came together in response to misinformation circulated after release of President Bush's New Freedom Commission Report on mental health care in America (NFC).

Recently, legislation has been introduced in several states that, in some cases, suggests that mental disorders in children are not real, that attempt to restrict open communication between families and schools about mental health related concerns, and that threaten to interfere with the ability of children with mental disorders to be identified and linked with services. These types of legislation are often promoted by groups that have a long history of attacking mental health care in America.

To help protect the rights of all children with mental health treatment needs and to ensure access to information and appropriate care, our group has developed the following resources in this tool kit for advocacy at the state and local levels:

- Tips on Effective State Legislative Advocacy
- Sample Anti-Mental Health and Anti-Psychiatry State Legislation From Previous Sessions
- Letters to Legislators and Governors Jointly Sent by Our Organizations
- Sample Opinion Letters and Letters to the Editors in Response to Anti-Mental Health Legislation
- Recommendations on Helpful Ways for Educators and Families to Talk about Mental Health Related Concerns
- A Fact Sheet on Improving the Mental Health and Well-Being of Children
- A Fact Sheet on Schools and Families United for the Mental Health and Well-Being of Children

These resources are posted on the web sites of our national organizations for you to download and to share with others in your state and local community.

Our organizations are committed to continuing our work to educate state lawmakers, state and local leaders, and the public about the truth about children's mental health in America. We greatly appreciate the vitally important work that you do in your states and communities to benefit children, adolescents and their families. Please do not hesitate to contact members of our national partner work group with recommendations for additional resources that can be developed to benefit your advocacy work. Thanks for your commitment to children and families.

November 2007

Tips on Effective State Legislative Activity

A national coalition of parents, educators, mental health professionals, and physicians united in ensuring the mental health and well-being of our nation's children and adolescents.

Tips on Effective State Legislative Advocacy

The Legislative Process

Your advocacy efforts are key in helping to shape both state laws and budgets. There are many points in the legislative process at which you can become more involved--from the drafting and introduction of a bill to its passage and enactment into law. The importance of getting involved cannot be overstated. Most state legislators know very little about mental health related issues and the impact that they have on people's lives. They have much to learn from you and other key stakeholders.

It is important to remember that your state representatives work for you and the other constituents in their district. They are elected by a majority of their constituents and remain interested in local issues and how they can work to benefit the community. Most also want to be re-elected so recognize the need to keep constituents happy. At the same time, they must balance competing interests, including the need to support effective programs while remaining fiscally responsible.

The following is a summary of the typical[1] legislative process for bills and suggestions on how you can become more involved in the process:

- **Bill Drafting** – a legislator must sponsor a bill in order for it to be drafted by legislative council. Legislators often work with advocates to craft the language that will be included in legislation or to draft amendments to a bill that has already been introduced. This is most common and successful when advocates have an existing relationship with a legislator.
    - *Getting Involved:* Advocates can go to a friendly legislator and request that a bill be drafted to fund services, address a problem, change policy, etc. Advocates can also work with legislators to influence proposed or existing bill language.

- **Bill Introduction** – when bills are formally introduced, they are assigned a bill number and referred to committee(s). To learn more about a bill introduced in your state, you can visit your state legislature's website. In order to find the website, you can insert your state's name and "state legislature" into a search engine, for example, "Utah State Legislature." Once you access your state's legislature website you can find a specific bill using the bill's assigned number or text in the bill.
    - *Getting Involved:* When favorable legislation is introduced, advocates can issue a press release and/or write letters applauding the bill's introduction. Legislators appreciate public acknowledgment of their work, especially when it comes from constituents and is shared with others in their district.

[1] There is some variation in the legislative process from state to state. Every state legislature has a web site with information about the legislative process in the state.

- **Bills Referred to Committee(s) of Jurisdiction** – most of the work done on a bill happens in committee. Committee Chairs and ranking minority members decide which bills will receive the most attention. Committees may hold hearings on a bill, propose and adopt amendments, and vote on approval of a bill—or they can let a bill die by failing to take action. If a bill is voted on and approved at the committee level, it is reported out to the full House or Senate for consideration. For hearings, advocates may be asked to suggest witnesses and may be asked for input on witness testimony.
    - *Getting Involved:* Advocates may write to Committee members and encourage a hearing on a bill or bills that are important to them. For hearings, advocates may prepare oral and/or written testimony and can benefit from lining up good speakers in advance. Advocates may also provide suggested questions or comments for a friendly legislator on the committee to ask of witnesses. It is also important to recruit fellow advocates or allies to pack hearings on mental health budgets and key legislation and, especially, to wear buttons, stickers, or t-shirts that convey your position or organizational affiliation.

- **Floor Action on a Bill** – bills reported out of committee are placed on the House or Senate calendar for debate by the full chamber. Legislators that support and oppose a bill are given a chance to speak about the bill during the debate. If the bill is not placed on the calendar, then action may not be taken on the bill. When debate concludes, a vote is taken to either approve or defeat a bill.
    - *Getting Involved:* Advocates have the opportunity to contact key legislators in advance of a floor vote to ask them to speak either in favor of or in opposition to a bill. Advocates may provide talking points or even draft and distribute a very brief "floor letter" outlining your key points.

- **Conference Committee** – sometimes similar, but not identical, bills pass in the House and Senate. When this happens, a conference committee must be formed to reconcile the differences in the bills. Once differences are resolved, the House and Senate must again vote to approve the legislation.
    - *Getting Involved:* Advocates may petition legislative leadership to appoint friendly legislators to the conference committee.

- **Action by the Governor** – when a Governor receives a bill, they may sign the bill into law; veto the bill or veto and send it back to the legislature with suggestions for reconsideration; or take no action (in some states that will lead to the bill becoming law after a specific period of time). If a Governor vetoes a bill, the legislature may override that decision, typically by a two-thirds vote in both the House and Senate
    - *Getting Involved:* For bills that a Governor signals hesitancy about signing, advocates may write letters or op-eds and/or issue a press release. When a Governor signs an important bill, advocates may issue a press release and pack a signing ceremony, if one is held. This helps build goodwill and generates positive publicity for elected officials.

Finally, advocates may also wish to give an award to legislators or other elected officials who support their work and mission.

Building Effective Relationships with Legislators

It is extremely helpful to have strong allies in the legislature. Get to know where legislators stand on issues and find those who are sympathetic to mental health issues. Legislators interested in working on these issues often have a personal connection to mental health. Building relationships with legislators opens the door to work more closely with them to get bills introduced, to help in drafting the language, in shaping the debate on the issues, and in getting legislation signed into law.

It is most beneficial to establish and maintain a consistent relationship with legislators in between sessions, when your legislator has more time, so that when a bill becomes active you can easily contact your legislator for action.

Attend candidate forums or town hall meetings that are held by legislators and candidates. Raise mental health issues and ask questions. Hold elected officials accountable to promises made.

Communicating with Legislators

Legislators are extremely busy during session and cover a multitude of policy issues. This makes it essential that you craft brief, simple and concise messages about the issues that matter most to you to increase your chances for legislative success.

The following are some tips on communicating with legislators on legislation and policy issues:

- **Share personal stories**. Facts, data and figures all help to make the case for your issue. Family and personal stories are also extremely powerful and are often remembered. These stories tend to have a deep impact on how a legislator feels about an issue or bill, particularly during oral testimony. It is important to keep stories very brief (less than two minutes) and tied to pending legislation and policy issues or budgets. Personal stories can also be shared during a scheduled meeting with a legislator (group meetings have greater power) or via a letter, email or phone call.
- **Identify constituency.** Constituents are given top priority by legislators. In all communications with legislators, advocates should identify themselves as a constituent whenever applicable. Legislators want to feel like they have a good handle on what is going on in their district and will be more likely to focus on a legislative issue if they hear from their constituents on it.
- **Increase Contacts.** The more calls, letters, and emails that a legislator receives on an issue, the more likely they are to act on that issue (drafting legislation, pushing for a hearing, casting a vote, etc.). To increase the number of contacts to a legislator, advocates often form coalitions with organizations that have similar interests. Coalitions can provide additional resources, more constituents, and broader expertise. This may lead legislators to be more confident in supporting the coalition's cause.
- **Repetition.** The number of times that a legislator hears about an issue, from the time they are elected to office until they leave office, plays a key role in whether they favor a cause or issue. Therefore, it is important that advocates communicate on a consistent basis with their legislators and keep them updated and informed about an issue during all stages of the legislative process. Advocates should craft key messages and consider asking friends and family to help in contacting legislators on important issues.
- **Keep materials brief, straightforward and simple**. When sharing printed materials with a legislator, try to keep it to a one-page, bulleted fact sheet that reinforces the key points on the issue. Lengthy materials are often not read.
- **Clearly communicate what you are asking for**. Whether it is support for a bill or asking a committee chair to hold a hearing or move a bill -- be clear on the action you want taken.

- **Stay informed.** Advocates should keep their legislators informed about their issues and how they want the legislator to vote, if there is an impending vote. On the flip side, advocates should also stay informed on where their legislators stand on issues, the actions they have taken, and any debates they have participated in on the issue. If legislators know their constituents are watching, they are more likely to vote in favor of the issues that matter most to their constituents.
- **Follow-up.** Advocates can never thank a legislator enough for supporting their cause, especially since they get pushed and pulled in many directions. It is essential for advocates to thank legislators when they are supportive of their issue by voting in favor of it, taking a public stance on it, or promoting the issue during a debate or speech. If a legislator is not supportive, a relationship can still be formed by providing education and resources on issues; the relationship that is established as a result will likely be beneficial when in the future when the issue comes up again.
- **Media Coverage**. Legislators are often interested in the issues covered in the media. If there is an article in your community paper or in a newspaper that covers the state -- mail or fax a copy of the article to your legislator with a note attached. If the media story covers an issue that you have previously raised with the legislator, remind the legislator about the previous communication on the issue. Also, if major reports are released on a topic that you have previously discussed with your legislator, you may wish to send the legislator a short summary of the report, especially if it comes from a well-respected research agency (like NIMH) or a well-respected academic center in your state. This helps position you as a credible resource on mental health issues.

Legislative Leadership

Committee chairs and ranking members play a key role in the legislative process and can—and should—be targeted in advocacy efforts even when they do not represent your district.

Advocates have much to gain from learning the legislative process, building a relationship with elected representatives and speaking up for children and families. The frequently quoted wise words of Margaret Mead ring true in legislative advocacy…

Never doubt that a small group of thoughtful, committed citizens can change the world; indeed it is the only thing that ever has.

Thanks for all that you do to improve the lives of children and families!

November 2007

Sample Anti-Mental Health and Anti-Psychiatry State Legislation from Previous Sessions

Arizona SB1248
Requires public records to be available regarding the use of psychotropic medications for children. The bill threatens to violate the privacy of children and families and it is not clear how this information might be used and whether the information will be used for improper purposes (2007 Session - Failed).

Florida SB2286
Sets forth the contents of a consent statement that families must sign before their child is evaluated for an emotional, behavioral, mental disorder, a specific learning disability, or other health impairment. It is clear that the language included in the consent form is designed to discourage families from having their child evaluated for mental health related concerns and uses fear to discourage families from considering the use of medication to treat mental disorders (2006 Session - Failed). (See the Florida SB2286 Letter to the Senate in the State Advocacy Toolkit).

New Hampshire HB164
Threatens open communication between schools and families about mental health related concerns by requiring each school board or cooperative school board to adopt and implement a policy prohibiting school personnel from recommending the use of psychotropic medications for any child. School professionals should not recommend any medications for students, this bill singles out psychotropic medications and appears designed to discourage open communication about legitimate mental health related concerns (2007 Session - Failed). (See the New Hampshire HB164 Letter to the Senate in the State Advocacy Toolkit).

New York A3795
Threatens open communication between schools and families about mental health related concerns by requiring the commissioner of education to establish rules and regulations prohibiting school personnel from recommending psychotropic medication for children. School professionals should not recommend any medications for students, this bill singles out psychotropic medications and appears designed to discourage open communication about legitimate mental health related concerns (2007 Session – In Progress).

Utah HB202
Threatens open communication between schools and families by prohibiting school personnel from making recommendations for a student, including the use of psychotropic medications, and prohibits removal of a child from parental custody based on a parent's refusal to consent to the administration of psychotropic medications. The bill singles out psychotropic medications as an issue that may not be discussed with families (2007 Session - Passed). (See the Utah HB202 Letter to the Governor and the HB202 Op-Ed in the State Advocacy Toolkit).

Utah HB299
Threatens open communication between schools and families about mental health related concerns by prohibiting school personnel from making certain medical recommendations for a minor, including the

use pf psychotropic medications, and prohibits consideration of a petition for removal of a minor, and removal of a minor from parental custody based on a parent's refusal to consent to the administration of psychotropic medications. School professionals should not recommend any medications for students, but this bill singles out psychotropic medications and appears designed to discourage open communication about legitimate mental health related concerns (Session 2006 - Failed). (See HB299 Op-Ed in the State Advocacy Toolkit).

Letters to Legislators and Governors

February 23, 2007

RE: HB 202

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

April 17, 2006

RE: SB 2286

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.[2] 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.

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

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

April 4, 2007

RE: HB164

Editorial Note: This is an example of a letter sent from a NAMI state organization to their state government opposing a piece of legislation.

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:

1. 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;

2. 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

Sample Opinion Letters and Letters to the Editors

Governor Should Veto Harmful Bill on Teacher-Parent Communication

RE: Utah HB202

Editorial Note: This serves as an example of an opinion piece that was submitted by an individual in opposition to state legislation that would prohibit open communication between schools and families about mental health related concerns. You are encouraged to consider developing similar Op-Eds that are relevant to legislation proposed in your state.

By Linda Smith

As a mother, grandmother, former school teacher and Utah resident of more than 40 years, I was disheartened to hear that the Utah House of Representatives passed HB 202, "The Medical Recommendation for Children Act." Despite its well-meaning name, if the bill became law, it would discourage teachers from communicating with parents about important observations in the classroom that could lead to a mental health evaluation.

I have seen firsthand the importance parent-teacher communication plays in making a difference in a child's life. It was 20 years ago that my son's third grade teacher began alerting me to the fact that, among other things, he was disruptive, underperforming and not attending to tasks in the classroom. Because of this information I was able to take him to our doctor for a thorough medical evaluation, where he was diagnosed with attention-deficit/hyperactivity disorder (AD/HD) and oppositional defiant disorder (ODD). Once he began treatment, his academic and personal life turned around for the better.

Today I see how parent-teacher communication has helped identify behaviors that have led to a diagnosis of AD/HD in my grandchildren. Because society better understands AD/HD and mental health disorders and there are scientifically-proven ways to treat it, my grandchildren will be unencumbered by the obstacles, frustrations and setbacks that stem from undiagnosed AD/HD.

Too bad I cannot say the same for some of my former students. When I taught English at one of Salt Lake City's high schools in the 1960s, a number of my students were underperforming and being disruptive. At the time, there was very limited understanding of the disorders that caused these issues, and many students were labeled as "bad kids" and relegated to detention hall or expelled altogether. I am certain that for many of these students life got no easier after high school.

There has been a great deal of progress since then, which makes HB 202 all the more alarming. If the bill becomes law, the legislature will be sending a message that we should ignore what government-funded research tells us about mental health disorders and turn the clock back on how we deal with them.

The bill's proponents claim that they are trying to prevent teachers from making inappropriate recommendations or comments to parents regarding the benefits or use of medications in schools. But surely they know that federal law already prohibits such actions and the Utah State Board of Education has had a specific regulation in place since January 2003.

Let's not fool ourselves; if this bill were to become law, it would be used by anti-mental health advocates as leverage to intimidate schoolteachers. School officials could clamp down on communications, and parents would become clueless about their children's learning habits, behavior and social interactions. And it could have a devastating impact on many of our children.

Sadly, the state Senate is expected to pass this bill soon. We are left with very few options, so as a mother, grandmother, educator, advocate and human being, I am sounding the alarms and sending out an SOS to the governor. Please veto this bill.

Linda Smith is director of education for Utah CHADD.

Utah Legislature Should Look to Science, not Science Fiction

RE: Utah HB 299

Editorial Note: This serves as an example of an opinion piece that was submitted by an individual in opposition to state legislation that suggested child mental illnesses were not real and would prohibit open communication between schools and families about mental health related concerns. You are encouraged to consider developing similar Op-Eds that are relevant to legislation proposed in your state.

By Peter Jensen, M.D.

As a Utah native and the principal author of the largest and most comprehensive research study on attention-deficit/hyperactivity disorder (ADHD), I am disheartened to see that the so-called "Ritalin Bill" was re-introduced recently in the state legislature.

The bill in question, HB 299, could keep teachers from communicating with parents about any observations that suggest a student has ADHD, a neurobiological disorder marked by inattention and/or hyperactivity. This bill completely runs counter to the science of this disorder.

Teachers spend at least 30 hours a week with their students, observing their learning habits, social interactions and behavior in and out of the classroom. They are in a unique position to raise red flags with parents when major problems that indicate learning and/or behavioral problems arise. It is then up to the parent to take the child to a medical or mental health professional for diagnosis and treatment.

Clinicians also rely on the observations of teachers as they identify the problem and determine the best treatment options for the child. If the conclusion is that the child has ADHD, the flow of communication among medical professionals, parents and teachers will greatly enhance the strategies that help the child succeed. Medication can be an important element of ensuring these strategies are successful – but the question of medication is one that is decided between physician and parent.

Some people claim we are over-medicating our children. Actually, it's just the opposite. We're giving them the best that science has to offer and helping them realize their true potential.

In the late 1990s I led one of the largest and most comprehensive studies on ADHD, sponsored by the National Institute of Mental Health entitled, *The Multimodal Treatment Study of Children with ADHD.* The report found that medication, along with other treatments, can play a necessary and important part in reducing the symptoms of ADHD.

Thanks to this study, we now know that children with the disorder, when they are identified early and properly treated, can succeed at school and at home. But kids who don't receive the treatment they need, as will happen if teachers are barred from talking to parents about behavior problems observed in the classroom, face severe consequences: school failure, adjudication and, later in life, problems in the workplace, with finances and in relationships.

We can only hope Utah legislators will defeat HB 299 and explore ways to better help parents, teachers and medical professionals to identify and treat students struggling with this debilitating condition. To do this, our policymakers must turn to the science and turn away from science fiction.

Peter Jensen, M.D., director, Resource for Advancing Children's Health (REACH) Institute.

SAMPLE OP/ED

Editorial Note: This is an example of a sample Op-Ed that can be drafted in opposition to legislation that would prohibit open communication between schools and families about mental health related concerns and anti-psychiatry legislation that suggests child and adolescent mental illnesses are not real.

Improving the Mental Health and Well-Being of Children

We know far more today about how to properly identify children with early onset mental disorders. We also know the most effective services and supports for the overwhelming majority of children living with these disorders.

As with nearly all health conditions, the early detection of mental disorders leads to far better outcomes. Failure to do so results in the loss of critical developmental years that can never be recaptured.

Early warning signs of these disorders appear in many settings. Schools are such a setting, where the day-to-day structure poses a serious challenge for many students struggling with mental disorders.

It would seem logical that schools would talk with parents about extreme behaviors that may suggest a mental health related concern. After all, school personnel regularly talk with parents about a multitude of factors that interfere with a student's ability to learn. Yet, anti-psychiatry groups, who claim that disorders like ADHD are not real, are promoting legislation that would create a *chilling effect* on the willingness of school personnel to openly communicate mental health related concerns with parents.

Imagine legislators introducing a bill that would discourage schools from communicating with families about students struggling with breathing while running on the playground. The bill would prohibit school personnel from suggesting that the child may have asthma and may need an inhaler. Of course, legislators would not consider sponsoring or supporting that type of legislation, yet they will do so for legislation targeting mental health related concerns.

Clearly this type of legislation is rooted in stigma. It flies in the face of calls from national leaders to end the stigma that acts as a barrier to people seeking much needed mental health care.

Shame on legislators who listen to those claiming that mental illnesses are not real because there is no blood test to prove their existence. If serious, challenging, and worrisome behaviors of some children are not attributable to mental health concerns, then what could they be? Environment, toxins, diet are valid considerations, but what about the majority of families in which only one child exhibits deeply concerning behaviors and the remainder of the children are fine? What do we attribute the extreme behaviors to? What about those children who get complete physical exams and still nothing else can explain day-to-day life struggles, extreme acting out, loss of interest in all activities, and inability to focus or concentrate in school?

What happens after families rule everything else out–which nearly all of them do—what then? Why should parents be denied critical insights about their children's performance and interactions in order to help the diagnostic process at every stage? Teachers are with our children during much of their waking hours and observe them in social environments beyond the home. Why deny parents as logical allies?

The brain is the most complex organ in the body. It is true that medical science cannot yet detect mental disorders in blood tests, but scientific advances are allowing us to see brain differences between children

with mental disorders and those without. More is becoming known as research progresses. It is not surprising that it takes longer to identify the precise neuro-chemical mechanisms that underlie mental disorders in children and adolescents given the complexity of the brain. This hardly means that mental illnesses are not real conditions.

The real myth is that mental illnesses are different from physical illnesses. Those who deny severe illnesses such as depression, that can be disabling or lead to suicide, would seem to believe that symptoms are simply a matter of character, or else base their views simply on ideology.

Many times we know what works in treating an illness before we actually know what causes the illness. Doctors knew that penicillin worked to fight bacterial infections long before they knew why or how. The same is true with yellow fever. We knew people were dying long before mosquitoes were identified as the source of transmission.

We need leaders who take the time to understand the well-established science and research that shows that mental disorders in children and adolescents are real and require early attention to prevent the loss of critical developmental years. We need them to reject claims based on junk science and those advanced by groups with an anti-child agenda. It wastes our precious public resources to dedicate time to legislation that defies well-established science. The future of children living with mental disorders depends on it.

Fact Sheets

Recommendations on Helpful Ways for School Professionals and Families to Talk about Mental Health Related Concerns

While schools are primarily concerned with education, mental health is essential to learning as well as to social and emotional development. Because of this important interplay between emotional health and school success, schools must be partners in the mental health care of our children.

The President's New Freedom Commission on Mental Health, July 2003

Schools are a critically important source of information for families about their children, including information about their emotional and mental well being. With children in the classroom for the majority of their day, teachers and school professionals are in a key position to notice learning, functioning and behavioral problems that should be communicated to parents.

What information should teachers and school health professionals communicate with parents[3] about a students' emotional and mental well being, and what steps if any should be taken?

i. Observations about the student's academic and/or functional performance, or behavior in the classroom or school;
ii. Modifications being made to address the student's academic and/or functional performance;
iii. Options for referring students for an educational and/or health care evaluation, according to school policy;
iv. If things do not improve, schools should follow local procedures to ensure that the student is provided with specialized educational services, consistent with section 504 of the rehabilitation act and the Individuals with Disabilities Education Act (IDEA); and
v. Provide parents with resources to help them better understand IDEA and 504 accommodations.

Teachers, school administrators, and school health professionals may be the first to notice changes in a student's attendance, behavior and achievement. Good communication between home and school can be the first defense in identifying when referrals, interventions, and/or services are warranted. Although, communication about concerns is essential, teachers, school administrators, and school health professionals should avoid suggesting a mental health diagnosis and recommending prescription medication for a student. Parents appreciate learning about concerns related to their child's behavior, significant developmental delays, and academic performance. When there are major concerns, parents also want to know how best to address these challenges -- this may include information about how to obtain a comprehensive health care evaluation and perhaps a mental health evaluation.

Research shows that approximately 10% of children and adolescents have a serious mental health treatment need that significantly impacts their day-to-day activities. The early identification of mental health related concerns is essential to improving academic and functional performance, and in avoiding

[3] The use of the term "parents" includes reference to caregivers and guardians who play a critical role in many children's lives.

tragedies. Though the following signs may be the result of another health condition or other life circumstances, they can assist parents in determining if their child **may** need further help from a mental health professional:

- Decline in school performance
- Persistent difficulty with peers
- Poor grades despite strong efforts
- Constant worry or anxiety
- Persistent somatic complaints
- School refusal or loss of interest in usual activities
- Persistent and disruptive hyperactivity
- Inability to focus or concentrate
- Repeated disrupted sleep patterns
- Continuous or frequent aggression, "acting out" or oppositional behavior
- Persistent sadness and/or irritability

Schools are just one of the players needed to identify children and adolescents who may be struggling with undiagnosed and untreated mental illnesses and linking them with an evaluation and effective services. Effective collaboration must also be developed between schools and other child-serving systems, including the community mental health treatment system, primary care, the child welfare system, and juvenile justice. Only then will we see real progress toward improving the overall health and well-being of children.

In communicating mental health related concerns with families, here are some of the factors that teachers and school professionals should consider:

- Remove feelings of blame or guilt about a child's mental health concerns;
- Recognize and acknowledge that parental denial and anger may exist;
- Communicate empathy and compassion for the parents' circumstances;
- Recognize that stigma continues to be associated with mental health related issues;
- Provide parents with resources and share with them that education is the key to understanding mental health related concerns;
- Take a problem-solving approach to addressing mental health concerns; and
- Recognize the value of parents and schools working together as a team.

Open communication between parents and school professionals is essential to students' academic achievement and overall health and well-being.

Coalition Partners
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American School Counselors Association (ASCA)
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)

A national coalition of parents, educators, mental health professionals, and physicians united in ensuring the mental health and well-being of our nation's children and adolescents.

November 2007

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. Schools that have an early identification process in place 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.

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Schools and Families United for the Mental Health and Well-Being of Children

The mission of public schools is to educate all students. Mental health is essential to learning and to the social and emotional development of children. (President Bush's New Freedom Commission on Mental Health Report, 2003)

The critical role of schools in the mental health and well-being of children has been recognized at the highest levels of government:

> *What we need is a network that looks out for children if children are recognized as having mental health problems … **Schools**, churches, scouting can all play a role in ensuring that children get the help that they need.*
>
> David Satcher, M.D., Former U.S. Surgeon General, ACMHA Conference 2007

> ***Schools** are where children spend most of each day … **Schools** are in a key position to identify mental health problems early and to provide a link to appropriate services.*
>
> President Bush's New Freedom Commission Report on Mental Health, 2003

Schools are in a key position to identify mental health concerns early and to openly communicate those concerns to families. Strong mental health programs and open communication with families promise to reduce the pain and isolation all too often experienced by youth with undiagnosed and untreated mental and emotional disorders.

Research shows that we do a poor job of identifying children and adolescents with mental health treatment needs. Here are the facts:

5. 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).

6. 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).

7. Treatment of many serious emotional and mental disorders is effective. Psychotherapy, behavioral interventions, medication, and other interventions have been demonstrated to be effective for many childhood disorders. (Mental Health: A Report of the Surgeon General, 1999).

8. Untreated, these disorders can have devastating consequences, including the loss of critical developmental years, extremely poor academic performance, increased school drop-out and failure, involvement with law enforcement and the justice system, and the ultimate failure – suicide.

Nothing should infringe 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.

Bills that prohibit school personnel from openly discussing mental health related concerns with families perpetuate stigma by singling out and targeting mental illnesses in children. Surely, legislation would not be proposed that would prohibit schools from openly talking with families about issues related to other health conditions, like asthma or severe allergies.

As national organizations that work everyday with families impacted by mental disorders, we stand with national leaders calling for schools to play a more significant role in helping students with mental health treatment needs. Too many of these students in our nation are falling through the cracks, all too often with tragic results.

Take Action
We call on you to reject legislation that has the potential to interfere with open communication between schools and families about mental health related concerns. This legislation drives up stigma, the single greatest barrier to children and adults 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.

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.

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