

Sheila Matthews - Ablechild.org

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TESTIMONY IN OPPOSITION TO BILL 5740: AN ACT CONCERNING UNIFORM STANDARDS AND THE PROVISION OF MENTAL HEALTH SERVICES AT SCHOOL-BASED HEALTH CENTERS.

Committee Members, I am Sheila Matthews and represent the national parents and children's rights group, Ablechild.org. We are extremely concerned that unevaluated mental health services may be allowed under this Bill, without first analyzing the efficacy and costs of such services. We fought long and hard to obtain federal legislation in 2004 that prohibits school personnel from forcing children onto psychiatric drugs as a requisite for their education.

What we don't want to see is school-based health centers being turned into mental health clinics that become a conduit for more Connecticut children being prescribed drugs that are well documented to cause hostility, aggression, suicide and violence—to name but a few side effects. The number of our state's children taking psychotropic drugs increased 24% from between 2008 and 2009 alone. In 2009, HUSKY (Health Care for Adults and Children) reported \$35 million was spent on psychotropic drugs for children.

The Hartford Courant reported this week that a legislative panel charged with crafting mental health reforms in response to the Newtown school massacre has deferred action until a full investigation is held into the mental health system.

I strongly urge you to do the same. The risks of prescribed psychoactive drugs and the efficacy of mental health programs must be investigated. In 1999, the Colorado State Board of Education passed a Resolution, which I am submitting today, that calls on teachers to use academic solutions for classroom behavioral problems rather than psychiatric drugs.

As a non-profit that serves the public, we demand the evidence that mental health programs and behavioral assessments used in, or proposed for Connecticut, actually work, and that there is accountability for all funds already expended on these before legislation further expands them.

I co-founded Ablechild because my son was screened for mental health problems without my full informed consent. I was told I had no other option but to place him on psychiatric drugs. If it wasn't for my co-founder Patricia Weathers testifying before a Congressional Investigation

into the drugging of school aged children, I could have been lead down a different path for my son. Today, my son is in his third year of college and has grown to the age 20 without being administered psychiatric drugs. I have fought for the last 13 years not only for my son but for all children to receive a label and drug free education.

http://www.cde.state.co.us/cdeboard/download/RESOLUTION/res_Behavior.pdf

COLORADO STATE BOARD OF EDUCATION

201 East Colfax Avenue [Central Office 303.866.6817] Denver, Colorado 80203-1704 • www.cde.state.co.us

Seated January 12, 1999

Clair Orr Chairman 4th Congressional District

Patricia M. Chlouber Vice Chairman 3rd Congressional District

Ben L. Alexander

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John Burnett

5th Congressional District

Randy DeHoff

6th Congressional District

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1st Congressional District

COLORADO STATE BOARD OF EDUCATION

**RESOLUTION: PROMOTING THE USE OF ACADEMIC SOLUTIONS TO
RESOLVE PROBLEMS WITH BEHAVIOR, ATTENTION, AND LEARNING**

WHEREAS, WHEREAS,

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the Colorado State Board of Education is constitutionally charged with the general supervision of K-12 public education; and

the Colorado State Board of Education dedicates itself to increasing academic achievement levels for all students; and

the responsibility of school personnel is to ensure student achievement; and

only medical personnel can recommend the use of prescription medication; and

the State Board of Education recognizes that there is much concern regarding the issue of appropriate and thorough diagnosis and medication and their impact on student achievement; and

there are documented incidents of highly negative consequences in which psychiatric prescription drugs have been utilized for what are essentially problems of discipline which may be related to lack of academic success;

BE IT RESOLVED that the State Board of Education encourage school personnel to use proven academic and/or classroom

management solutions to resolve behavior, attention, and learning difficulties; and

BE IT FURTHER RESOLVED that the State Board of Education encourage greater communication and education

among parents, educators, and medical professionals about the effects of psychotropic drugs on student achievement and our ability to provide a safe and civil learning environment.

Adopted 11/11/99

Improving Academic Achievement

Child Health and Development Institute of Connecticut

Psychotropic Medications in Pediatrics: Addressing Quality and Access Issue Brief, March 28, 2011

- The use of psychotropic medications increased two to three-fold from the mid-1990's to 2001 from 3.4% to 8.3% of adolescents in Connecticut.

- ❑ The number of children utilizing psychotropic medications increased 24% from 17,839 in 2008 to 22,174 in 2009.
- ❑ 1 in 4 (2,867) children in protective services utilize psychotropic medications.
- ❑ In 2009 Connecticut spent more than \$35 million on psychotropic medication for children in HUSKY

<http://www.chdi.org/download.php?id=580>

For all age groups

Yale School of Management study, Feb 21, 2013

Within Connecticut, the New Haven area had the highest rate of antidepressant use – 14.7 percent, compared to the mean of 10.4 percent nationally. Stimulant use was highest in Stamford – 3.9 percent, compared to 2.6 percent nationally. Antipsychotic use was highest in the Hartford area – 3.8 percent, compared to the .8 percent national mean.

<http://ctwatchdog.com/health/study-finds-big-geographic-swings-in-psychotropic-drug-use>

Child Health and Development Institute of Connecticut study published in October 2005, cited the 2010 report in the *Journal of the American Academy of Child and Adolescent Psychiatry* in which it was reported that 8.8 percent of office-based visits for children aged 6 to 17 involved a prescription for one of five types of psychotropic medications (nationally).

So, can we not expect a massive increase in children being referred to clinics or doctors with the majority likely being referred for a prescription of a mind-altering drug?

<http://psychnews.psychiatryonline.org/newsarticle.aspx?articleid=1377081>

What of the conflicts of interest increased mental health programs in schools – how will the government/education department monitor it.

Consider that in 2011, 6 Connecticut doctors were exposed for prescribing more than \$1 million worth of the antipsychotics Zyprexa and Risperdal alone in 2010-11. It took Senator Charles Grassley to uncover the widespread mass prescription of these drugs in the country.

http://c-hit.org/2012/07/28/40_of_high-prescribing_docs_get_pharma_perks/

Also, the government in its budget cuts last year cut \$7 million in funding from mental health and addiction programs this fiscal year, of which \$3.8 million in grants for mental health services, and \$523,504 for employment opportunities. Now, those three areas will no longer face any cuts.

But they are reinstating these millions of dollars without first determining whether what they were funding was effective.

<http://www.ctmirror.org/story/18737/state-reversing-mental-health-cuts-year-least>

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