

Testimony opposing SB 374

Stephen Mendelsohn
171 Hartford Road, #19
New Britain, CT 06053-1532
smendelsohn5845@att.net

Testimony in opposition to SB 262, An Act Requiring Notice by Psychiatrists Concerning Patients That May Pose a Threat to Themselves or Others, and SB 374, An Act Requiring Behavioral Health Assessments For Children

Senator Gerratana, Rep. Johnson, and members of the Public Health Committee:

The recent tragedy at Sandy Hook has spawned a push to promote a number of perhaps well-meaning but ultimately misguided ideas which value “mental health” above personal liberty and privacy. To cite H. L. Mencken, “for every complex problem, there is an answer which is clear, simple, and wrong.” SB 262 and SB 374 both fall into this category.

SB 262 would violate patient confidentiality by mandating that psychiatrists (and potentially, other mental health professionals) report any patient they merely believe to be a “danger to self or others” to public safety authorities. The bill conflates “danger to self,” including suicidal thoughts or attempts, with threats to commit crimes against others, and also conflates mere thoughts of harm with overt threats to commit criminal behavior. It thus goes way beyond the California Supreme Court’s ruling in *Tarasoff v. Regents of the University of California* and the duty to warn a prospective crime victim. We should remember that “danger to self,” including suicide, is not a crime, and countless people who have never sought psychiatric assistance, nor have been forced into submitting to psychiatry, have engaged in risky behaviors—from smoking cigarettes to tightrope walking and motorcycle stunts—that endanger themselves. A successful therapeutic relationship **requires** the ability to confide in and trust a professional therapist. SB 262 would strongly dissuade people from confiding such painful feelings and desires to their therapists, and would more than likely increase rather than decrease suicides and even criminal behavior.

SB 374 is motivated by the premise that if somehow we can screen for mental health issues in children and teenagers, we can prevent more tragedies like Sandy Hook. This fails to examine whether “mental health care” itself may be more of the problem than the solution. The problem here goes well beyond the issue of parental rights which other opponents of this bill will be testifying toward—although I also object to the bypassing of parental involvement. Right now, far too many children have already been needlessly stigmatized and drugged by psychiatrists. Mandatory screening programs like TeenScreen only serve to label and drug ever more children. There is also no evidence that such screening programs work, and some evidence that they are harmful. Psychiatrist Nathaniel Lehrman has said of TeenScreen:

“The claim by the director of the TeenScreen Program that her program would significantly reduce suicides is unsupported by the data. Indeed, such screenings would probably cause more harm than good. It is impossible, on cursory examination, or on the basis of the Program's brief written screening test, to detect suicidality or ‘mental illness,’ however we define it.” <http://www.psychsearch.net/teenscreen.html>

My own history of being psychiatrically labeled and drugged as a teenager is a dramatic example of what can go wrong with our current obsession with “mental health” and “screening.” Well over 30 years ago, I was labeled “paranoid schizophrenic” and put on dangerous neuroleptic drugs, Mellaril, Stelazine, and Navane, which gave me painful dystonias and akathisia. While on Navane, I told “my” psychiatrist at the Institute of Living that I felt that dying would be preferable to being psychiatrically drugged. He responded by violating my confidentiality and ordering an increase in the dosage. That malicious label of “paranoid schizophrenia” was stuck to me for nearly 25 years. I regard the psychiatric indignities that I experienced when I was younger as the most painful experience of my life. I have met countless other people in the psychiatric survivors’ movement who feel exactly the same way. This is especially true for those who were psychiatrized as children, who have no rights at all in the mental health system.

We should also bear in mind that psychiatric drugs may be a contributing factor in some of these shootings. To the extent that these screening programs, often funded by major pharmaceutical companies, seek to put ever more children and teens on psychiatric drugs, it can only exacerbate the flaws of the current biologically-centered mental health system.

Many others of widely differing philosophies will be testifying against both of these bills. As David Oaks, director of MindFreedom International was quoted in OpEd News, “I see an amazing rebellion stirring that cuts across usual political lines. A federal bureaucrat ... called this a ‘curious coalition’ in the media. We are seeing traditionally conservative groups working together with progressive social justice and libertarian groups. The psychiatric drug companies have overextended themselves, and the general public is showing signs of waking up. I just hope they wake up very soon!”
http://www.opednews.com/articles/4/opedne_sue_weib_051215_psy_screening_and_ma.htm

Rather than screen more children and teenagers for psychiatric stigmatization and drugging, we need to screen out misguided legislation that infringes on our civil and Constitutional rights. I urge this committee to oppose both SB 262 and SB 374, and instead wake up and examine the harm that coercive “mental health” interventions can cause.