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The Evening Star

Former CEO lone vote against SEA 529

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The lone dissenter in a vote on a law changing the way Indiana manages its child services said last week that he thought it not only was too comprehensive in its scope when it was presented, but also was too restrictive in dealing with young people.

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In fact, as the former CEO of the Gary Community Mental Health Center, which serves a number of underprivileged clients, Rep. Charlie Brown, D-Gary, said that he was especially concerned about how the mental health portion of the bill would affect the poor and minorities.

"Why should they be the guinea pigs?" he said, referring to a part of the law that mandates mental health testing in children, and explaining that he feared that such testing would lead to poor and minority children being drugged with psychotropics.

Backing out of the law

Senate Enrolled Act 529 was passed in both houses of the Indiana General Assembly in 2005, with only Brown voting against it. The law took certain child services out from the umbrella of the Family and Social Services Administration, created a new administrative-level agency called the Department of Child Services, and moved the state's child services into that agency.

Although it's been in effect for nearly two years, the mental health part of the law has been the center of a growing controversy, with one legislator, Rep. Jackie Walorski, R-Lakeville, holding rallies across the state to support repealing it.

Other Indiana legislators have indicated that they, too, would like to review the law and either rewrite some of it or repeal all of it.

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The crux of the back-pedaling centers on Section 79, IC 20-19-5, which directs the Department of Education, in cooperation with the Department of Child Services, Department of Correction and the Division of Mental Health and Addiction to set up a task force to create a document called the Children's Social, Emotional and Behavioral Health Plan.

Within that plan, SEA 529 mandates "that social, emotional and mental health screening be included as a part of routine examinations in schools and by health care providers" for all Indiana children from birth to age 22.

The task force presented this plan — minus the state's mandate for testing — about 10 days ago. It is scheduled for a review Wednesday before the Indiana Mental Health Commission.

But, whether it includes mandated mental health testing or not, Brown said he was leery of the whole law from the start.

Opening the floodgates

"This whole law was just so comprehensive, I felt it was better to be safe than sorry, so I voted against it," Brown said in two separate interviews. "It just had a whole lot of things in it I didn't like, way too many things that were too restrictive in dealing with young people, especially in giving up too much information about the children."

Most people don't understand that, when these large laws come through the General Assembly, especially when it happens late in the session as was the case here, that legislators have a limited time to look at them, Brown said.

"And it's rare for those people not on the committee to know everything that's in them, so you just have to rely on the arguments you hear on the floor to know how to vote," he said.

So what did Brown hear that his colleagues did not?

"I can't remember anything specific," he said. "I just know I had some uncomfortable feelings about what all was in there. I think it was more the fact that they were trying to open the floodgates for more testing — and that really raises some red flags to putting more labels on children."

Some of those flags have to do with the fact that often, the treatment following mental health testing of children is drugs, particularly when the child is a minority or comes from an economically-deprived family, Brown said.

"Normally I am an advocate for the mentally ill," Brown said. "But as CEO of the Gary center, we mainly dealt with the very poor and minorities. And I know that, across the nation, looking at statistics on this subject, you will see (drugging of children) happening in communities where racial minorities and the poor are."

NAACP takes a stand


In July 2003, the NAACP presented a document taking a stand on this issue at the organization's national convention. Written in resolution form, it enumerates the NAACP's concerns about the use of psychotropic drugs on children and teens.

Quoting statistics from several different studies and from agencies such as the National Institute of Health, the NAACP Health and Education Committee Resolution makes some startling connections to, and allegations about, psychotropic drugs and other behavior-altering drugs such as Ritalin.

"A New York study had found that 'minority boys' are 11 times more likely to be on mind-altering medications than is the

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general student body," the resolution reads. (And) "the suicide rate among African-American males between the ages of 15 and 19 has risen 219 percent since 1964, around the same time that stimulant drug use in school children began in earnest," the document continues.

The document goes on to say that these drugs are being used for "what are essentially problems of discipline which may be related to academic success, and it has been suggested that recent incidents of school violence and other occasions of violence are the result of children being unnecessarily medicated by Schedule II and other psychotropic drugs."

Reading, not drugs

Finally, among other thought-provoking statements, the resolution quotes data culled from the president's commission on special education, which found that 40 percent of children labeled as learning disabled "simply hadn't been taught to read."

Just applying "rigorous early reading instruction" with students classified as learning disabled could reduce those LD numbers by as much as 70 percent, the NAACP document says.

The resolution follows with the premise that often, the behavior "problems" that children are being tested for, and subsequently drugged for, are actually caused by poor nutrition, exposure to pesticides, lead and mercury, and iron deficiency.

It is this very thing, and his experience in mental health with minorities and the underprivileged, that made him think twice about supporting SEA 529, Brown said.

"Frequently today, kids are overmedicated, and labeled as mentally ill or learning disabled, which prevents them from being active and productive citizens, when we should just be allowing kids to be kids," Brown said. "And, in 99 percent of the cases this will be directed at the poor and minorities.

"It is so unfair because we look for the easy way out by administering drugs to control behavior, rather than doing a thorough evaluation. And, when you're talking about this mental health screening with children, in nine out of 10 cases, you're talking about the very, very poor and minorities. Why should they be the guinea pigs?"

Indiana is not alone

While the idea of a state children's mental health plan is new to Hoosiers, Indiana is not the first state to consider and adopt the concept.

Ohio, Pennsylvania, Michigan, Texas, Illinois and Florida are just a few states that already have children's mental health plans in place. Actually, the idea — and some of the language and buzzwords — for the law came from findings and recommendations made by the President's New Freedom Commission on Mental Health.

Formed in 2002 by President George W. Bush, the commission was charged with creating a plan to transform mental health care in America by identifying policies that could be implemented by federal, state and local governments to care for adults with serious mental illness and children with a serious emotional disturbance.

The commission presented this plan in the same month that the NAACP made its resolution.

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