

108TH CONGRESS  
2D SESSION

# H. R. 5236

To prohibit the use of Federal funds for any universal or mandatory mental health screening program.

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## IN THE HOUSE OF REPRESENTATIVES

OCTOBER 6, 2004

Mr. PAUL introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Education and the Workforce and Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To prohibit the use of Federal funds for any universal or mandatory mental health screening program.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Let Parents Raise  
5       Their Kids Act of 2004”.

6       **SEC. 2. FINDINGS.**

7       The Congress finds as follows:

8               (1) The United States Preventive Services Task  
9       Force (USPSTF) issued findings and recommenda-

1       tion against screening for suicide that corroborate  
2       those of the Canadian Preventive Services Task  
3       Force. “USPSTF found no evidence that screening  
4       for suicide risk reduces suicide attempts or mor-  
5       tality. There is limited evidence on the accuracy of  
6       screening tools to identify suicide risk in the primary  
7       care setting, including tools to identify those at high  
8       risk.”.

9               (2) The 1999 Surgeon General’s report on men-  
10       tal health admitted the serious conflicts in the med-  
11       ical literature regarding the definitions of mental  
12       health and mental illness when it said, “In other  
13       words, what it means to be mentally healthy is sub-  
14       ject to many different interpretations that are rooted  
15       in value judgments that may vary across cultures.  
16       The challenge of defining mental health has stalled  
17       the development of programs to foster mental health  
18       (Secker, 1998). . . .”.

19              (3) The Surgeon General’s report also says,  
20       “The diagnosis of mental disorders is often believed  
21       to be more difficult than diagnosis of somatic or  
22       general medical disorders since there is no definitive  
23       laboratory test or abnormality in brain tissue that  
24       can identify the illness.”.

1           (4) Accurate mental health diagnosis of chil-  
2       dren is difficult as admitted by the Surgeon Gen-  
3       eral's report that says, "The science is challenging  
4       because of the ongoing process of development. The  
5       normally developing child hardly stays the same long  
6       enough to make stable measurements. Adult criteria  
7       for illness can be difficult to apply to children and  
8       adolescents, when the signs and symptoms of mental  
9       disorders are often also the characteristics of normal  
10      development."

11          (5) Authors of the bible of psychiatric diag-  
12      nosis, the Diagnostic and Statistical Manual, admit  
13      that the diagnostic criteria for mental illness are  
14      vague, saying, "DSM-IV criteria remain a consensus  
15      without clear empirical data supporting the number  
16      of items required for the diagnosis. . . . Further-  
17      more, the behavioral characteristics specified in  
18      DSM-IV, despite efforts to standardize them, remain  
19      subjective. . . ." (American Psychiatric Association  
20      Committee on the Diagnostic and Statistical Manual  
21      (DSM-IV 1994), pp. 1162–1163).

22          (6) Because of the subjectivity of psychiatric di-  
23      agnosis, it is all too easy for a psychiatrist to label  
24      a person's disagreement with the psychiatrist's polit-  
25      ical beliefs a mental disorder.

1           (7) At least one federally-funded school violence  
2       prevention program has suggested that a child who  
3       shares his or her parent's traditional values may be  
4       likely to instigate school violence.

5           (8) Despite many statements in the popular  
6       press and by groups promoting the psychiatric label-  
7       ing and medication of children, that ADD/ADHD is  
8       due to a chemical imbalance in the brain, the 1998  
9       National Institutes of Health Consensus Conference  
10      said, “. . . further research is necessary to firmly  
11      establish ADHD as a brain disorder. This is not  
12      unique to ADHD, but applies as well to most psy-  
13      chiatric disorders, including disabling diseases such  
14      as schizophrenia. . . . Although an independent di-  
15      agnostic test for ADHD does not exist. . . . Finally,  
16      after years of clinical research and experience with  
17      ADHD, our knowledge about the cause or causes of  
18      ADHD remains speculative.”.

19           (9) There has been a precipitous increase in the  
20      prescription rates of psychiatric drugs in children:

21           (A) A 300-percent increase in psychotropic  
22      drug use in 2 to 4 year old children from 1991  
23      to 1995 (Journal of the American Medical As-  
24      sociation, 2000).

1 (B) A 300-percent increase in psychotropic  
2 drug use in children from 1987 to 1996 (Ar-  
3 chives of Pediatric & Adolescent Medicine,  
4 2003).

5 (C) More money was spent on psychiatric  
6 drugs for children than on antibiotics or asthma  
7 medication (Medco Trends, 2004).

8 (10) A September 2004 Food and Drug Admin-  
9 istration hearing found that more than two-thirds of  
10 studies of antidepressants given to depressed chil-  
11 dren showed that they were no more effective than  
12 placebo, or sugar pills, and that only the positive  
13 trials were published by the pharmaceutical industry.  
14 The lack of effectiveness of antidepressants has been  
15 known by the Food and Drug Administration since  
16 at least 2000 when, according to the Food and Drug  
17 Administration Background Comments on Pediatric  
18 Depression, Robert Temple of the Food and Drug  
19 Administration Office of Drug Evaluation acknowl-  
20 edged the “preponderance of negative studies of  
21 antidepressants in pediatric populations”. The Sur-  
22 geon General’s report said of stimulant medication  
23 like Ritalin, “However, psychostimulants do not ap-  
24 pear to achieve long-term changes in outcomes such

1 as peer relationships, social or academic skills, or  
2 school achievement.”.

3 (11) The Food and Drug Administration finally  
4 acknowledged in September 2004, that the newer  
5 antidepressants are related to suicidal thoughts and  
6 actions in children and that this data was hidden for  
7 years. The Food and Drug Administration had over  
8 2000 reports of completed suicides from 1987 to  
9 1995 for the drug Prozac alone, which by the agen-  
10 cy’s own calculations represent but a fraction of the  
11 suicides. Prozac is the only such drug approved by  
12 the Food and Drug Administration for use in chil-  
13 dren.

14 (12) Other possible side effects of psychiatric  
15 medication used in children include mania, violence,  
16 dependence, weight gain, and insomnia from the  
17 newer antidepressants; cardiac toxicity including le-  
18 thal arrhythmias from the older antidepressants;  
19 growth suppression, psychosis, and violence from  
20 stimulants; and diabetes from the newer anti-psy-  
21 chotic medications.

22 (13) Parents are already being coerced to put  
23 their children on psychiatric medications and some  
24 children are dying because of it. Universal or man-  
25 datory mental health screening and the accom-

1 panying treatments recommended by the President's  
2 New Freedom Commission on Mental Health will  
3 only increase that problem. Across the country, Pa-  
4 tricia Weathers, the Carroll Family, the Johnston  
5 Family, and the Salazar Family were all charged or  
6 threatened with child abuse charges for refusing or  
7 taking their children off of psychiatric medications.

8 (14) The United States Supreme Court in  
9 Pierce versus Society of Sisters (268 U.S. 510  
10 (1925)) held that parents have a right to direct the  
11 education and upbringing of their children.

12 (15) Universal or mandatory mental health  
13 screening violates the right of parents to direct and  
14 control the upbringing of their children.

15 (16) Federal funds should never be used to sup-  
16 port programs that could lead to the increased over-  
17 medication of children, the stigmatization of children  
18 and adults as mentally disturbed based on their po-  
19 litical or other beliefs, or the violation of the liberty  
20 and privacy of Americans by subjecting them to  
21 invasive "mental health screening" (the results of  
22 which are placed in medical records which are avail-  
23 able to government officials and special interests  
24 without the patient's consent).

1 **SEC. 3. PROHIBITION AGAINST FEDERAL FUNDING OF UNI-**  
2 **VERSAL OR MANDATORY MENTAL HEALTH**  
3 **SCREENING.**

4 (a) UNIVERSAL OR MANDATORY MENTAL HEALTH  
5 SCREENING PROGRAM.—No Federal funds may be used  
6 to establish or implement any universal or mandatory  
7 mental health screening program.

8 (b) REFUSAL TO CONSENT AS BASIS OF A CHARGE  
9 OF CHILD ABUSE OR EDUCATION NEGLECT.—No Federal  
10 education funds may be paid to any local educational  
11 agency or other instrument of government that uses the  
12 refusal of a parent or legal guardian to provide express,  
13 written, voluntary, informed consent to mental health  
14 screening for his or her child as the basis of a charge of  
15 child abuse or education neglect until the agency or instru-  
16 ment demonstrates that it is no longer using such refusal  
17 as a basis of a child abuse or education neglect charge.

18 (c) DEFINITION.—For purposes of this Act, the term  
19 “universal or mandatory mental health screening pro-  
20 gram”—

21 (1) means any mental health screening program  
22 in which a set of individuals (other than members of  
23 the Armed Forces or individuals serving a sentence  
24 resulting from conviction for a criminal offense) is  
25 automatically screened without regard to whether



1       there was a prior indication of a need for mental  
2       health treatment; and

3           (2) includes—

4               (A) any program of State incentive grants  
5               for transformation to implement recommenda-  
6               tions in the July 2003 report of the President’s  
7               New Freedom Commission on Mental Health;  
8               and

9               (B) any student mental health screening  
10              program that allows mental health screening of  
11              individuals under 18 years of age without the  
12              express, written, voluntary, informed consent of  
13              the parent or legal guardian of the individual  
14              involved.

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