

Dangers of Expanding School Mental-Health Screening and Treatment Programs

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In many cases the mental and behavioral problems of the perpetrators of school shootings are already known to the school or health systems. For example, the Parkland shooter's mental instability and blatant signs of his violent tendencies were evident for years, and multiple felonious actions were ignored. He had been diagnosed as developmentally delayed since age three. He attended a school for the emotionally disturbed until the year before high school and then was expelled for behavior issues. Many at the school, the sheriff's department, and the Department of Children and Families knew his mental-health problems. Increased mental screening would not have stopped that tragedy.

The perpetrator was also involved in the PROMISE¹ program, which sought to reduce suspensions and arrests at school for minority and disabled students.² In the opinion of many scholars,³ parents, and teachers, such programs, when combined with the Obama-era school discipline guidance, created an unsafe environment at Parkland and across the nation by preventing the felony arrests that would remove offenders' ability to legally purchase a firearm.

Mental-health diagnostic criteria are readily admitted to be subjective and difficult to use in children and teens, who are all undergoing rapid developmental changes. Under the right circumstances, everyone could be considered "at risk" for mental-health problems. This assessment comes from multiple prominent psychiatric organizations including the World Health Organization, the U.S. Surgeon General, and the American Psychiatric Association.⁴ It therefore makes little sense to screen "at risk" students, because the net would become impossibly large.

Psychiatric experts trained for years readily admit that their efforts to predict which patients will become violent are only slightly better than chance, so it is unwise to train already overburdened school staff for a few hours and place this enormous responsibility on them. A psychologist involved in violence-prediction research said, "There is no instrument that is specifically useful or validated for identifying potential school shooters or mass murderers."⁵ Another said that doing so would endanger both public safety and civil liberties.⁶ Many experts rejected the idea of expanded school mental-health screening after the horrific Sandy Hook shooting. A psychiatrist who extensively studied the Sandy Hook shooter said after the Parkland massacre, "But unfortunately, it's impossible for any of us to predict who is going to go from being troubled and isolated to actually harming others...It really means we can't rely on prediction and identifying the bad guys. Because we'll misidentify some who aren't bad guys, and we'll fail to identify others who may become bad guys."⁷

Mental screening is notoriously inaccurate, with several commonly used instruments having approximately 60-85% false-positive rates.⁸ This high rate of false positives will result in using up scarce

¹ <https://thenationalpulse.com/commentary/stunning-report-parkland-superintendent-misled-public-shooters-past/>

² <https://caffeinatedthoughts.com/2018/03/federal-government-meddles-school-discipline/>

³ <https://www.manhattan-institute.org/html/testimony-max-eden-house-judiciary-preventable-violence-law-enforcement-11124.html>

⁴ <http://edlibertywatch.org/wp-content/uploads/2014/11/SEL-Child-Mental-Health-Quotes-and-References3.pdf>

⁵ https://www.washingtonpost.com/national/health-science/predicting-violence-is-a-work-in-progress/2013/01/03/2e8955b8-5371-11e2-a613-ec8d394535c6_story.html?noredirect=on&utm_term=.065a38fdabff

⁶ Ibid.

⁷ <http://www.latimes.com/science/sciencenow/la-sci-sn-florida-shooter-psychology-20180226-htmstory.html>

⁸ The Columbia Suicide Screen has a false-positive rate of 84 percent. ([https://www.jaacap.org/article/S0890-8567\(09\)61129-1/fulltext](https://www.jaacap.org/article/S0890-8567(09)61129-1/fulltext)) Others recommended by the American Academy of Pediatrics have false-positive rates of 71 percent and 59 percent. (https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH_ScreeningChart.pdf) Those percentages are obtained by subtracting the low positive predictive values, which mean that a person actually has the condition being tested or screened, from 100 percent.

resources that could go to increase counseling services for those with a true need. Even the San Francisco school district rejected a mental-health screening program for this reason.⁹

Inaccurate and subjective screening and diagnoses based on them could well follow a student for life. Medical and mental-health assessments in school records have little protection under the weak, outdated, and gutted federal FERPA student-privacy law.

The Parkland perpetrator was reported to be on medication for ADHD,¹⁰ abusing Xanax,¹¹ and possibly taking antidepressants,¹² all of which are known¹³ to cause increased or new aggression, hostility, mania, and violent reactions in some patients taking them. ¹⁴ Ativan is known to cause hallucinations. More mental-health screening and treatment would not have stopped this. Many school/mass shootings and stabbings have involved psychiatric drugs.¹⁵ It is imperative that this association be further studied.

Universal in-school mental-health programs are not very effective.¹⁶ The same is true of the medications that would be used on children after these inaccurate mental screenings;¹⁷ moreover, the drugs may have dangerous, sometimes fatal side effects.¹⁸

Mental screening has already been “weaponized” in some instances to require students to align with certain political orthodoxies, thus violating the inalienable right of freedom of conscience. Combined with minimal FERPA protections, inaccurate screening instruments, and the frenzy for gun control, such assessments could result in deleterious and unmerited effects on college admission, career advancement, military service, and 2nd Amendment rights.¹⁹

There is very little mention of “consent” language in these programs, and they ignore federal statutes requiring parental consent for mental-health screening and evaluations. The Every Student Succeeds Act, the Individuals with Disabilities Act, the Protection of Pupil Rights Amendment, and FERPA require parental consent for mental-health evaluations, treatment, or placement, or screening surveys. There is no penalty for the school or right of redress for families other than an individual lawsuit at their own expense when these consent requirements are violated.

⁹ “Local public schools have resisted TeenScreen. San Francisco Unified School District, for example, passed on TeenScreen because it can generate false positives and drain counseling resources, said spokeswoman Gentle Blythe.” (San Francisco Chronicle – January 22, 2007).

¹⁰ <https://www.nytimes.com/2018/02/17/us/nikolas-cruz-florida-shooting.html>.

¹¹ <https://www.miamiherald.com/news/local/crime/article216161130.html>

¹² <https://patch.com/florida/miami/student-survivors-deadly-school-shooting-lash-out-trump>.

¹³ <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0015337>.

¹⁴ The study at <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0015337> shows a clear link between antidepressants, ADHD drugs, and violence. Here are some examples from the FDA labeling information for both classes of medications: https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/018936s103,021235s023lbl.pdf and https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/018936s103,021235s023lbl.pdf.

¹⁵ See the table at <https://thenationalpulse.com/commentary/turning-teachers-psychotherapists-will-not-prevent-school-shootings/>, and much documentation at www.ssrstories.org.

¹⁶ One study found, “Overall, school-based services demonstrated a small-to-medium effect (Hedges g 1/4 0.39) in decreasing mental-health problems, with the largest effects found for targeted intervention (Hedges g 1/4 0.76), followed by selective prevention (Hedges g 1/4 0.67), compared with universal prevention,” The Effectiveness of School-Based Mental Health Services for Elementary-Aged Children: A Meta-Analysis Journal of the American Academy of Child & Adolescent Psychiatry Volume 57, Issue 3, March 2018, Pages 153-165.

¹⁷ Antidepressants work in only about one-third of patients (<https://www.nimh.nih.gov/funding/clinical-research/practical/stard/allmedicationlevels.shtml>) and are under the FDA’s strongest black box warning for causing suicidal thoughts and actions in teens and young adults.

¹⁸ See the link to the FDA’s black box warning in Footnote 16 & other studies compiled at <http://edlibertywatch.org/wp-content/uploads/2014/11/Child-Mental-health-Quotes-and-references1.pdf>

¹⁹ One 2016 example involving gun control is available at http://www.nj.com/somerset/index.ssf/2016/09/high_school_student_reportedly_suspended_for_anti-.html. Other examples are available in this article: <http://thefederalist.com/2016/10/19/schools-ditch-academics-for-emotional-manipulation/>