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HOUSE RESOLUTION

2 WHEREAS, Mental illness is a critical underlying concept in
3 various areas of our law affecting mitigation of criminal
4 responsibility and fundamental rights to property, individual
5 liberty, and personal privacy; and

6 WHEREAS, For at least 2 generations, mental illness has
7 been presumed to be brain disease which is best confronted as a
8 treatable medical problem; and

9 WHEREAS, Vast amounts of State resources and tax monies,
10 not to mention the creative energies and work of our citizens
11 and civil servants, are continuously expended in accordance
12 with Illinois laws and regulations dependent upon derived
13 psychiatric definitions, formulations, and diagnostic criteria
14 for mental disorders, in particular upon those definitions,
15 formulations, and criteria which are found in the American
16 Psychiatric Association's nearly 20-year-old Diagnostic and
17 Statistical Manual of Mental Disorders, Fourth Edition
18 (DSM-IV); and

19 WHEREAS, Some experts in the field of mental health are
20 currently in major and substantial disagreement about methods
21 and standards of psychiatric diagnosis; and

1 WHEREAS, Despite explicit admonitions in DSM-IV against
2 the use of psychiatric diagnosis for legal purposes such as
3 establishing competence, criminal responsibility or
4 disability, Illinois courts and agencies have nonetheless
5 habitually relied upon the formulations and criteria in the DSM
6 for the precise expertise which the text itself disclaims; and

7 WHEREAS, The Diagnostic and Statistical Manual of Mental
8 Disorders, Fifth Edition (DSM-5) was released for publication
9 in May of 2013, but the changes made in this DSM are provoking
10 intense criticism from a diverse range of mental health
11 experts; and

12 WHEREAS, the DSM-5 is attracting criticism from numerous
13 publications such as the Chicago Tribune, Forbes Magazine, and
14 the Huffington Post, that the new manual may lead to
15 over-diagnosis of new or rare disorders, the loss of access to
16 mental health services by persons whose condition may no longer
17 be recognized, and possible misdiagnosis of autism due to the
18 DSM-5's consideration of autism, Asperger's disorder, and
19 other developmental disorders as a single diagnosis on a
20 spectrum; and

21 WHEREAS, Forbes magazine outlines new disorders being
22 introduced in the DSM-5 which have the potential to result in
23 the over-medication of patients, including Disruptive Mood

1 Dysregulation Disorder, which requires a child to have at least
2 3 tantrums a week for a one-year period in order to be
3 diagnosed, binge-eating disorder, hoarding disorder, and skin
4 excoriation; and

5 WHEREAS, These examples will now be understood by the DSM-5
6 to be legitimate disorders and therapists treating patients
7 with these symptoms can be reimbursed by insurance companies;
8 and

9 WHEREAS, Due to the changes in such a pivotal mental health
10 diagnostic tool and the volume of critiques being voiced from
11 mental health professionals, it is imperative that we have an
12 open and transparent discussion on the DSM-5 as it relates to
13 the diagnosis of persons with mental disease and disorders;
14 therefore, be it

15 RESOLVED, BY THE HOUSE OF REPRESENTATIVES OF THE
16 NINETY-NINTH GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, that
17 the Task Force on Mental Health Diagnosis within Illinois Law
18 be created to:

19 (1) thoroughly survey the Illinois Compiled Statutes and
20 Administrative Code to identify all instances where our
21 laws and government functions depend upon purported
22 understanding of mental illness or disorder, mental
23 capacity, mental health, behavior or psychology, which may

1 have been recently discredited or found to be incorrect or
2 seriously called into question;

3 (2) forward initial recommendations of urgent legislative
4 actions which may be needed to avoid gross injustice or
5 waste of public resources to the General Assembly as soon
6 as possible; and

7 (3) produce a final report summarizing the task force's
8 findings and detailing recommended statutory or
9 constitutional strategies to recognize best practices and
10 highlight any areas of major disagreement within the
11 profession; and be it further

12 RESOLVED, That the task force shall consist of the
13 following members: 5 task force members appointed by the
14 Speaker of the House, 2 of whom are State representatives (one
15 who will serve as co-chairperson), and 3 of whom are
16 professionals in the mental health field; 5 task force members
17 appointed by the Minority Leader of the House, 2 of whom are
18 State representatives (one who will serve as co-chairperson),
19 and 3 of whom are professionals in the mental health field; one
20 task force member appointed by the Governor under the Division
21 of Mental Health under the Department of Human Services; and
22 one task force member appointed by the Attorney General as a
23 representative of her office and trained in a related field;
24 and be it further

1 RESOLVED, That the task force be appointed and hold its
2 first meeting by March 1, 2016; and be it further

3 RESOLVED, That in appointing members of the task force, the
4 Speaker and Minority Leader shall consider that professional
5 experience in diverse mental health-related fields may be a
6 positive qualification; and be it further

7 RESOLVED, That the task force shall take voluntary
8 assistance and testimony from individuals and professional
9 organizations and institutions; and be it further

10 RESOLVED, That the members of the task force shall serve
11 without compensation; and be it further

12 RESOLVED, That the Department of Human Services shall
13 provide staffing and administrative support services to the
14 task force upon request; and be it further

15 RESOLVED, That the task force shall submit its final report
16 to the General Assembly, the Governor, and the Attorney General
17 no later than December 31, 2016.