

TEEN SCREEN: LIFE SAVING INTERVENTION, OR ORWELLIAN NIGHTMARE?

A Report and Recommendations about
Screening America's Children for "Mental Disorders"



Citizens Commission on Human Rights® International
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Introduction: Capitalizing on Teen Suicide

Few tragedies could compare with the loss of a child to suicide. Inexplicable and devastating, parents grope for answers in the aftermath of such an event. Programs that offer the possibility of prevention are, therefore, the utmost priority.

However, into this emotionally charged landscape steps TeenScreen™, a highly touted “suicide prevention” program developed at Columbia University. TeenScreen’s directors make no secret of their aim to screen every one of the 52 million schoolchildren in the United States for depression and other suicide-related disorders—making “mental health check-ups” as common, and acceptable, for kids as getting their teeth or vision checked.

Based on the statistics, they are well on their way to achieving that. More than 150,000 children were screened in 42 states and the District, and the 2007 federal budget calls for \$27 million to be spent on suicide prevention programs like TeenScreen.

But despite TeenScreen’s veneer of laudable sounding goals, the program carries a number of very troubling potential liabilities.

The TeenScreen Process

- TeenScreen ordinarily does its testing in high schools and junior highs. Program staff are instructed to offer incentives, like movie coupons and pizza vouchers, to encourage kids to bring back completed consent forms from parents who are supposed to provide consent.
- The test comprises a 14-item, self-administered questionnaire that usually takes about 10 minutes to finish and purportedly identifies signs of anxiety, depression and other suicidal “markers.” Questions include: “Have you often felt very nervous when you’ve had to do things in front of people?” Or, “In the last year, has there been a time when you felt you couldn’t do anything well or that you weren’t as good-looking or as smart as other people?”¹
- Harvard Medical School psychiatrist Joseph Glenmullen says the questionnaires used to diagnose depression “may look scientific,” but “when one examines the questions asked and the scales used, they are utterly subjective measures....”²

- Dr. Julian Whitaker, a respected U.S. physician and founder of the Whitaker Wellness Center in California, took a depression screening test available on an antidepressant manufacturer's website and exposed how unscientific it is: "You respond to 20 phrases with one of the following: not often, sometimes, often, or all the time. Phrases include, 'I feel downhearted, blue, and sad.' 'I have trouble sleeping through the night.' 'I eat as much as I used to,' 'I have trouble with constipation.' 'My mind is as clear as it used to be.' 'I am more irritable than usual.' 'I find it easy to make decisions.' (As you see, some of these questions are confusing, if not irrational.) I selected 'sometimes' for every phrase, as a normal, healthy person would. My score was 50, and I was advised to show this test to my doctor and 'ask him or her to evaluate you for depression.'"³
- Youths that the test identifies as being at-risk for suicide—"positive screens"—are routed to an interview with an on-site mental health professional. If the mental health professional decides that a more complete evaluation is needed, the parents are notified and offered assistance with obtaining treatment.⁴

The Problem: The Failings of TeenScreen

- The United States Preventive Services Task Force, a blue ribbon panel convened to study the effectiveness of programs like TeenScreen, reported in May, 2004:
 - There is no evidence that screening for suicide risk reduces suicide attempts or mortality,
 - There is limited evidence on the accuracy of screening tools to identify suicide risk,
 - There is insufficient evidence that treatment of those at high risk reduces suicide attempts or mortality.⁵
- Task Force chairman Ned Calonge said that there is weak evidence that screening can distinguish people who will commit suicide from those who will not and that screening inevitably leads to treating some people who do not need it. "Whether we like to admit it or not, there are no interventions that have no harms," he stated.⁶
- Jane Pearson, Ph.D., Chairperson of the National Institute of Mental Health (NIMH) Suicide Research Consortium, noted in a 2002 paper, "[W]hen researchers have tried to predict suicide using as many known risk factors as possible, they are still unable to predict who will and who will not commit this act."⁷

- The same paper says that a danger to the screening is that “a prevention program for high school aged youth found that participants were more likely to consider suicide a solution to a problem after the program than prior to the program.”⁸
- Even more troubling, according to the study, “The Columbia Suicide Screen: Validity and Reliability of a Screen for Youth Suicide and Depression,” authored by TeenScreen creator, Dr. David Shaffer, the test can falsely identify kids as being suicide risks *at least 84% of the time*. That means that 84 out of every 100 kids labeled by the test as potentially suicidal—and therefore referred to a mental health professional—are not actually at risk.⁹
- Kelly Patricia O’Meara, former Congressional staff and author of *Psyched Out: How Psychiatry Sells Mental Illness and Pushes Pills That Kill*, commented: “Since when does an 84% failure rate equate to a reliable scientific test?”¹⁰
- The questions used in the screening process are vague, subjective and arbitrary. Further, if a student refuses to answer a question, this guarantees a “positive screen.”¹¹
- This astounding level of inaccuracy apparently doesn’t trouble Dr. Shaffer, who concluded with the other authors of the study referenced above that “many of these so-called false-positive cases...are likely to benefit from treatment.”¹²

The Result: More Kids On Psychiatric Drugs

- Once identified as a suicide risk by TeenScreen—“false positive” or not—kids are referred to a “mental health professional” for evaluation.¹³ No alternative is offered, despite repeated studies showing that the “mental disorders” TeenScreen purports to identify can be caused by a host of other factors: physical illness, poor diet, hormonal changes, study difficulties and other educational problems, allergic reactions and the *normal* trials and tribulations of being a teenager.¹⁴
- Dr. James Howenstine, researcher and internal medicine specialist said, “This whole field of psychiatric diagnosis needs to be reconsidered in view of the strong evidence that...parasitic infections,...candida, borna disease virus [infectious neurological syndrome that causes abnormal behavior and fatality], streptococcus [bacteria that causes disease and infection], and other infectious agents are capable of producing...symptoms that will generate a psychiatric diagnosis.” Further, “There is a real possibility that many, perhaps most patients, have an infectious illness that is correctable, not a permanent psychiatric impairment.”¹⁵

- Such thorough physical evaluation is unlikely, however, with a program that refers youths solely to mental health professionals. And, as TeenScreen Executive Director Laurie Flynn has stated, the ultimate aim of the program is not just identification, it's linking youths with treatment.¹⁶ A 2002 survey published in the *Journal of the American Academy of Child Adolescent Psychiatry* found that child psychiatrists treat 9 out of 10 children by drugging them.¹⁷
- TeenScreen often leads to more youths being prescribed antidepressants. According to former Pennsylvania government investigator, Allen Jones, "TeenScreen is a nefarious [wicked] effort to recruit our children into the quagmire of biological psychiatry."
- Jim Gottstein, an attorney who represents clients harmed by psychiatry, says TeenScreen "ends up being nothing more than a Drugging Dragnet." "The high rate at which we are drugging America's children with psychotropics," he says, "is a national disgrace."¹⁸
- Psychotropic drug prescription for teenagers skyrocketed 250% between 1994 and 2001.¹⁹
- A study published in *Psychiatric Services*, entitled, "Trends in the Use of Psychotropic Medications Among Adolescents, 1994-2001," found that the average annual rates for prescription of psychotropic drugs for adolescents increased, "...with especially rapid acceleration after 1999" — the same year the TeenScreen program was initiated.²⁰
- According to FDA estimates, 15 million antidepressant prescriptions were written in 2003 for under 18 year olds.²¹ Between 1995 and 1999, the use of antidepressants increased **151%** for 7 to 12 year olds and **580%** for children under six.²² Between 1998 and 2002, there was another 49% increase in children taking antidepressants.²³ Sales of the drugs topped more than \$13 billion in 2004.²⁴
- Between 2000 and 2003, spending on psychoactive drugs for children exceeded expenditures for *any other* pediatric medication category, including antibiotics and asthma medicines.²⁵
- According to a July 27, 2005 article in *The Wall Street Journal*, antidepressants and antipsychotics are the third and fourth biggest classes of drugs in the United States after cholesterol and heartburn medicines, generating \$20.7 billion in 2004, with much of the cost "borne by government health-care plans."²⁶

- A study published in the July 21, 2004, *Journal of the American Medical Association* reported there was a significantly higher risk of suicide and suicidal thoughts during the first 9 days of treatment with SSRI (Selective Serotonin Reuptake Inhibitor) antidepressants, such as Paxil. According to the study, children starting treatment with these drugs are four times more likely exhibit suicidal behavior. The report also noted that children as young as 5 had committed suicide while taking these drugs.²⁷
- In September 2004, an FDA Advisory Committee concluded that not only do most antidepressant medications increase suicide risk in children they also fail to cure depression.²⁸ Soon afterwards, acknowledging that a “causal role for antidepressants in inducing suicidality had been established,” and that children on such drugs were *twice* as likely to become suicidal as those given a placebo, the FDA ordered drug manufacturers to place a Black-Box warning on *all* antidepressant labels.²⁹ The Black-Box warning is the most serious measure that the FDA can take regarding a prescription medication, short of banning its use. Since the Black-Box warning label requirement, there have been 24 FDA and other international drug regulatory agency warnings about psychiatric drugs.
- In 2004, N.Y. State Attorney General Eliot Spitzer sued Paxil manufacturer GlaxoSmithKline for committing fraud by hiding studies that “not only failed to show any benefit for the drug in children but demonstrated that children taking Paxil were more likely to become suicidal than those taking a placebo.”³⁰ The company settled the case in September 2004 for \$2.5 million.³¹
- In fact, rather than reducing suicide, Dr. David Healy and Graham Aldred from the North Wales Department of Psychological Medicine, Cardiff University, reviewed published SSRI antidepressant clinical trials and determined that they *increase* the risk of suicide.³²
- There has also been a dramatic rise in the number of youngsters prescribed powerful, “atypical (new) antipsychotic” drugs, such as Risperdal (Janssen) and Zyprexa (Eli Lilly), that have not been FDA approved for use by children. Children are now the fastest growing market segment for these powerful new drugs, despite documented side effects that include mania, permanent neurological damage and suicidal ideation.³³

Who Really Benefits From Teen Screen? The Pharmaceutical Connection

- TeenScreen's executives insist they don't recommend any specific mental health treatments for children and adolescents. But their outspoken advocacy of drug-based approaches is well documented.
- Psychiatrist David Shaffer, who developed the TeenScreen test, is a paid consultant for GlaxoSmithKline on the matter of Paxil and adolescent suicide and an expert trial witness for Hoffman la Roche and Wyeth Pharmaceuticals.³⁴
- In 2003, at the request of Pfizer, Shaffer wrote a public letter to the British Medicines and Healthcare Products Regulatory Agency, urging them not to ban use of SSRI antidepressant drugs (like Pfizer's Zoloft) for adolescents. According to Shaffer, there was insufficient evidence to restrict use of the drugs.³⁵ Yet, as stated earlier, the FDA ordered black box warnings to inform people that the drugs cause suicide and UK authorities found sufficient evidence to support a prohibition of SSRI usage in under 18 year olds.
- In January 2004, Shaffer co-authored a report published in the *Journal of the American College of Neuropsychopharmacology* (ACNP) that asserted "SSRI antidepressants do not increase the risk of suicidal thinking or suicide attempts in youth."³⁶ Published as the FDA was opening hearings on the issue, the report was hailed by drug manufacturers as proof that severe warnings against pediatric use of SSRI drugs were unnecessary. All of the report's authors, except one, had extensive links to the pharmaceutical industry.³⁷ The FDA later chose to issue "Black Box" warnings against antidepressant use for children, despite Dr. Shaffer's report.
- TeenScreen Executive Director Laurie Flynn is the former CEO of the National Alliance for the Mentally Ill (NAMI), a non-profit group that bills itself as "a grassroots organization of individuals with brain disorders and their family members." Under Flynn, however, NAMI became a virtual marketing arm of the pharmaceutical industry, stating in its *Guidelines for the Relationship between NAMI and the Campaign's Founding Sponsors*: "Providers, health plans, and pharmaceutical companies want to grow their markets and to increase their share of the market...NAMI will cooperate with these entities to grow the market by making persons aware of the issues involving severe brain disorders...and by helping persons to adhere to their treatment plans."³⁸

- NAMI has consistently advocated drug-based treatment (to the exclusion of other approaches) and received close to \$12 million in pharmaceutical funding between 1996 and 1999 alone.³⁹ One drug company went as far as “loaning” one of its executives to work at NAMI headquarters, while still paying his salary.⁴⁰
- TeenScreen’s PR firm, Rabin Strategic Partners, has long standing ties to the drug industry. Among its clients are Janssen Pharmaceutica, Johnson & Johnson, and Merck, to name a few.⁴¹ In 2005, Rabin also hired a former Bristol-Meyers executive and the communications director for Columbia University’s Division of Child and Adolescent Psychiatry—headed by Dr. David Shaffer.⁴²

TeenScreen and the New Freedom Commission: Towards a Brave, New, Medicated World

- In April 2002, President Bush established the *New Freedom Commission on Mental Health* (NFC) to conduct a “comprehensive study of the United States mental health service delivery system.” Rather than including an investigation and report of the rampant abuse in the system—clearly something the President should be apprised of, with recommendations to prevent abuse in the future—the Commission did the opposite. Among the Commission’s Orwellian recommendations was the mental health screening for “consumers of all ages,” including preschool children. “Schools,” wrote the Commission, “must be partners in the mental health care of our children,” and cited TeenScreen as a “model program” to achieve that end.⁴³
- This comes as no surprise, given that TeenScreen’s Laurie Flynn takes credit for having been the person who first got the President to go “on the record” in support of forming a commission to study the mental health system.⁴⁴ The Commission’s report, however, failed to inform him of the facts contained in this report.
- The Commission also recommended linkage of screening with “state-of-the-art treatments” using “specific medications for specific conditions,” and commended the Texas Medication Algorithm Project (TMAP) as a “model” mental health treatment protocol for all 50 states.⁴⁵
- Algorithms—or problem-solving formulas—are often used in medicine to improve and standardize decisions made in the delivery of care. They are

typically based on statistically proven “best practice” methods of handling specific problems.

- However, the TMAP guidelines were not derived from actual testing of different treatment protocols. Instead, a “consensus panel” of clinical psychiatrists developed them, offering *opinions* on what treatments worked best. Most of these psychiatrists were receiving drug-company funding, and large pharmaceutical companies—including AstraZeneca, Novartis, Janssen, GlaxoSmithKline, and Lilly—contributed directly to the development of the guidelines and their promotion to other states.⁴⁶
- Their efforts were well rewarded. The guidelines specifically recommended drugs made by these manufacturers as the “first line treatment” for the mentally ill. In fact, no other approaches or therapies are recommended as part of the TMAP protocol, only drugs. The only alternative offered if the drugs fail to work is Electro Convulsive Therapy (ECT)—better known as shock treatment—460 volts of electricity sent through the brain causing brain damage and memory loss.⁴⁷
- In states that have implemented TMAP guidelines, doctors who wish to be reimbursed by Medicaid or who see patients in state institutions must follow them, or explain, in writing, why they didn’t—a powerful disincentive to changing the protocol.⁴⁸
- After TMAP was adopted in Texas in 1997, the state’s Medicaid spending on the five “atypical antipsychotics” recommended by the guidelines skyrocketed from \$28 million annually to over \$177 million in 2004.⁴⁹
- Texas Comptroller Carole Keeton Strayhorn, outraged by the astonishing percentage of foster kids on medication in her state, launched her own investigation into the matter, stating, “Children as young as three years old are receiving powerful, mind-altering drugs. We need to examine...whether these drugs are being prescribed to make our foster children more submissive, or to line the pockets of unscrupulous and uncaring doctors and pharmaceutical companies, or both.”⁵⁰
- Michael F. Hogan, Ph.D., who chaired the New Freedom Commission, traveled the country championing the TMAP guidelines as a national model—while at the same time serving on an advisory board for Janssen Pharmaceutica.⁵¹ Hogan also sits on TeenScreen’s Advisory Council.⁵²

- Hogan aggressively pushed for adoption of TMAP-based guidelines in his home state of Ohio. The results were telling:
- According to the *Columbus Dispatch*, nearly 40,000 Ohio children on Medicaid were taking drugs for anxiety, depression, delusions, hyperactivity and violent behavior as of July, 2004. Thirty-one percent of children ages 6 to 18 in foster and group homes were on psychiatric drugs, as were 22% of kids in detention, with many on five or more. For the entire year, the Ohio Department of Job and Family Services paid out over \$65 million for kids' mental health drugs. The *Dispatch* also reported that 696 Ohio children, aged *newborn to 3 years old*, received sedatives and powerful, mood-altering psychiatric drugs through Medicaid in July of 2004.⁵³
- Hogan told the *Dispatch*: "The biggest public-health crisis facing the state and nation is the number of children with mental illness who fail to receive any care or treatment. It's true children are more likely to get medication than counseling or other behavioral therapy if they go to their pediatrician or family doctor. But at the end of the day, meds are quite safe and effective."⁵⁴

On the contrary, recent FDA warnings show that various psychiatric drugs—apart from inducing suicidal behavior—can also cause hallucinations, psychosis, diabetes, anxiety, aggression, strokes, heart attacks and sudden death.

- To date, at least 12 states have implemented TMAP-based guidelines, with laws enacting similar protocols pending in numerous others.⁵⁵ Children tested by TeenScreen in such states, and unlucky enough to then wind up receiving treatment from Medicaid doctors or, worse, in state-run institutions, are almost certain to be prescribed such drugs.
- In 2005, Indiana governor Mitch Daniels—a former Eli Lilly executive—signed legislation making mental health screening compulsory in his state, from preschool forward. Illinois went one step further, enacting legislation that mandates mental health screening for all children in the state, starting at *birth*. New Freedom, indeed.

Conclusions

Author C.S. Lewis wrote: "Of all tyrannies, a tyranny exercised for the good of its victims may be the most oppressive...those who torment us for our own good will torment us without end, for they do so with the approval of their consciences."

Legislators should consider this: When psychologist Bill Harley testified against a Minnesota bill that would have mandated mental health screening in public schools (the bill was defeated), he stated: "I asked the members how they would feel about a legislature-wide screening (of politicians) for mental health disorders along with early intervention. Those doing the screening would be paid by the legislature to provide extensive therapy, if a potential problem were found to exist in any of them. And, of course, the results of the screening would be available to a host of individuals, along with the therapeutic plan and their willingness to cooperate with that plan.

"Then, I mentioned that I could easily identify in every legislator an emotional predisposition that could possibly create problems for them in the future, and design a lengthy treatment plan as an early intervention....Screening and early intervention sounds like a great idea until you turn out to be the one being screened."⁵⁶

An online petition against TeenScreen, directed to school board members, state, and federal legislators, calls on them to adopt policy to prevent implementation of the program petition. It can be found at www.petitiononline.com/TSscreen/petition.html. Already, there are nearly 14,000 signatures. An Indiana mother, Teresa Rhodes produced the petition after her 15-year-old daughter, Chelsea, was screened in school without parental consent and was falsely labeled with obsessive-compulsive disorder and social anxiety disorder.

The Rutherford Institute is representing Mr. and Mrs. Rhodes in a suit against the school that conducted the mental health screening of their daughter, alleging that the screening not only invaded Chelsea's privacy but violated the parents' constitutional rights by conducting the invasive screening without their knowledge or consent.⁵⁷

- At the time of this writing, TeenScreen claims 460 active sites in 42 states. Under the program, more than 150,000 children have been tested.⁵⁸
- On October 21, 2004, federal legislation was enacted authorizing \$82 million to be spent over 3 years for programs like TeenScreen. Recipients of federal grants under the Youth Suicide Prevention and Early Intervention Program in 2006 include: Arizona, Colorado, Kentucky, Maryland, Michigan, North Dakota, Ohio, South Dakota, Washington, West Virginia, and Wyoming.⁵⁹ In New York State alone, officials will spend more than \$60 million to expand youth suicide prevention initiatives such as TeenScreen in 2006, and screen over 400,000 kids by year-end.⁶⁰

- Human beings have been bumping and stumbling their way through adolescence for a few hundred thousand years, at least. Now TeenScreen and its allies want to turn that right of passage into a profit center of psychiatrists and their allied pharmaceutical companies.
- According to the latest U.S. Census Bureau figures, there are approximately two suicides per every 100,000 kids each year—or about 1,700 total.⁶¹ A problem, to be sure, but hardly the “national crisis” TeenScreen’s directors claim. In fact, suicide among American youth fell 16.5 percent in the last two decades.⁶² Further, the use of antidepressants to “treat” children are at least 1.5 more likely to cause them to commit suicide than if they took nothing.
- TeenScreen’s executives are well aware of the statistics. Rob Caruano, former TeenScreen director, was quoted in the *South Bend Tribune* on December 22, 2004, stating, “Teen suicides, while tragic, are so rare that [any] study would have to be impossibly huge to show a meaningful difference in mortality between screened and unscreened students. You’d have to be screening almost the whole country to reach statistical significance.”⁶³ Make no mistake—that is exactly what TeenScreen is aiming for.
- Although wrapped in the rhetoric of helping “at-risk” youth, TeenScreen is in reality a cynical effort by the psychiatric/pharmaceutical complex to increase their reach into the private lives of American families. The potential screening of the 52 million children in our education system would lead to millions of kids being falsely labeled as suicide risks and referred for evaluation in the mental health system: an outcome unlikely to reduce teen suicides, but certain to boost drug company earnings.
- American children are already the most medicated in the world. If we continue to let *TeenScreen* into our schools, we are sure to retain that dubious honor, and will have done much to hasten our ominous slide from free republic to Therapeutic State.

Recommendations

1. Legislators should protect the rights of parents to refuse permission for their child to be subjected to any psychological or psychiatric questionnaire, test or evaluation, including TeenScreen, or be forced to take a psychiatric drug in school.

2. Schools should not be used to conduct TeenScreen or other psychological questionnaires. Governments should ensure that children are able to access schools that provide curricula that are based on sound and workable educational basics.

CITIZENS COMMISSION ON HUMAN RIGHTS INTERNATIONAL

The Citizens Commission on Human Rights (CCHR®) was co-founded in 1969 by the Church of Scientology and Professor Emeritus of Psychiatry, Thomas Szasz, to investigate and expose psychiatric violations of human rights and to clean up the field of mental healing. Today, it has more than 250 chapters in 34 countries. Its board of advisors includes doctors, lawyers, educators, artists, businessmen, and civil and human rights representatives.

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