

“DEPRESSION” TEEN SCREENING

Unreliable, Invasive and Dangerous

Psychiatrists and psychologists advise that the worsening state of our youth provides justification for “mandatory, universal behavioral” or “mental illness” screening. With this license to inspect every child from pre-school to college and university, they fraudulently claim they can identify those “at risk” of becoming unstable, anti-social and even violent.

The TeenScreen program conducted in the United States and several other countries claims that identifying and “treating at risk” children can *prevent* suicide. It can often lead to teens being prescribed antidepressants. According to former government investigator, Allen Jones, “Teen Screen is a nefarious [wicked] effort to recruit our children into the quagmire of biological psychiatry.”

In fact, 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.

Jim Gottstein, an attorney who represents clients harmed by psychiatry, added that 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.”¹

“This is junk science at it’s worst,” says Dr. Jan Johnson, M.D., “follow the money, the trail leads right back to the drug companies.”² A Tennessee Department of Mental Health and Developmental Disabilities report said that one TeenScreen survey conducted by the National Alliance on Mental Illness (NAMI) was funded through grants from a major antidepressant manufacturer. Pharmaceutical companies also fund NAMI.³

The program’s “health” survey asks students such questions as, “Has there been a time when nothing was fun for you and you just weren’t interested in anything?” and “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?”⁴ With enough checks against the questions, the next questionnaire, called the “Diagnostic Interview Schedule for Children” (DISC), purportedly checks for 18 psychiatric disorders.⁵ The child is then referred to a psychologist or psychiatrist and, usually, prescribed drugs.

Joseph Glenmullen of Harvard Medical School 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....”⁶

Dr. Julian Whitaker, a respected U.S. physician and founder of the Whitaker Wellness Center, filled out a “depression” survey at the Prozac website. “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),” he said. “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.’”⁷

TeenScreen is the brainchild of psychiatrist David Shaffer who admits that there is a large chance that 84% of children screened could be wrongly identified as suicidal. Kelly Patricia O’Meara, former Congressional staff and author of *Psyched Out: How Psychiatry Sells Mental Illness and Pushes Pills That Kill*, responded to this: “Since when does an 84% failure rate equate to a reliable scientific test?”⁸

Not surprising, obtaining parental consent through the schools has been a problem. One newsletter reported, “As many of our community partners know, getting signed consent forms back to participate in a TeenScreen Program is no simple task. We urge sites to be creative regarding this first step of the program—for example, coming up with unique incentives that appeal to the students, such as movie rentals or fast food coupons.”⁹ Other incentives include \$5 cash, gift certificates, food vouchers, a pizza party, pens and offering extra school credit to students who return the forms signed by their parents by the end of the school week.¹⁰

“Depression screening” in the general community has influenced the 60 million prescriptions for antidepressants written in the United States—about 10% of the American population, *including 1.5 million children*.¹¹ England’s “Defeat Depression Campaign” resulted in the “prescribing of antidepressants by general practitioners rising substantially.” As later discussed, these drugs cause or increase violent and suicidal behavior. The “teen screen” and other “depression screening” programs are thereby potential causes of greatly increased youth suicides when drugs are prescribed to supposedly “at risk” children.

Psychologist Bill Harley testified against a Minnesota bill that would have mandated mental health screening in public schools, but 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."¹²

¹ Evelyn Pringle, "TeenScreen—Normal Kids Labeled Mentally Ill," *Scoop Independent News*, 2 Aug. 2006.

² *Ibid.*

³ Evelyn Pringle, "TeenScreen—Angel of Mercy or Pill-Pusher," *Scoop NZ*, 13 Apr. 2005.

⁴ The Columbia TeenScreenSM State-One Health Survey, 11 Sept. 2001, p. 9.

⁵ Robin Nemeroff, Ph.D., and Leslie Kraft, M.S.W., "Help Find Kids At Risk for Depression, Suicide," Nami.org, Accessed: 6 Dec. 2000; "Voice DISC," Internet URL: www.TeenScreen.org.

⁶ Joseph Glenmullen, M.D., *Prozac Backlash*, (Simon & Schuster, New York, 2000), p. 206.

⁷ Dr. Julian Whitaker, "Mandatory Psychiatric Screening of School-Aged Children," *Dr. Whitaker's Health Update*, 19 Aug. 2004.

⁸ Kelly Patricia O'Meara, *Psyched Out: How Psychiatry Sells Mental Illness and Pushes Pills That Kill* (Author House, 2006), pp. 157-158.

⁹ "A Newsletter of the Columbia TeenscreenTM Program," *The TeenScreen News*, Volume 1, Issue 2, Apr. 2002; *The TeenScreen News*, Newsletter Issues: Sept. 2002, Volume 1, Issue 3; Dec. 2002, Volume 1, Issue 4 and Spring 2004, Volume 3, Issue 1.

¹⁰ *Ibid.*

¹¹ *Op. cit.*, Glenmullen, p. 15.

¹² "What's Wrong with Mental Health Screening in the Schools," Minnesota Family Council/Minnesota Family Institute Press Release, May 2001.