

INTERNATIONAL EDITION

[Switch to South Asian Edition](#)[About INS News](#)[Contact INS News](#)**INS**
NEWS**HEALTH**

WORLD

BUSINESS

HEALTH

SPORT

SHOWBIZ

WEATHER

REPORT NEWS

Contribute to
INS News

FREE E-MAIL

25MB Web Based
E-mail Box Free

Ped Med: Screening for Teen Depression

May 18, 09:31 PM

By LIDIA WASOWICZ

As part of a plan for preventing teen suicides, a presidential task force has recommended school screening of youngsters for tell-tale signs of emotional and behavioral trouble.

Identifying those at risk for suicide and helping to provide them with treatment is an important strategy that needs to be tested to see if it can have a significant impact, said Richard McKeon, special expert on suicide prevention at the Substance Abuse and Mental Health Services Administration in Rockville, Md., the federal agency charged with implementing the commission's recommendation.

Voluntary screening can be a useful tool (but) the SAMSHA position is not in favor of universal mental-health screening.

McKeon and colleague Leah Young stressed they wanted to reassure the public talk of a mandatory mental-health checkup for all children and adolescents is greatly exaggerated.

I don't know how or where that interpretation got started, but it's out there causing lots of concern, Young acknowledged. We've been charged with coming up with a roadmap for the future. It is not SAMSHA's position in any way, shape or form to recommend universal screening for mental health.

Even with these assurances, critics view such massive efforts, well-intentioned as they may be, as too much of a gamble. No major studies conclusively show that advance indication of which children are in danger can actually stop them from coming to harm, they say.

In addition, a misidentification could needlessly label a child for life, and potentially expose him to risky medications, they worry.

Proponents, on the other hand, point out pinpointing troubled teens for treatment before it's too late is a crucial step toward boosting their quality of life and sparing them from a tragic end.

They cite research showing high school screening correctly identified two-thirds of participants who subsequently attempted suicide or developed major depression in young adulthood.

One might also deduce from the findings that the identification of at-risk children in itself is inadequate for precluding the predicted tragedy. Even with the forewarning, the teens wound up trying to kill themselves or succumbing to severe mental illness, critics say.

Another study showed a specially designed computerized test, taken by nearly 40,000 high school students in 2004 alone in what might be the nation's largest mental-health screening effort for this age group, was able to tease out 100 percent of the young people who faced a high risk for suicide.

This is a big selling point for the TeenScreen questionnaire. Developed in 1991 at Columbia University on the basis of the latest brain research, the test is

IN HEALTH
[Health Home](#)[Ads by Google](#)**Top 10 Drug Treatments**

Advanced, scientific drug treatments. Leading Companies.

www.ProductResearch.info**Addiction Treatment**

Effective Drug & Alcohol Treatment Over 70% Success Rate? Learn More

AddictionTreatment.ca**Home Addiction Recovery**

Effective, affordable, confidential alternative to rehab or treatment.

www.homerecovery.net**www.Addiction.com**

Free search directory of addiction, drug rehab, treatments, and help!

www.addiction.com**Information**

Helpful Links for Information

www.toseeka.com[Advertise on this site](#)

available in at least 460 schools, doctors' offices, clinics, youth groups, shelters and other sites in 42 states and Washington, D.C., as a way to make voluntary mental-health checkups available for all American teens.

The screening tool scored high marks with the President's New Freedom Commission, which cited it as a model program in 2003.

Its benefits were underscored in a five-year survey of New York high school students, led by TeenScreen creator Dr. David Shaffer, which showed the assessment correctly identified adolescents not only at current but also future risk of suicide, into adulthood.

Nevertheless, patient rights advocates like Vera Hassner Sharav, founder and president of the New York-based Alliance for Human Research Protection, take issue with the questionnaire. Sharav sees it as overreaching and worries it can result in many children being needlessly referred for mental-health services that often incorporate pharmaceutical treatments.

The outspoken rebel with a consumer cause argues one would be hard-pressed to find a teen who could honestly reply in the negative to questions such as:

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? or, In the last year ... has there been a time when you couldn't think as clearly or as fast as usual?

Some of her concerns are buttressed by results from the same study that showed how well TeenScreen can pick out teens in real trouble.

The survey also found 84 percent of the high school students deemed suicidal in fact were not. That means of the 6,000 screened teens referred for further evaluation and assistance in 2004, 5,040 may have been singled out in error.

It is important not to lose sight of the fact that many of these so-called false-positive causes may be experiencing painful depressive symptoms with social and academic impairment and are likely to benefit from treatment, the study authors wrote.

While few would disagree severely depressed adolescents, suicidal or not, can profit from professional intervention, critics like Sharav take issue with what they see as a dangerous stretch beyond sound scientific policy.

They perceive an overdose of professional presumption and prescription, with too many children being labeled with conditions they may not have and proffered treatments they may not need.

Part of the skepticism may be grounded in the public's eroding trust in the healthcare establishment.

Shaken by widely reported revelations of improprieties -- from withheld negative study results to life-threatening medical errors -- and supported by previously inaccessible information, the care seekers are dashing away from the notion of care providers as the unquestionable final authority.

The targets of the criticism may not approve of the trends, but understand them.

Patients and parents have more information through the Internet than ever, and unfortunately, for the most part, they don't have the training or ability to be able to interpret or sift through the good stuff from the really bad stuff that's out there, said Dr. William Narrow, associate research director of the American Psychiatric Association.

Unfortunately, the medical profession on an individual patient-doctor contact level has been squeezed so much by financial factors, that relationship is very tenuous, he added.

When you get 15 to 20 minutes per patient, it's hard to build a relationship when the doctor is forced to turn over patients like tables in a restaurant. Unfortunately, that relationship has eroded, and it's not entirely the doctor's fault.

Next: Use of antidepressants in adolescents kicks up controversy.

(Editors' Note: This series on depression is based on a review of hundreds of reports and a survey of more than 200 specialists.)

UPI Consumer Health welcomes comments on this column. E-mail Lidia Wasowicz at lwasowicz@upi.com.

© **International News Service 1999 - 2006**

[Reuse Permissions](#) | [Feedback](#) | [About INS News](#) | Hosted by [Zanyspace](#)