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TeenScreen - Prescription Drug Pusher In Schools

July 17, 2006. By Evelyn Pringle

Whenever a TeenScreen article appears in the mainstream media, it never discusses the fact that the survey is being used to label children with any number of mental illnesses. The point needs to be made that this so-called "suicide prevention tool" has a lofty purpose alright, but caring about whether or not kids commit suicide ain't it.

According to attorney, John Whitehead, founder and president, of The Rutherford Institute, and author of the award-winning book, "Grasping for the Wind," TeenScreen is driven "by recommendations from President Bush's New Freedom Commission on Mental Health, which has called for mental health screening for all school-aged children, including those in preschool."

"TeenScreen is sweeping across the nation," he warns, "and finding its way into our public schools."

Although these programs are touted as suicide prevention tools, Mr Whitehead notes, "they seem to have more to do with drugging children than saving lives—and they are understandably raising an outcry among parents and child advocacy groups alike."

In setting up TeenScreen in schools, the obvious beneficiary is the pharmaceutical industry, says physician and Congressman, Ron Paul (R-Tx), "eager to sell the psychotropic drugs that undoubtedly will be prescribed to millions of American school children under the new screening program."

The survey is being administered in more schools every day with its cost funded by tax dollars. According to a recent article in the Washington Post, the "state of New York plans to start screening 400,000 children a year, and the federal government is directing tens of millions of dollars to expand screening nationwide."

Parents are most upset because normal teenage feelings, thoughts and behaviors are being transformed into symptoms of mentally illness. Anti-drugging activist and records researcher, Sue Weibert, has been investigating TeenScreen steady for well over a year and managed to obtain a copy of the TeenScreen survey, which in itself was no small feat. The questions asked include the following:

(1) Have you often felt very nervous or uncomfortable when you have been with a group of children or young people - say, like in the lunchroom at school or at a party?

(2) Have you often felt very nervous when you've had to do things in front of people?

(3) Have you often worried alot before you were going to play a sport or game or do some other activity?

(4) Has there been a time when you had less energy then you usually do?

(5) 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?

(6) Has there been a time when nothing was fun for you and you just weren't interested in

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anything?

When Ms Weibert got the survey, she showed it to her own teenage daughter, without saying anything. Her daughter read the questions over and said: "But doesn't every kid feel that way sometimes?"

Her mother says she assured her that yes, the feelings were quite normal.

In response, this young girl hit on one of the main concerns voiced repeatedly about TeenScreen. "But what about those kids," she said, "that read that and now think there's something wrong with them?"

"I feel bad for them," she added.

Another irate parent, Shelley Abate, calls TeenScreen an "absolute outrage."

"Who doesn't go through a day on this crazy planet and have some of the same thoughts that these teenagers are being told are mental disorders," she points out.

Carole Osgood, a retired daycare provider of 30 years says TeenScreen, "is the ultimate insult to anyone's intelligence."

"Kids did not suddenly change into a strange breed of humans" she notes, "with tons of mental illness over the last 30 years."

Ms Osgood says "common sense needs to be revived as a guide," and tells parents "if it doesn't make sense to you, do not accept it."

Irate parent, Ron Meyerson, says: "What gets me is that this issue is so blatantly obvious and so overtly Orwellian that the public, the politicians, and the media should be all over this thing."

"The fact that it has any credibility at all," he states, "is a sad testament to just how far this country has sunk."

Experts say there is no evidence to support that TeenScreen does anything other than guarantee that a large number of children will end up on drugs. In May 2004, after an indepth investigation, the United States Preventive Services Task Force issued a report with findings that:

(1) There is no evidence that screening for suicide risk reduces suicide attempts or mortality; (2) There is limited evidence on the accuracy of screening tools to identify suicide risk; and (3) There is insufficient evidence that treatment of those at high risk reduces suicide attempts or mortality.

Two years later, on June 16, 2006, Ned Calonge, the chairman of the Task Force, and the chief medical officer for the Colorado Department of Public Health and Environment, spoke to the Washington Post and said the same findings apply to screening today:

"The panel would reach the same conclusion today... Whether or not we like to admit it, there are no interventions that have no harms... There is weak evidence that screening can distinguish people who will commit suicide from those who will not... And screening inevitably leads to treating some people who do not need it.

"Such interventions have consequences beyond side effects from drugs or other treatments... Unnecessary care drives up the cost of insurance, causing some people to lose coverage altogether."

According to Ken Kramer, who succeeded in leading the crusade to keep TeenScreen out of several school districts in Florida, most people do not realize half of the consequences that come with a diagnosis of a mental illness. For instance, he says many states have laws restricting the purchase of firearms based on an adjudication of mental illnesses and kids labeled mentally ill who are placed on drugs become ineligible to serve in the military.

TeenScreen claims it can diagnose mental disorders in 10 minutes. In March 2004,

- Fosamax
- Home Depot Equipment Rental Damage Fee
- Hyundai Tiburon Clutch
- Ketek
- Medtronic Defibrillator
- Microwave Popcorn
- Overtime, CA
- Paxil Birth Defects
- ReNu Contact Lens Solution
- Securities/Stock Fraud
- Unpaid Overtime
- UnumProvident
- Wrongful Death

the program's Executive Director, Laurie Flynn, testified at a Congressional hearing and said that in the screening process, "youth complete a 10-minute self-administered questionnaire that screens for social phobia, panic disorder, generalized anxiety disorder, major depression, alcohol and drug abuse, and suicidality."

Back in 1999 the US Surgeon General noted why children can not be diagnosed with a mental illness and said: "The normally developing child hardly stays the same long enough to make stable measurements ... the signs and symptoms of mental disorders are often also the characteristics of normal development."

According to concerned parent, Diann Van Deusen, "this and every generation has a hard enough time growing up and finding their way into adulthood without some quack telling them they have a mental disorder when all they have is the normal teenage angst."

"Everybody else went through it too," she notes, "and survived to come out the other end into adulthood."

"But we did have it easier," she points out, "in the sense that we went through it without the added anxiety and confusion of being told that every little behavior we exhibited was in some way abnormal and a sign of a mental disease."

"We weren't put into victim status or mental health patient status and told to take a pill to handle it," she says.

"We were encouraged to do the best we could and handle our problems in a sensible way, governed by our family's value system," Ms Van Deusen notes. "Not by some drug company waiting like a beast to devour us for just being a kid."

TeenScreen's goal is to recruit customers but as part of the overall marketing scheme, Bush recommends that the "Texas Medication Algorithm Project" (TMAP), be used as a model program in all 50 states. In the most simple terms, TMAP is a list of drugs that doctors are required to prescribe when treating persons with specific mental illnesses who receive drugs paid for by government programs such as Medicaid.

The list contains the most high-priced psychotropic drugs on the market, including selective serotonin re-uptake inhibitor antidepressants (SSRIs), like Paxil, Prozac, Zoloft, and Effexor, and atypical antipsychotics, such as Zyprexa, Risperdal, Geodon, Seroquel, Clozaril, and Abilify.

This component of the scheme was created in Texas, while Bush was governor, in the 1990s, when these new drugs flooded the market, and drug makers realized they had a major problem because there was no way to promote the sale of psychiatric drugs, so they put their heads together and came up with the idea for TMAP.

The development of TMAP, and its guidelines for use, took place in Texas, while Bush was governor, and was funded by all the major drug companies who succeeded in having their drugs chosen to be on the list.

Texans are still paying a heavy price for being the first to allow the list to be used according to child psychologist and author, Dr John Breeding. "We are fighting off a swarm of efforts to codify New Freedom language into Texas law," he says.

"Driven by Big Pharma and psychiatry," he explains, "Texas is a focal point as the Texas Medication Algorithm Project started it all, the same folks were behind the New Freedom Commission, and the end result is more and more folks on drugs."

Psychiatrist, Dr Peter Breggin, a court-qualified medical expert, and author of the books, Talking Back to Prozac and The Anti-Depressant Fact Book, warns of the life-long harm that psychiatric drugs and a label of mentally illness can inflict.

"There is nothing worse that you can do to a human being in America today than give them a mental illness kind of label and tell them they need drugs," Dr Breggin advises.

The SSRIs these people are pushing with TeenScreen have been known to cause users to commit suicide, and they all carry black box warning labels to that affect. Furthermore, they are not even FDA approved for use with children.

A study conducted at the Ottawa Health Research Institute in Canada, published in the February 2005, British Medical Journal, reviewed over 700 clinical trials involving 87,650 patients, and assessed the suicide risks with SSRIs, by counting suicide attempts by patients who were treated with the drugs for conditions other than depression such as panic disorder, bulimia, and sexual dysfunction.

The study determined that even patients who were not depressed to begin with, and were taking SSRIs for other reasons, were more than twice as likely to attempt suicide as patients given placebos.

The SSRIs have also been identified as playing a major role in the previously unheard of acts of violence by school-age children all over the country in recent years. Medical experts in the field of SSRIs, says virtually all of the gun-related massacres that have made headlines over the past 15 years have one thing in common, they were committed by people taking SSRIs.

For more than a decade, Dr Breggin has documented in books and scientific reports how SSRIs can lead to out-of-control behavior and violence. "From agitation and hostility to impulsivity and mania," he warns, "antidepressant-induced behaviors is identical to that of PCP, methamphetamine and cocaine—drugs known to cause aggression and violence."

"One clinical trial showed a rate of 6 percent manic reactions for depressed children on Prozac," Dr Breggin reports, while "none developed mania on a sugar pill."

The TeenScreen people claim the program is not funded by any drug company money. However, they don't mention the fact that Ms Flynn's salary was paid by Big Pharma for 16 years while she was the director of the most notorious front group supported by drug company money of all time, the National Alliance of Mental Illness (NAMI).

During Ms Flynn's reign over NAMI, an investigation by Mother Jones' Magazine found that in just one 3-year period between 1996-1999, the group received \$11.72 million from 18 different drug companies.

Drug companies funnel millions of dollars every year to front groups like NAMI, and they in turn, utilize their membership to carry out the drug promotion campaigns and also provide a shield so that no Big Pharma money can be traced directly to the programs.

A clear example of how this funneling process works is the way TeenScreen uses NAMI's national convention each year to recruit members from all over the country to promote TeenScreen in their individual communities. Ms Weibert was able to obtain videos of the NAMI conventions that show the TeenScreen squad in full recruitment mode.

Under a law enacted in 1998 called the Protection of Pupil Rights Amendment, an evaluation of mental or psychological problems on a student cannot be administered without prior written consent from a parent.

To get around this law, when the TeenScreen team began implementing the program in schools, it promoted the use of what is known as passive consent which requires parents to return a signed form only if they do not want their child tested. Most parents say they never realized that their children could be subjected to something so serious as mental health screening without their signed consent, much less know that they must formally instruct a school in writing to not screen their children.

For instance, the consent form that was sent home to parents in Middleton, Ohio was worded as follows:

Dear Parent or Legal Guardian,

A new program developed by Columbia University called TeenScreen is being initiated at Vail Middle School for seventh grade students. The program screens students for potential mental health concerns. TeenScreen is a computerized interview and all information will be kept confidential.

Students will be able to participate in TeenScreen starting on Feb.13th. Participation in the program is strictly voluntary. A professional will be on hand to speak with the students in private if there is a positive screen. As always, if there are any concerns about your child, you will be notified.

Please complete the form below and return it to your child's Homebase teacher if you do not want your child to participate in TeenScreen.

At one NAMI convention, a member of the audience said that in the state of Oregon, consent forms were being returned to the schools with a large "NO" scribbled across the form. So noting that it was difficult to get parents to allow their children to be screened, NAMI members were asked to help convince kids to take the survey and then get them to talk their parents into signing the consent form.

During her speech, Leslie McGuire, the second in command at TeenScreen, explained that while only about 54% of parents would consent to the screening, if children themselves were asked, nearly 98% would agree to be screened.

"Getting the kids to buy in," she said, "is such an essential thing because for the most part, you're distributing the consent forms to the kids to bring home to their parents and bring them back."

"So you have to get their buy in," Ms McGuire told NAMI members, "you have to get them interested in it."

To that end, TeenScreen offers "incentives" to entice the cooperation of students, such as fast food coupons or movie rentals in exchange for filling out the survey. Additional perks might include \$5 in cash, gift certificates, or a pizza party for those students who return the signed consent forms within a specified period of time.

NAMI members are also recruited to help "loop" the kids into a mental health provider after the screening, and told of the importance of getting kids to their first appointment.

Sometimes, members were advised, helping might entail calling an insurance company to get the information on where to go and find out what services were covered, and sometimes it would even mean picking the kids up and driving them to the first appointment. Activists refer to the process above as a "NAMI assembly line" from start to finish.

An Indiana couple, Teresa and Michael Rhoades, have a teenage daughter named Chelsea, who they describe as a "normal, happy and active student who gets good grades and helps mentor a girl at school."

But apparently Chelsea's parent's missed some signals because in December 2004, she came home one day and informed her parents that she had been diagnosed with two mental illnesses after taking the TeenScreen test at school.

Chelsea explained to her parents that when she arrived at her homeroom that day, the teacher directed all students who did not have an "opt-out slip" to go to another classroom. Only a few students had slips and the rest of the students, who had no idea what the teacher was talking about, were divided into groups of 10-15, and shuffled into other classrooms and placed in front of computers.

An "opt-out slip" is used by schools that utilize "passive consent" and indicates the parents signed a form saying they would not allow the screening.

Chelsea, who was busy helping a friend in a wheelchair get settled at a computer, barely noticed what she was signing when a form was placed in front of her with no explanation. All she knew was that she was about to take a test.

After completing the survey, Chelsea and her fellow students were instructed to wait outside in the hall and that's where an employee from a mental health center found Chelsea, and informed her that according to the test, she was suffering from obsessive compulsive disorder and social anxiety disorder.

The OCD diagnosis reportedly arose because she answered "yes," that she did find herself repeatedly doing something she had little or no control over, which according to Chelsea meant cleaning her room and doing her chores.

Chelsea was diagnosed with social anxiety disorder supposedly because she said she felt cut off from friends.

She was given no opportunity to say why she felt this way which was because she wasn't allowed to go out with her friends on school nights. Her parents explain that they don't believe children should be out every night and so they limit Chelsea's social occasions to keep her out of trouble.

Advocacy groups say people need to realize how much money is being made off students like Chelsea. According to medical experts, the drugs likely to be prescribed to Chelsea would be an SSRI or atypical antipsychotic for the obsessive compulsive disorder, and Valium or Xanax for the social anxiety disorder.

After coupling the prescription costs with a 15 minute prescribing appointment with a doctor every month, they say Chelsea's parents could easily be looking at a monthly tab of about \$700 for their newly diagnosed mentally ill daughter.

According to the web site of the "Obsessive Compulsive Foundation," OCD medications are SSRIs but they only control symptoms, and do not "cure" the disorder. "This means," the Foundation says, "that the positive effects of an anti-OCD medication only occur as long as the drug is being taken."

And even while taking medications, the group points out that some symptoms continue but are less severe. The web sites explains that all medications work slow and "it may take up to two or three months to see improvement in the OCD."

"Also," it continues, "ongoing improvement of OCD may continue between 12 weeks and one year after starting medication."

"Optimal duration of treatment for OCD in children is unknown," according to the Foundation. "Many clinicians recommend 9 to 18 months of treatment after symptom resolution/stabilization," the web site says, "followed by a very gradual decrease in dosage."

So for starters, the Rhoades' family would be looking at about \$350 a month, times a middle number for an average of 12 months, which would amount to \$4,200 a year for the OCD disorder alone.

However, according to the foundation, relapse when the medication is stopped is common. So, by using TeenScreen to diagnose Chelsea with OCD, critics says, she was set up to become a life-long customer for Big Pharma.

While testifying before Congress, Ms Flynn told the panel that "close to 750,000 teens are depressed at any one time, and an estimated 7-12 million youth suffer from mental illness."

Using these numbers, the estimated drug sales that TeenScreen might generate, could be determined by multiplying that numbers of students by \$4,200 a year per child, keeping in mind that the figure only represents one disorder per child, although Chelsea was diagnosed with two.

However, in the case of the Rhoades' family, there will be no prescribing of mind-altering drugs and Big Pharma is not getting a dime because Chelsea's parents refused to buy into the TeenScreen insanity.

In fact, when they heard about the Teenscreen testing and their daughter's diagnosis of mental disorders, they were more than a little upset. "I was absolutely outraged that my daughter was told she had these two conditions based off a computer test," Teresa Rhoades said.

So outraged in fact, that the family filed a federal lawsuit against the school district and the Madison Center, the psychiatric facility that screened Chelsea without her parents knowledge or consent.

Attorney, John Whitehead, points out that parents have a fundamental constitutional right over the care, custody and control of their children, absent some showing of abuse or neglect and for those parents who want to protect their families from this latest assault there are some immediate steps that can be taken to combat the problem.

First, he tells parents, learn your rights under the Protection of Pupil Rights Amendment, a federal law intended to protect the rights of parents and students that allows parents to inspect their children's instructional materials and requires that schools obtain "written parental consent" before schools engage in programs like mental health screening.

He also advises parents to contact school officials and demand to be notified immediately if they are conducting mental health screening on their children and to also contact their representatives in Congress and "protest these invasive activities that are being foisted on unsuspecting students and families."

Activists against TeenScreen have posted an petition on the internet which they plan to send to federal, state and local lawmakers. Persons interested in signing can click on the following link:
<http://www.petitiononline.com/TScreen/petition.html>

Members of advocacy groups critical of any form of government instigated mental illness screening programs consistently point to TeenScreen as the most "evil" component of the overall drug marketing scheme set up by the New Freedom Commission.

Resources

If you or a loved one has been affected by TeenScreen, click [[here](#)] to fill out a free evaluation form.

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