Suicide prevention and early diagnosis of mental illnesses in teenagers might sound like a laudable goal to some, but the implementation has some people very upset.

One such program to detect mental illness in young people is TeenScreen which is "a national mental health and suicide risk screening program for youth," according to its Web site.

"The goal of the National TeenScreen Program is to make voluntary mental health check-ups available for all American teens. TeenScreen works by assisting communities throughout the nation with developing locally operated and sustained screening programs for youth, the Web site reads, "Screening can take place in schools, doctors' offices, clinics, youth groups, shelters, and other youth-serving organizations and settings."

There are currently 460 active screenings sites across the country including schools in Erie, PA; Pendleton, Oregon; and Fond Du Lac, Wisconsin.

According to TeenScreen, the program works by obtaining parental consent, then giving teens a short questionnaire, which is followed by an interview. If results suggest the teens could have a mental health problem, they are interviewed by mental health professionals who then determine if parental notification and referrals are necessary.

The program however, is not without considerable criticism. Vera Hassner Sharav of the Alliance for Human Research Protection believes that programs like TeenScreen are actually human experiments condoned by the government.

Sharav’s remark was made at the National Academy of Sciences on February 23. The event was intended to be a debate over the merits of the TeenScreen and other screening programs, but David Schaffer, Ph.D of Columbia Presbyterian Medical center a proponent of screening and Julia Graham Lear, Ph.D. and M.A. of George Washington University a neutral party cancelled.

Sharav accused promoters of TeenScreen of having no evidence that their program works and of using flawed science and flawed logic. She explained that the predictive value of the TeenScreen program is 16 percent because of its false positive rate of 84 percent.

A false positive can put a teenagers in a dangerous situation like it did for Aliah Gleason, whom Sharav mentioned in her presentation at the NAS. Mother Jones magazine ran a story called "Medicating Aliah" in their May/June 2005 issue, in which they told the story of the 13-year-old Texas girl who was screened for mental illness and scored high for risk of suicide. Her parents were notified that Aliah was a suicide risk and they consented to have her see a psychiatrist who did not hospitalize her, but six weeks later Aliah’s parents were ordered to commit her. When they refused, Aliah was put in emergency custody and sent to a psychiatric...
hospital in Austin. The Gleasons were unable to communicate with their daughter for five months, the article explained. During her commitment, Aliah was forcibly restrained multiple times and given a number of psychotropic drugs (some at the same time) although, according to Mother Jones, it is still unknown if Aliah was ever suicidal.

Last September, the Rutherford Institute filed suit against an Indiana high school for screening 15-year-old Chelsea Rhoades without her parents’ consent. According to the Rutherford Institute, the TeenScreen exam had only “yes” and “no” questions, leaving students with no way explain their responses. Chelsea was told that she suffers from obsessive compulsive disorder and social anxiety disorder, because she likes to clean and doesn't like to party. The lawsuit claims that Chelsea was screened illegally based on the federal Protection of Pupil Rights Amendment and Indiana state law, because the school did not obtain written consent before conducting the screening.

At the NAS lecture, Sharav said that there is dispute in the medical field regarding the difficulty of accurately diagnosing mental illness. For example, the Surgeon General in 1999 and the World Health Organization both had their concerns on mental illness diagnostics. Sharav also criticized the inherent subjectivity of the manual used to diagnose mental illness.

In an article entitled “TeenScreen: The Making of Mental Patients” by Sandra Lucas of the Utah Chapter of the Citizens Commission on Human Rights, Lucas said that the idea of a youth suicide epidemic is a fallacy. She said that according to 2000 census data, suicides in 2000 accounted for 0.0008 percent of 14-19 year olds and that suicide among youth fell by 25 percent in the last 10 years.

Finding accurate data about suicide rates is difficult but http://www.religioustolerance.org/sui_fact.htm/ offers a few insights into the available data. “Suicide has been reported as the second leading cause of death among teenagers, exceeded only by traffic accidents. However, the suicide rate among teens is actually lower than that of older persons. Teens tend to have few life-threatening illnesses; teenage deaths from disease is [sic] quite low. Thus, the relatively few suicides among teens make suicide a leading cause of death,” according to the Web site.

No one has come up with a way to prevent suicide, and there is not evidence to prove that screening programs will prevent them either, said Sharav.

At the end of her presentation, Sharav was asked why there is such a government push for mental health screening. Sharav’s response was twofold: 1) that the pharmaceutical industry is very powerful and has connections within the government and 2) the government always likes to gain control and through screening they gain access to kids and to their parents.

She also said that increasing numbers of young people are being put on psychotropic drugs, are not being given psychotherapy, and parents are being told that drugs are safe when there is evidence that such drugs are not safe, but can induce aggression and depression in children.

Opposition to screening has also come from groups like Concerned Women for America and Eagle Forum who condemn such programs as intrusive “Big Brother” attempts to take away parental control. A Web site called Psych Search also has a compilation of data that questions or directly attacks claims made by TeenScreen about such programs.
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