

TeenScreen Distortions Perpetuated in House Hearing

The Minnesota State House Mental Health Committee, a division of the Health and Human Services Committee, met on February 23 to consider and move forward an enormous mental health bill, HF 196, authored by Rep. Mindy Greiling (D-Roseville). Rep. Greiling is on the national board of directors of the National Alliance for the Mentally Ill (NAMI). Although the rank and file members of NAMI are individuals trying to deal with mental illnesses in their family members, the national organization aggressively promotes TeenScreen **and** (promotes) the chemical imbalance theory of mental illness, which is not supported by any scientific evidence, and advocates for the use of psychotropic drugs as the only effective means of treatment. NAMI receives millions of dollars in contributions from the manufacturers of the psychotropic drugs it promotes

HF 196 contains several provisions that implement or expand the psychiatric screening of children, including grants to expand the use of the Columbia TeenScreen suicide and mental illness survey for Minnesota youth, potentially starting as young as 9 years old.

Dr. Karen Effrem testified against TeenScreen (formerly called, the Columbia Suicide Screen, CSS). She cited information about the lack of consensus within the psychiatric community regarding diagnostic criteria, the high false positive rates of screening, the lack of effectiveness of screening, the overuse of psychiatric drugs in children, the drugs' lack of effectiveness and dangers, and the incidents of coerced screening and deaths due to psychiatric drug use coerced by the schools.

An amendment to the bill offered by Rep. Cathy Tinglestad (R-Andover) would have deleted the TeenScreen grants from the bill. The amendment was defeated on a voice vote after Rep. Greiling countered Dr. Effrem's testimony with many statements that do not line up with the documented facts and there was no opportunity for Dr. Effrem to rebut. Rep. Greiling said that "her information does not square with my information."

EdWatch is being portrayed by proponents of TeenScreen as one of only a handful of groups that is against TeenScreen. In fact, there is a national outcry by professional and grassroots groups and individuals all over the country. Here is a partial list of groups that are opposing this program:

- The Alliance for Human Research Protection
- American Association of Pharmaceutical Scientists (AAPS)
- The Association of American Physicians and Surgeons
- Bill of Rights Foundation
- Citizens Health Alliance for Truth
- Concerned Women for America
- Eagle Forum
- EdWatch Nevada
- Indiana Voice for the Family
- The International Center for the Study of Psychiatry and Psychology
- Juvenile Justice Foundation
- Law Project for Psychiatric Rights
- The Liberty Coalition
- The Liberty Committee
- MindFreedom International
- National Home Education Legal Defense
- The National Physicians Center
- Parents Against TeenScreen
- Republican Liberty Caucus

The Nevada State School Board as well as school districts all over the country, including [San Francisco](#), Pinellas and Hillsborough Countiesⁱ (Tampa, Florida area), and [Kenosha, WI](#) has rejected TeenScreen due to consent issues, high false positive rates, and cost.

ACTION: See for yourself. Watch this video on [YouTube](#). You be the judge: about the dangers of TeenScreen and the resistance to this across the nation and you may see the unscientific, subjective, and leading questions for yourself [here](#) and [here](#). You can make sure that both Minnesota and federal legislators and policy makers around the country get the same correct information

Therefore, in the interest of public service, EdWatch will make sure that Representative Greiling has all the facts before the bill is heard in the next committees by countering the misstatements that were made in that committee using the committee audio to make sure that both the public and legislators are working from the same information.

Misstatement #1 – TeenScreen uses “opt-in” or “active” parental consent.

Rep. Greiling: “The Columbia TeenScreen is used with teenagers to screen for depression, anxiety, and substance abuse, and it is very definitely an opt-in program. It is not like the student survey that we have here in Minnesota where students and their families have to opt out and remember the paper. This is the opposite. It is an opt-in. It is a very high standard. And, if families are not interested in or desirous of this screening, they do not opt in.”

FACT: TeenScreen has evaded complying with parental consent requirements in numerous ways. The evidence shows that the consent process is “opt-out” or “passive,” meaning that consent is assumed and parents have to work to keep their children out of this screening. This evidence includes:

1) [Dr. David Shaffer’s research papers](#):

“*Parental passive consent* and teen active consent was obtained in all cases.”ⁱⁱ

“The project and its procedures were presented to parents, school faculty, and administration at appropriate meetings. The project was described as inquiring into the physical and emotional health of teenagers. Students took home a letter to all parents describing the project and offering an opportunity to not participate. Just prior to screening, teachers read a description of the project, described as a “health survey,” and distributed the assent form to the students in their classrooms. Students who were interested in participating and whose parents had not denied consent signed the assent form and completed the survey.” [Comment – This is a classic description of “opt-out” or “passive” parental consent.]

2) The [TeenScreen manual](#) (obtained during a 2006 state school board debate):

“Type of parent consent: # Active consent # *Passive consent*”ⁱⁱⁱ

“Site Application: 5. Please tell us if you plan to use active consent, waiver of consent, or *no consent at all*. Also tell us if you **plan to use an incentive to secure the return of the consent forms**, what the incentive is, and if you plan to purchase the incentive or have it donated.”^{iv} [Comment – These “incentives” include bribes of pizza or movie coupons.]

3) The experience of [Chelsea Rhoades](#) and her family in Indiana:

“Parents at Penn [Chelsea Rhoades’ high school] and other schools could withhold their children from the screening by returning a form mailed to their houses. Parents who did not sign the form and return it were considered to have given permission for TeenScreen... ‘We would probably see the level of participation drop way off (if active consent were required),’ he said.”^v

4) The TeenScreen newsletter that actually shows TeenScreen affiliates how to [avoid federal law requiring opt-in or active consent](#):

“If the screening will be given to all students, as opposed to some, it becomes part of the curriculum and no longer requires active parental consent (i.e., if all ninth graders will be screened as a matter of policy, it is considered part of the curriculum).”

Misstatement #2 – TeenScreen is accurate.

Rep. Greiling: “If there is a positive with the screen, which is very, very accurate. It’s more accurate than a pap smear. It’s two and a half times more accurate than colon cancer testing, [in] which most of us would participate willingly to find out if we could avoid those types of illnesses.” [Comment: Rep. Greiling did not even attempt to document these scientifically unsupportable assertions.]

FACT: Dr. David Shaffer, in his own published journal articles, acknowledged the astronomically high false positive rate of TeenScreen-- 84%:

“...in practice a specificity of 0.83 would deliver many who were not at risk for suicide, and that could reduce the acceptability of a school-based prevention program. The CSS’s positive predictive value of 16% would result in 84 nonsuicidal teens being referred for further evaluation for every 16 youths correctly identified.” (2004)

FACT: [The US Preventative Services Task Force](#) found NO evidence of effectiveness of suicide screening at preventing suicide attempts or lowering suicide rates.

“USPSTF found 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 in the primary care setting, including tools to identify those at high risk.” (2004)

FACT: The truth is that if the cancer screening tests that Rep. Greiling mentioned falsely told 84% of patients that they have cancer, as TeenScreen does young people like Chelsea Rhoades, saying they have a mental illness, those tests would be quickly yanked from use and the perpetrators of those horrifying false alarms would be sued. If TeenScreen is so accurate and scientific, why did author [David Shaffer](#) pull out of a debate on suicide screening with Vera Sharav, executive director of the Alliance for Human Research Protection offered by fellows at the prestigious National Academy of Sciences?

[Nearly 50% of children screened in Rochester, NY](#) were screened “positive” then referred for further evaluation.

Misstatement #3: No treatment coercion happens.

Rep. Greiling: “Then, it is up to the family and the student to follow up. It’s nothing that’s done in the school. There’s no drugging of students in school; no medical care provided in school.”

Facts: Rep. Greiling apparently is not aware of all the mental health counseling, therapy and referrals that happen in schools via school based clinics and mental health collaboratives in schools, which certainly include the places to which students who screen positive on this survey would be referred. She also did nothing to respond to the incident that Dr. Effrem cited in her testimony of [Aliah Gleason](#), the 13 year old African-American who was forcibly removed from school, committed to the state mental hospital, denied family contact for 5 months, and forcibly drugged with 12 different medications, all after a school screening. She did not respond to the testimony about students like [Matthew and Shaina Dunkle](#) who have died as a result of psychotropic drug toxicity after being forced to take these drugs by schools who threatened their parents with child abuse charges. These outrages have inspired many states to pass laws against coercive drugging and the US House of Representatives to [pass bills nearly unanimously](#) for two sessions of Congress in a row that were supported by groups as diverse in philosophy as EdWatch and the NAACP. The bills have stalled in the US Senate due to pressure from the pharmaceutical industry and the education and psychiatry cartels.

ⁱ Emerson, Pinellas Schools Bar Suicide Test For Teenagers, Tampa Tribune, Published: Jan 26, 2005

ⁱⁱ David Shaffer, et al High-school screening for suicidality: Implications for young adults, American Foundation for Suicide Prevention, http://www.afsp.org/education/shaff_pc.htm in Study Design and Procedure section.

ⁱⁱⁱ TeenScreen Handbook obtained by EdWatch Nevada, p. 45, available for review at http://www.edwatch.org/pdfs/teenscreen_training_manual.pdf

^{iv} Ibid., p. 70, emphasis added.

^v Rumbach, South Bend Tribune, 1/19/2005