

# The Bush Administration's Mental Health Screening Initiative:



*An Informational Guide  
and Action Packet*



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## Introduction

On August 26, 2004 the Bush Administration's New Freedom Commission released, "Achieving the Promise", its action plan for transforming mental health care services in America. The commission was established in 2002 by Executive Order 13263 and consisted of 15 members handpicked by President George W. Bush.

Goal #4 of the New Freedom Commission's report, "early mental health screening, assessment, and referral to services are common practice", recommended that mental health screening and diagnosis programs become instituted in health care facilities, school systems, and criminal justice, juvenile justice, and child welfare systems.

Goal #5 of the plan, "excellent mental health care is delivered and research is accelerated", named the Texas Medical Algorithm Project (TMAP), as a model for high quality mental health services. TMAP mandates a uniform treatment protocol for mental disorders that requires brand name pharmaceuticals be prescribed as a 1<sup>st</sup> line of treatment. Zyprexa was listed as the 1<sup>st</sup> line of treatment for schizophrenia.

Goal #4 and #5 of the New Freedom Commission's report have been described as a marketing scheme to increase the consumer base and profitability of the pharmaceutical industry. In 2002, Allen Jones, an investigator with Pennsylvania's Office of Inspector General, discovered that pharmaceutical companies, such as Janssen and Pfizer, paid government officials to implement the TMAP program in Pennsylvania. The conflicting interests of members of the New Freedom Commission who have served on advisory boards to pharmaceutical companies are, also, under scrutiny. The Bush administration has responded to criticism by not including TMAP or TeenScreen in the Federal Mental Health Action Agenda.

Despite this, screening programs have become a part of many federal mental health programs. SAMHSA grants allocated through the Garrett Lee Smith Act, the 1<sup>st</sup> youth suicide prevention bill, gives preference to applicants who use screening programs. In 2006, President Bush signed into law the Positive Aging Act, which amended the Older Americans Act to provide mental health screenings and treatments to the elderly. Legislation has, also, been introduced in some states to include mental health screenings in the mandatory health screenings necessary for children to enter the public school system.

New Freedom Commission supporters claim that screening programs provide access to mental health care for the large percentage of the population suffering from unidentified mental illnesses. The National Alliance for the Mentally Ill (NAMI), an organization that receives a substantial amount of its funding from pharmaceutical companies, claim that campaigns against screening programs are based on misinformation, stigma, and fear.

This action packet was a coordinated effort between Mindfreedom International and the Information Collective. It was developed to provide community members with accurate and reliable information on mental health screening programs, and to provide activists with guidelines on how to utilize this information in campaigns to prevent their implementation.

## Facts About Screening Programs

Screening every American for a mental disorder is a massive undertaking, and a wide variety of screening programs have been created and implemented through different mechanisms to complete the Bush administration's stated goal. These facts have been compiled to provide a window into the many screening programs that exist, the forces that are supporting them, and the problems associated with them.

- In 1895, the American Psychological Association (APA) established a committee to investigate the feasibility of creating a standardized test for mental disorders, initiating the creation of mental health screening programs. In the early 1980s, a series of articles promoting the use of computers as a tool in psychological evaluations were published in medical, education, and psychological journals. (1)
- In a study sponsored by the National Institute of Mental Health, ¼ of Americans were determined to meet the criteria for a mental illness, with less than ½ of those receiving treatment. (2) Mental health screening programs have been hailed as a cost-effective, non-stigmatizing, method to identify and treat this unidentified population. (3) Individuals with warning signs of a mental disorder are identified and referred for diagnosis and treatment through questionnaires with multiple choice, or 'yes or no' answers, that take between 3-10 minutes to complete. (4)
- Screening programs utilize the criteria of the Diagnostic Statistics Manual (DSM) to identify those with warning signs of a mental disorder. (5) The diagnoses in the DSM, defined by the American Psychiatric Association (APA), are the only diseases in the medical profession to be determined in a vote by a committee, and have been under continual criticism for the use of subjective criteria to define a biological illness. (6)
- The concept of large-scale mental health screenings was introduced in 1991 through Screening for Mental Health, Inc.'s National Depression Screening Day (NDS). The primary sponsors of NDS are Eli Lilly, Forest Laboratories, GlaxoSmithKline, and Pfizer. (7)
- The National Alliance for the Mentally Ill (NAMI) strongly supports screening programs as essential to addressing the gross under-identification of youth with a mental illness. They claim 10% of children and adolescents in the U.S. are mentally ill, with

only 20% of them identified and receiving services. (8) In the past ten years, the number of children prescribed psychiatric drugs has risen dramatically with over 8 million children in the U.S. on psychiatric drugs in 2005. (9)

- The U.S. Preventive Services Task Force (USPSTF), upon examination of suicide screening programs, found no evidence that screening for suicide risk reduces suicide attempts or mortality. (10) Their findings corroborate the Canadian Preventive Service Task Force. (11) While the USPSTF recommends screening for depression in adults, it found insufficient evidence to recommend for or against depression screening in children or adolescents. (12)
- The Garrett Lee Smith Act, the 1<sup>st</sup> youth suicide prevention bill, authorized congress to allocate \$82 million for youth suicide prevention programs. The language in the bill gives preference to grant recipients who implement mental health screening programs. The bill, also, allocated funds for the creation of a Suicide Resource Prevention Center to provide technical assistance in the development of suicide prevention plans for states and organizations. (13)
- The Suicide Prevention Resource Center recommends Screening for Mental Health, Inc.'s Signs of Suicide (SOS) program, and Columbia University's TeenScreen program, as evidence based practices for suicide prevention in the school system. (14)
- Screening for Mental Health, Inc.'s Signs of Suicide (SOS) teaches secondary education students that the warning signs of suicide are directly related to a mental illness and not a normal reaction to stress. The program is endorsed by the National Association of School Psychologists and the National Association of Social Workers, and is included in the suicide prevention plans of many states. (15)
- Screening for Mental Health, Inc. received \$3,223,425 in contributions from pharmaceutical companies between 2001-2004. (16) It has developed screening programs to identify depression, bipolar disorder, PTSD, substance abuse, eating disorders, and suicidality in primary health care facilities, the workplace, the school system, colleges, and in the military. (17)
- Columbia University's TeenScreen program is a 10-minute paper-and-pencil or computerized questionnaire, based on the Diagnostic Interview Schedule for Children (DISC) Predictive Scale (DPS) that is followed by an interview with an on-site mental health professional. (18) In a pilot study of the TeenScreen program, 81%

of those screened were found upon complete evaluation to have a serious mental health problem. (19)

- Dr. David Shaffer, a Professor of Psychiatry and Pediatrics, created Columbia University's TeenScreen program in 1991. Shaffer has served as a consultant for Hoffman la Roche and Wyeth pharmaceuticals, and for GlaxoSmithKline on the matter of paroxetine and adolescent suicide. In 2003, at the request of Pfizer, Shaffer wrote a letter to the British Committee on Safety and Medicine that was investigating the regulation of prescription of SSRIs to minors that stated there was insufficient evidence to restrict their use. (20) In 2004, he served on the American College Neuropsychopharmacology Task Force on SSRIs and Suicidal Behavior in Youth, which found that there was no scientific evidence indicating SSRIs trigger suicidal behavior in adolescents. (21)
- In 2004, the FDA issued a black-box warning on SSRIs for their side effect of suicidality. (22) In 2003, the UK Dept. of Health outlawed the prescription of every SSRI, except Prozac, to minors. (23)
- The Department of Defense has contracted with Screening for Mental Health, Inc. to provide an on-line mental health screening program to supplement the traditional screening programs for individuals entering the military and returning from combat. (24)
- The Policy Research Association with funding from the National Institute of Justice developed the Brief Jail Mental Health Screen (BJMHS). It is a screening program developed to incorporate into the booking process in the criminal justice system that takes less than 3 minutes to complete and consists of 8 yes or no choice questions. In a pilot study, 11% of incoming detainees were referred to a mental health professional for treatment. (25)
- Companies are increasingly offering Employee Assistance Programs (EAPs), identified by SAMHSA as a critical factor in creating a mental health-friendly workplace, in employee benefits packages. (26) The EAP is a mental health resource designed to enhance workforce performance and reduce health care costs. EAPs frequently utilize screening programs to identify individuals in need of further mental health treatment. (27)
- The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a benefits program that provides regular physical and mental health screening for Medicaid recipients under 21. If a problem is identified the EPSDT requires state Medicaid agencies to arrange for treatment. (28)

- The Positive Aging Act was reauthorized in 2006 with new language that included the provision of mental health screenings for the elderly from fiscal year 2007-2011. Congressional approval for the bill was given immediately after congressional visits from the American Psychological Association's Committee on Aging. (29)

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- (17) <http://www.mentalhealthscreening.org>

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- (20) David Shaffer. “Youth Mental Health: Science and Research Supporting Mental Health Screening” Presenter’s Disclosure. <http://www.albany.edu/sph/coned/t2b20906.pdf>
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## **Guidelines for Initiating a Campaign Against Mental Health Screening Programs in Your Local School District**

When initiating a campaign in a school district it is important to keep in mind that individuals on the grassroots level are largely unaware of the political implications of screening programs, and that these programs appear to be advantageous, due to how they are marketed, and the professional associations that endorse them. Due to allegations that those who oppose screening programs stigmatize mental illness, and want to limit access to mental health care, it is important to make very clear that your campaign is based on the desire to provide mental health resources and services that will actually benefit those in need.

### **1. Find out if your local school district has implemented a screening program.**

- Make phone calls to officials in the school system to find out if a screening program is in use. Officials who will know: the school district's Superintendent, the Director of Health, and the principals, counselors, and social workers, of individual schools.
- If a screening program has been implemented find out which screening program, the school where it is being used, the age groups being screened, and as many details about how the screening program is being conducted as the official is willing to share.  
(These phone calls should be made to gather information, not to voice opposition to the screening program)

### **2. Inform parents and students in the school district about the screening program.**

- A letter should be prepared to inform parents and students in the school district about the screening program in use along with general information about the Bush administration's mental health screening initiative. (see sample letter)

- Information can be distributed to parents and students through a variety of means. Post your letter to PTO e-mail lists, if they exist. Attend school council meetings, and raise the screening programs as an issue. Also, provide parents and students with your letter through informal methods such as handing it out at community events, or passing it through networks of friends. Student newspapers and newsletters should also be contacted.

### **3. Engage in dialogue with the parents and students who respond to your letter.**

- A campaign against mental health screenings is a great, and rare, opportunity to initiate a conversation with parents and students about the mental health needs of the community. Encourage parents and students participating in the campaign to identify the mental health services and resources that will benefit them. (see talking points on alternatives)

### **4. Prepare a list of demands about the use of the screening program in the school district.**

- The list of demands will arise from conversations with parents and students, and will be unique to each community.
- These are some examples of possible demands:
  - the complete removal of the screening program
  - the removal of the screening program in favor of the mental health services and resources articulated by the community
  - applying terms and conditions to the screening program to ensure they be entirely voluntary, and individuals are provided with true informed consent regarding them
  - applying terms and conditions to the screening program, while working to implement the voluntary mental health services and resources desired by the community

- Some terms and conditions that can be applied to limit the harmful effects of screening programs are:
  - making sure the school uses mandatory parental consent for student participation in the screening program instead of ‘passive’ consent, opt-out forms considered approved when no response is given.
  - making sure all parents and students are informed about the controversy, and criticisms of screening programs.

## **5. Approach the school administration with your campaign.**

- The school district’s superintendent, and the principal of an individual school, has the power to remove a screening program, or change the way they are implemented.
- The parents and students of a school district have an enormous amount of power over their schools’ policies. The list of demands developed by parents and students should be very quickly responded to by the school administration, although, it will most likely take some dialogue before the demands are implemented.
- If the demands of the parents and students are ignored or turned down there are many methods that can be used to apply popular pressure to the school officials. Some examples are:
  - Write a press release to the local newspaper to spotlight the situation. If the newspaper does not pick up the story write letters to the editor.
  - E-mail campaigns targeting the school officials who are ignoring the demands of parents and students can be organized through programs such as [citizenspeak.org](http://citizenspeak.org).
  - There are many non-violent direct actions, such as demonstrations, that can be undertaken to raise awareness about the situation. Popular education work should continue in the community through the organization of events, and forums, and the continued distribution of information.

## Campaign Sample Letter

Dear Parents and Students of (insert town) Northampton, MA,

This is a letter to inform you that (insert school) Northampton High School has implemented (insert screening program and co.) Screening for Mental Health Inc.'s, Signs of Suicide (SOS) screening program. The screening program was given to (insert grades and age groups) 9<sup>th</sup> and 11<sup>th</sup> graders in the 2005/2006 school year. (insert known details) The high school received a Substance Abuse and Mental Health Administration (SAMHSA) grant to implement the program, and has long range plans to screen all freshman with the program, and provide a follow up program for seniors. In 2005/2006, the program was taken anonymously by students, however, NHS used passive consent, considered approved when no response was given by parents or guardians, to administer the program to students.

(insert details about the bush administration screening initiative)

In 2004, the Bush Administration's New Freedom Commission released its action plan for transforming mental health care services in America. Goal #4 of the plan recommended that mental health screening and diagnosis programs become commonplace for adults and children. Goal #5 of the plan cited the Texas Medical Algorithm Program (TMAP), which mandates the use of brand name pharmaceuticals as a 1<sup>st</sup> line of treatment for mental disorders, as a model program for mental health service delivery strategies. The New Freedom Commission has been under a great deal of criticism for its goal to screen every American with a mental disorder, while simultaneously promoting brand name pharmaceuticals as a 1<sup>st</sup> line for treatment. The relationship of pharmaceutical companies to New Freedom Commission members, and to the organizations developing and promoting screening programs, have led many to identify screening programs as a marketing strategy for pharmaceutical companies.

(insert details about the screening program)

The SAMHSA grant awarded to (insert school) Northampton High School was allocated through the Garrett Lee Smith Act, the 1<sup>st</sup> youth suicide prevention bill, which encouraged the use of screening programs. Screening for Mental Health Inc.'s, Signs of Suicide prevention program consists of an educational video that is followed by a 7 'yes or no' answer questionnaire, that may or may not be given anonymously. The program claims to create help-seeking behavior in students by educating them about the warning signs of suicide, and encouraging them to tell an adult when

they see those signs in their peers. While good information is given about the warning signs of suicide, the director of Screening for Mental Health Inc., Dr. Douglas George Jacobs, states in the educational video that the warning signs are symptoms of a medical disease that can be very easily treated. Dr. Jacobs has served as a consultant for Pfizer and McNeil pharmaceuticals, and founded Screening for Mental Health Inc. after the success of the National Suicide Depression Screening Day, sponsored primarily by pharmaceutical companies. Screening for Mental Health Inc. received \$3,223,425 in contributions from pharmaceutical companies between 2001-2004, and is one of the primary recipients of government contracts to implement screening programs in a variety of settings.

(insert reasons for concern)

The use of the (insert screening program) Signs of Suicide program as the primary suicide prevention resource in the high school raises some serious concerns. The program very heavily promotes a bio-medical explanation of emotional distress, which ignores the social and environmental factors that may be contributing to a student's stress, and discriminates against other cultural or spiritual understandings of mental/emotional states. The screening program also promoted a bio-medical treatment for the disease responsible for suicide, depression, which, for many mainstream service providers, continues to be anti-depressants, despite the FDA black box warning issued for SSRIs on the side effect of suicidality for adolescents. The program's encouragement of students to monitor the behavior of their peers, and to tell an adult when the signs of suicide are observed, as a help-seeking behavior, is also of concern. While the need to create help-seeking behaviors is understood, the program's emphasis on telling an adult in a high school is incredibly disempowering to students who should be learning life-skills to enable independence. It also increases the stigmatization of students whose appearance and behavior is outside of the high school's status quo.

(insert talking points on alternatives/invitation for further discussion)

Adolescence is an incredibly difficult time, and we know that many students are experiencing difficulties. We believe that wellness promotion, not screening, is the best route to suicide prevention. There are many suicide prevention methods that encourage student health, well-being, and empowerment, and are non-intrusive, and non-stigmatizing. There are many forms of peer run, adolescent, support groups where students can learn how to support each other, and cope with difficult situations. There are, also, many wellness based approaches that the school can try to

incorporate into its curriculum, such as stress reduction and management courses, nutrition, or general self-help and wellness tools. It is our hope, that by raising concerns about screening programs, parents and students will work to identify the mental health resources that will benefit them. We would like to initiate a dialogue with parents and students about what they struggle with, and what mental health resources will support them, so that we can redirect youth suicide prevention programs away from the agenda of the Bush Administration, and towards programs and services that strengthen our community.

Sincerely,

(insert letter signers)

## Talking Points on Alternatives

All screening programs utilize the criteria of the Diagnostic Statistics Manual (DSM) to identify the warning signs of a mental disorder. They, therefore, promote a bio-medical model of psychiatry that reduces the suffering of an individual to a biological/genetic root. There are many alternative explanations for what causes individuals to exhibit the symptoms that get labeled a mental illness. There are, also, many alternative treatments that have reduced or eliminated these symptoms for many individuals. These talking points cover a few of the many alternative explanations and treatments. It is important to discuss these alternative viewpoints to enable true self-determination and informed decision-making for those seeking to define and control their experiences.

- The understanding of the symptoms that get labeled a mental illness vary from culture to culture. In some cultures, delusions and hallucinations are an indication that an individual is communicating with the spiritual world, or, are unknowingly “traveling”, a term shamans use to describe journeys through different dimensions. In these situations, spiritual guidance and education can be extremely effective.
- The extreme stress caused by social and economic oppression is a major factor in any of the symptoms that get labeled a mental illness. Identifying the environmental conditions that are contributing to, and aggravating these symptoms is a crucial step towards controlling them.
- Peer support groups, where individuals with similar experiences can share their struggles and their coping skills, have proven to be incredibly effective.
- There are many programs and organizations that encourage individuals to develop self-help and wellness tools. The WRAP plan encourages individuals to identify their triggers in addition to coping strategies.
- Yoga, acupuncture, and meditation have been clinically proven to reduce the symptoms that get labeled a mental illness. In a pilot study conducted by Dr. John Allen, an associate professor of neuroscience at the University of Arizona, 64% of women had a full remission of depression symptoms after treatment with acupuncture. Research conducted at Boston University School

of Medicine and Mclean Hospital suggested that yoga should be explored as a treatment for anxiety and depression. Various forms of meditation have been clinically proven to reduce stress levels, and alleviate symptoms of depression, anxiety, PTSD, and ADHD.

- Food allergies and poor nutrition have, in some circumstances, been identified as the root cause of the symptoms that get labeled a mental illness. A simple improvement in diet, and avoidance of food allergies, can dramatically improve one's overall health.
- There is a wide variety of stress reduction and stress management techniques. Art therapy and music therapy have proven to be highly effective in reducing stress levels. The creation of an exercise regimen is, also, a valuable tool in reducing the stress of daily life.



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