

MENTAL HEALTH SCREENING

NAMI calls for rejecting campaigns of misinformation about mental health screening and for opposing anti-screening efforts, both of which promise to drive up stigma and prey on fear. Many NAMI families know first-hand the unfortunate and sometimes-tragic consequences of failing to have a child diagnosed early and watching the child lose critical developmental years to an untreated mental illness. There are also families who are grateful that their child was diagnosed early and has benefited from appropriate treatment and intervention.

President Bush's New Freedom Commission on Mental Health report (2003) calls for early mental health screening, assessment and referral to services as common practice in our nation. Approximately 10% of children and adolescents in our nation live with a mental illness that causes serious impairment, yet only 20% of youth with mental illnesses receive treatment and services. Our nation simply cannot afford to continue to fail our youth with mental illnesses.

Fact vs. Fiction About Mental Health Screening	
FACT	FICTION
Screening is voluntary and requires parental consent. The TeenScreen program featured in the New Freedom Commission report requires parental consent before a youth may be screened and is a voluntary program. This program also requires the youth's assent for the mental health screening.	Anti-psychiatry groups claim that the New Freedom Commission report calls for "mandatory screening, without parental consent." That is simply not true.
Screening does not diagnose youth; it only identifies those that require a more complete mental health evaluation. Screening does not result in a child being medicated. Medications may only be prescribed by a medical doctor. Ultimately, parents must decide about the appropriate treatment approach for their child and no one is suggesting otherwise.	Mental health screening opponents claim that it will lead to the "labeling" and "drugging" of children. The truth is that screening is limited to identifying youth who require a further evaluation. A child can only be diagnosed by a trained mental health or medical professional that also should discuss treatment options with the family.
Suicide represents a public health crisis and tragically claims about 3,000 young lives every year in our nation. About 90% of those who die by suicide have a mental illness (U.S. Surgeon General, 1999). Screening promises to help reduce youth suicide.	Opponents of screening claim that it does not help reduce suicide. In fact, studies of the Columbia University TeenScreen Program show that screening is an accurate predictor of mental health concerns and identifies youth who may later become suicidal. Clearly, by making the mental health of children a national priority, we will reduce youth suicide.
Mental disorders in children and adolescents lead to other tragic consequences, especially when they go undiagnosed and untreated: -Youth with mental illnesses have the highest school dropout and failure rates and lowest academic achievement of any disability group; -65% of boys and 75% of girls in juvenile detention have one or more psychiatric disorders.	Opponents of screening simply fail to address the research that shows the gross under-identification of youth with mental disorders and the often-tragic consequences that follow.