

# Danger Signs

By PAUL RAEBURN

In the mid-1980's, David Shaffer, a psychiatrist, became disturbed by an increase in teenage suicides. After declining for decades, the rate started climbing in the late 1950's, especially for boys. By the 1980's, it had tripled - to 11.3 per 100,000 teenagers 15 to 19, according to the Centers for Disease Control and Prevention. In more recent surveys of teenagers, the C.D.C. has found that about 8 percent of high-school students answer yes when asked if they had attempted suicide during the past year. About 1,500 succeed annually, making suicide the third-leading cause of death in teenagers after accidents and homicides. Shaffer wanted to know what was happening - and whether anything could be done about it.

There were plenty of theories. Defenders of family values blamed working mothers and divorce. Some churches blamed the game Dungeons & Dragons, for its supposed demonic content. One therapist argued that most suicides were committed by gay teenage victims of discrimination. And then there was the music that kids were listening to. "A whole lot of people were criticizing rock stars," Shaffer says.

When Shaffer began his research, most people thought suicide was a random act - that little could be done to predict or prevent it. But Shaffer, now chief of the Division of Child and Adolescent Psychiatry at Columbia University, didn't believe that. He studied records of 140 teenagers who committed suicide during the 1980's in and around New York City. Most exhibited at least one of three characteristics. The first was depression. The second was alcohol abuse - found in two-thirds of the 18-year-olds. And the third was aggression - beating somebody up or punching walls.

Shaffer devised a 10-minute questionnaire, for 9th and 10th graders, to inquire about depression, substance abuse and any previous suicide attempts. (Aggression is usually evident without screening, he notes.) The questions are simple: Have you been depressed? Have you ever tried to kill yourself? Do you have a problem with alcohol or drugs? If kids responded with a strong yes to any of these, they were asked more questions. The quiz, he found, elicited more revealing answers than face-to-face interviews.

As Shaffer was developing the questionnaire, he realized that it could also serve as a quick mental-health checkup. The National Institute of Mental Health says that about 50 percent of mental illness begins by adolescence, and often gets worse later. Shaffer's questionnaire could find these kids before they began that downward spiral.

Shaffer went public with TeenScreen four years ago, offering it to schools at no charge. It is given to students with their parents' consent. With only word-of-mouth marketing, the questionnaire has spread to 461 sites in 43 states. This year, it was given to 122,000 kids, up from 14,000 only two years ago. About 30 percent of the kids who take the test screen

positive. (That's not a diagnosis; it's simply an indication that they need further assessment.) After winnowing by a health professional, a little more than half of these kids are then referred for a complete evaluation, according to Laurie Flynn, TeenScreen's executive director.

TeenScreen won special praise two years ago in the final report of President Bush's New Freedom Commission on Mental Health. The report said that TeenScreen was "a model for early intervention" and called for the expansion of such programs in schools. "Early detection and intervention are a good idea," says the commission's chairman, Michael F. Hogan, director of the Ohio Department of Mental Health.

Despite its success, the program has raised questions. Do we want our kids to have their mental-health evaluated by their schools? And when high-risk kids are identified, who's going to take care of them?

Some of the criticism comes from political conservatives, like Phyllis Schlafly, who has written that TeenScreen challenges "the fundamental right of parents to decide what medical treatment is appropriate for their own children." Other critics worry that TeenScreen will funnel too many kids into treatment and lead to overuse of medication, with possibly dangerous results.

TeenScreen's backers emphasize that their aim is merely to identify kids at risk, not to encourage use of antidepressants. "We have nothing to do with providing recommendations for treatment," Flynn says. "What parents choose to do is entirely up to them." Though the criticism hasn't slowed TeenScreen's growth, it still disturbs Shaffer and Flynn. "We search the Web daily to find it," Shaffer says.

As TeenScreen extends its reach, it inevitably sends more and more kids into a mental-health system that is notoriously unable to meet the needs of those already seeking help. If 30 percent of kids taking the TeenScreen questionnaire test positive, a high school with 1,000 students could find itself with 300 kids who need further screening. More than half of those would need a complete evaluation. "It may at times be putting the cart before the horse to spend a lot of money to create large-scale screening programs when there aren't sufficient facilities to deal with kids," says Dr. Eric D. Caine, a psychiatrist at the University of Rochester Medical Center and a director of its Center for the Study and Prevention of Suicide.

Flynn responds that TeenScreen requires participating schools to "show us they have the credentialed people in place" to arrange for treatment. Schools typically draw on community health professionals to provide care, often on a sliding fee scale for families that can't afford it. "We've never had a site close because they didn't have services," she says. If communities struggle to find services, she says she thinks that that's not the worst thing. "As long as the problem is hidden, we're never going to get more help."

Others worry that TeenScreen is draining scarce resources away from special groups of kids who need help. "There are some settings where we know from research that a high

proportion of young people have mental illness," Hogan says. Those include the juvenile justice system, where as many as 60 to 70 percent of kids have a mental illness, and the foster care system, where about one-third are afflicted, he says.

In recent years, for the first time since the Second World War, suicide in teenagers has fallen. The growing use of antidepressants might be one explanation, Shaffer notes. He says that raising the drinking age to 21 nationally could be another. Nevertheless, there are still many kids out there, lost in a private world of pain and emotional anguish. "These are kids who are solitary, who haven't spoken to anyone," he says. And if schools don't try to find them, it's not clear who will.

Paul Raeburn last wrote for the magazine about the care of premature infants.