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Oppose: SB 374
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Mental Health Screening: What works?
In Connecticut, there are around 45,000 children in each grade. If we test 4 age groups a year, that is 180,000 children tested annually. If we spent only $100 per child (a very low estimate) to fund this bill, we will spend nearly **20 million dollars** annually. What would we get for this huge investment?

Fortunately for us, The Federal Department of Health and Human Services has an expert panel that determines whether or not medical tests are safe and effective. It is called the **US Preventive Services Task Force**, it is a federally appointed organization that scrutinizes the evidence and then decides what should and should not be recommended for medical practice. This is the group that provides primary care doctors with our standard of care. Here are some points from their 2009 analysis of depression screening for pediatric patients. **These data are for depression only, other mental and behavioral diagnoses are even less well studied. The USPSTF does not recommend routine mental or behavioral evaluations for children.**

1-Does screening for depression improve health outcomes for depression? *No evidence has been found to suggest that screening is superior to standard identification methods.*

2-Are depression screening tests accurate in identification of depression in primary care or school based clinics? *Nearly half of patients with positive screens would not have depression. So for each child diagnosed, one child would be falsely diagnosed.*

3-What are the harms of screening? *Allocation of resources that would be better used elsewhere. (Other harms would be increased cost for follow up of false positives, anxiety for families, and the possibility of stigmatizing labels and unnecessary treatments with potentially harmful drugs).*

4-Does treatment for depression with drugs and therapy improve health outcomes? *Fluoxetine does help pediatric depression, although remission rates are only 20 to 40% in treated groups.*

5-What are adverse effects of treatment of depression? *There is around 2% increase in suicidal thoughts and/or attempts when children take fluoxetine. (This required a "black box" warning from the FDA).The balance of risks to benefits of treatment is not yet clear.*

So, from the evidence presented in this federal report, there is not any scientific evidence to suggest that screening children for depression is at all helpful. It is hard to justify 20 million dollars a year for zero proven benefit. See the evidence here:
http://www.uspreventiveservicestaskforce.org/uspstf09/depression/chdepres.pdf

Now for a crash course in screening test statistics. Is it a good idea to screen asymptomatic people for disease? IT DEPENDS! Remember the "total body CAT scan" craze? Radiologists were touting full body scans for, "peace of mind," but it turns out that these scans caused a lot of trouble. The expense, the radiation exposure, and the terror of falsely positive tests made this screening test fall out of favor very quickly. In fact the FDA now PROHIBITS CAT scans from being marketed to healthy people.

Let's use ADHD screening test as an example. (Attention Defecit Hyperactivity Disorder) Is the DSM III a good screening test for ADHD? This might be one of the behavioral health assessments mandated by this bill. (But we don't know because the bill does not say what "behavioral health assessment" would include)

All screening tests have:
Sensitivity = The ability of the test to detect an illness when it is actually present, a TRUE POSITIVE test. Sensitivity of ADHD test is 91%.
Specificity = The ability of the test to show a negative result when the disease is NOT present, a TRUE NEGATIVE test. Specificity of ADHD test is 61%

Imagine that you took 1,000 Connecticut school children and administered the ADHD test. The actual prevalence of ADHD is supposed to be around 5%, so out of a total of 1,000 kids, you would have 50 children with ADHD, and 950 children NO ADHD.

Sensitivity = 91%, so (0.91 x 50 = 45.5) kids will be correctly diagnosed with ADHD
Specificity = 61%, so (0.61 x 950 = 579.5) kids will be correctly labeled as ADHD free
HOWEVER, 4.5 children out of 50 children with disease will have a false negative test. What is worse is that 370.5 children WITHOUT disease will be FALSELY labeled with ADHD. **Now, if you are screening 180,000 children per year, the total number of false positives for ADHD ALONE would be 66,690 false positives**. There are real consequences for this type of over diagnosis. One study in a school that implemented ADHD screening had 20% of the male children on drugs for hyperactivity! That is not good medical practice, and it is not good public policy. **In fact, it opens up the State of Connecticut to serious legal liability issues, and rightly so**. **What do we get for 20 million dollars a year? Violated privacy rights, false positive tests, stigmatized children, and NO evidence of any improved outcomes for ANY mental or behavioral issues.**

There is a better way:
1-Offer means tested neuropsychiatric treatment for any child in the state, using a state funded pool of money set aside for this purpose. Parents who want care now cannot afford it, and this would remove a financial barrier.
2-Fully fund community mental health clinics for everyone, regardless of insurance.
3-Laws for "assisted outpatient" treatment with or without prior inpatient commitment. Do not make parents prove that the child is a danger before they can get help.
4-Educate parents, teachers, and community members about the signs and symptoms of mental illness and the resources that are available. Mail out brochures.
5-Have a campaign to "stop the stigma" of mental illness.