

In brief

US doctors' group backs down:

The American Academy of Family Physicians has announced that it will allow the activist group No Free Lunch to rent an exhibit booth at its annual convention in San Francisco later this month. The academy was criticised after it denied space to the group while allowing the fast food company McDonald's and drug companies to exhibit (*BMJ* 2005;331:653, 24 Sep).

Avian flu outbreak kills six:

The H5N1 avian flu in Indonesia has killed six people since the first death in July. A further 20 people who show symptoms of the disease are under observation. All cases are linked to infected birds. The World Health Organization is helping the Indonesian authorities to stockpile the antiviral drug oseltamivir as protection against a mass outbreak.

E coli breaks out in Wales:

At least 117 people, mostly children, have been affected by an outbreak of *Escherichia coli* O157 in south Wales. The Food Standards Agency Wales has issued a food alert for action over the outbreak, which has led to 25 people receiving hospital treatment. A meat supplier linked to the outbreak is withdrawing its whole range of cooked meats.

MMR vaccine uptake in

England rises slightly: The percentage of children aged 2 years in England who had received the measles, mumps, and rubella vaccine rose from 80% in 2003-4 to 81% in 2004-5, Department of Health figures show. It is the first year on year increase since 1995-6. See www.dh.gov.uk

Mbeki attacked over AIDS

policy: Speaking at the congress of the Treatment Action Campaign (South Africa's HIV and AIDS pressure group) the trade union leader Zwelinzima Vavi accused President Thabo Mbeki and the health ministry of a "failure of leadership" for the lack of adequate treatment for people with HIV and AIDS. (See <http://news.bbc.co.uk/1/hi/world/africa/4282316.stm>.)

US teenager's parents sue school over depression screening test

Jeanne Lenzer *New York*

The parents of an Indiana teenager have filed a suit in a federal court in the state's Northern District, charging that school officials violated their privacy rights and parental rights by subjecting their daughter to a mental health screening examination without their permission.

The suit is seen as significant because President Bush has promoted a controversial plan to encourage widespread mental health screening for people "of all ages" in the United States (*BMJ* 2004;328:1458).

The screening programme at the centre of the legal suit, TeenScreen, was endorsed as a "model" programme by President Bush's New Freedom Commission on Mental Health.

The complaint, filed on 19 September, charges that in December 2004 Chelsea Rhoades, then a 15 year old student at Penn High School, Mishawaka, was told after she took the TeenScreen examination that she had obsessive compulsive disorder

and social anxiety disorder.

Chelsea has spoken out against the screening and, with her parents, alleges in the complaint that "a majority" of the students "subjected to TeenScreen" with her were also told they had "some mental or psychological disorder."

The Rhoades family charges that TeenScreen test results "are highly subjective" and that "there is a lack of evidence that the screening actually results in a decreased risk of suicide attempts."

The programme is currently in use at 424 sites in 43 states, the press release says. The money was made available under the Garrett Lee Smith Memorial Act, which President Bush signed into law in October 2004 to promote programmes to prevent suicide in young people.

Columbia University's TeenScreen, which urges "universal" voluntary screening for all teenagers, has come under fire for offering free cinema passes

and other inducements to teenagers in the hope of encouraging them to return parental consent forms (*BMJ* 2005; 331:592 (17 Sep)).

The programme has also been criticised by the Rutherford Institute, a non-profit civil liberties organisation, for using "passive consent," in which only parents who do not want to have their children screened have to sign a form and send it in to the school. If the school does not receive a form, it is assumed that the parents do not object.

Laurie Flynn, national programme director of TeenScreen, said that only 15% to 20% of schools use passive screening and that the choice to require the active consent of parents was left up to local schools. "We name active consent a preferred best practice, we train applicants to use it, and we offer templates to assist them in doing so. [But] in some school districts passive consent is the norm for all student health activities," she said. [PH](#)

President Bush's plan, *Achieving the Promise: Transforming Mental Health Care in America*, is at www.mentalhealthcommission.gov/reports/FinalReport/FullReport.htm

Psychological therapy must accompany antidepressants in young people

Susan Mayor *London*

Antidepressants should be considered for treating children or young people with moderate to severe depression only in combination with concurrent psychological therapy and with careful monitoring for side effects, and they should not be used at all in children with mild depression. These are among the recommendations of a clinical guideline published this week for the NHS in England and Wales.

"The guideline makes it clear that medication is not the first line treatment for children and young people with depression. Antidepressants should only be considered when psychological treatments are not working, and



St John's wort (above) should not be used in children

should only be used in combination with a psychological treatment," explained David Cottrell, professor of child and adolescent psychiatry at the University of Leeds.

Professor Cottrell was a

member of the group that developed the guideline for the National Institute for Health and Clinical Excellence (NICE) and the National Collaborating Centre for Mental Health.

Once depression has been diagnosed and assessed, the guideline recommends that children and young people with moderate to severe depression should be offered a specific psychological therapy, such as cognitive behaviour therapy, interpersonal therapy, or family therapy.

Fluoxetine was recommended as the only antidepressant for which trials show that its benefits outweigh the risks, with sertraline or citalopram recommended as second line treatments. The guideline cautioned that paroxetine and venlafaxine, tricyclic antidepressants, and St John's wort should not be used in children or young people. [PH](#)

Depression in Children and Young People: Identification and Management in Primary, Community and Secondary Care is accessible at www.nice.org.uk.