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CHRISTOPHER ANDERSON
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**FULL INFORMED CONSENT FOR MENTAL HEALTH OR
PSYCHOLOGICAL SCREENING & BEHAVIORAL HEALTH SERVICES
– EYMHS**

Over the course of the past few years, post COVID, Guam's school data has shown us that our students are in need of critical resources and support to help them thrive academically, socially and emotionally in school, at home, and in the community.

In response to the need for mental health support and services, the Guam Department of Education's (GDOE) School Based Behavioral Health (SBBH) has selected your child's class to participate in completing the following universal screener: Screening, Brief Intervention, and Referral to Treatment-2 (SBIRT-2) inclusive of these tools- The Screen for Child Anxiety Related Disorders (SCARED), Patient Health Questionnaire-9 (PHQ-9), Pediatric ACEs and Related Life Events Screener (PEARLS), and Screening to Brief Intervention (S2BI).

These screeners will assist us in identifying students who would benefit from social, emotional, and/or behavioral health support. The results of the screeners are confidential and will only be used as a tool to guide us in determining the targeted interventions your child could receive through SBBH.

Our ultimate goal, aligned with the mission and vision of GDOE, is to equip students with essential social and emotional skills, fostering a more positive school environment. We also aim to collaborate with personnel from your child's school in identifying early warning signs and implementing effective support strategies, ultimately improving academic success and student well-being.

Mental health or psychological screening methods for children and adolescents vary from state to state, but may involve a self-administered computer interview or survey to determine how a student feels emotionally (anxious or worried, sad or depressed) or to judge his or her behavior at the present time or in the past. These questions can cover thoughts or feelings your child has had or thoughts and feelings your child thinks you may have had or currently have about him or her.

An outcome could be you are asked to take your child for a follow-up interview or evaluation to determine if he or she has a mental disorder or syndrome. Based on an evaluation of your child's answers, he or she may be diagnosed with a "mental" or "psychiatric disorder". These diagnoses have to be made by a psychologist, psychiatrist or medical doctor, but the subjectivity of this diagnostic process makes it a risk.

Questionnaires or tests are frequently based on symptoms outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the mental disorders section of the International Classification of Diseases (ICD). The psychologist, psychiatrist and medical doctor often depend upon these diagnoses in order to bill private or government insurance.

The attitudes, beliefs, actions, inactions, or behaviors of a child or adolescent and whether or not these constitute a mental disorder are based on the opinion only of the person making the diagnosis. Unlike methods

to determine physical diseases like cancer, diabetes or tuberculosis, a diagnosis of "mental disorder" or "syndrome" cannot be determined by any physical, medical test, such as a brain scan, a "chemical imbalance" test, X-ray or blood test.

Mental health screening could be presented to you as a means of preventing suicide. However, there is no scientific evidence to substantiate this at this time. The U.S. Preventive Services Task Force (USPSTF) studied this and recommended against screening for suicide in 2004, saying that it "found no evidence that screening for suicide risk reduces suicide attempts or mortality".

Commonly psychiatric drugs prescribed to treat mental disorders can have very serious effects on some children. In 2005, the European Committee for Medicinal Products for Human Use (CHMP), which includes members from 25 European Member States determined that antidepressants should not be prescribed to those under 18 years old because they can produce suicidal behavior, including suicide attempts and thinking about suicide and/or related behavior like self-harm, hostility or mood changes.

The U.S. Food and Drug Administration ordered that a "black box", its highest level of drug warning, be placed on antidepressant packaging advising that the drugs can induce suicide in children and teens. The FDA also has issued concerns that stimulant drugs prescribed to children may cause "psychiatric events," described as "visual hallucinations, suicidal ideation, psychotic behavior, as well as aggression or violent behavior".

Before consenting to any such screening or survey, please review the attached "References for Mental Health Screeners" which fully describes:

- A. The nature and purpose of the screening/test or questionnaire.
- B. The development of the screening/test or questionnaire, its scientific validity as replicated in scientific studies, the rationale for the screening/test/questionnaire and reliability.
- C. Scientific journal citations demonstrating that the proposed screening/test or questionnaire has been proven to be reliable and valid by replicated scientific studies.
- D. The intended use of the results or outcomes of the child or adolescent completing such screening/test or questionnaire.

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I acknowledge that I have read and understood the above information to the best of my ability and have read the attached References for Mental Health Screeners.

I understand that participation in these evaluations and services is **voluntary**, and I may withdraw my consent at any time by providing written notice. I further understand that all information obtained during the evaluation will be kept **confidential** to the extent permitted by law and will only be shared with individuals directly involved in my child's care, unless I provide written authorization for additional disclosure or as otherwise required by law.

Based on my understanding, I am choosing **one (1)** of the following:

____ I give my consent for my child to undergo an evaluation and to receive services such as emotional, behavioral, mental, specific learning disabilities, or other health impairments (mental health screening) from the Behavioral Health Services Program, and require that I be provided, in writing, any findings determined.

____ I do not give my consent for my child to undergo an evaluation for emotional, behavioral, mental, specific learning disabilities, or other health impairments (mental health screening).

Signature of Parent/Guardian

Date

Legal Notice: P.L. 31-202 requires that this form and its contents be received by the parent at least 45 days before the planned screening. Please ensure this form is returned before the screening date. You have the right to revoke your consent at any time by providing written notice.

PARENT/GUARDIAN CONTACT INFORMATION	
Student Name: _____	School: _____
Grade: _____ Parent/Guardian Name: _____	
Contact Information: (H) _____	(W) _____
(Mobile) _____	(E-mail) _____

→**Routing:** Original to consumer's chart.