

I MINA' TRENTAI UNU NA LIHESLATURAN GUÅHAN  
2011 (FIRST) Regular Session

Bill No. 202-31(COR)

Introduced by:

V. Anthony Ada

**AN ACT TO ADD A NEW ARTICLE 7 TO CHAPTER 6 OF  
17GCA RELATIVE TO PROTECTION OF MINORS' AND  
STUDENTS' RIGHTS.**

**BE IT ENACTED BY THE PEOPLE OF GUAM:**

**Section 1.** A new Article 7 is *added* to Chapter 6 of 17 GCA to read as follows:

**Article 7**

**Mental Health Screening, Child Protection and Informed Consent Act**

**§7101. Legislative Findings and Intent.** *I Liheslaturan Guåhan finds that:*

(a) The use of educational settings to screen children and adolescents for “mental disorders” has led to parents not being given sufficient information about the purpose of such screenings and the ramifications if they consent—such as mandatory psychological or psychiatric treatment for their child and family—thereby violating the recognized requirements and standards regarding “full informed consent.”

(b) Frequently, a system of “passive consent” is used whereby “consent” is considered provided when the parent DOES NOT return the consent form. The onus is, therefore, on the child/adolescent to transmit the consent form to the parent and on the parent ensuring that if consent is not given, the form is signed

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- [Signature]

1 and returned. However, the onus should rest on both the school and the mental  
2 health professional or agency seeking to conduct the screening, with criminal  
3 penalties if consent is not obtained in writing and the child is subjected to non-  
4 consensual screening.

5 (c) “Passive consent” or other consent forms often:

6 i. Mislead parents into thinking that what is taking place at the school is  
7 just a health evaluation for their child, not a psychiatric evaluation,

8 ii. Do not include information about the personal and invasive questions  
9 their child will be asked,

10 iii. Do not contain information on the difference between “emotional  
11 health concerns,” mental disorders or physical diseases—the latter of which can be  
12 physically tested for and the former cannot, and

13 iv. Leave the parent with so little information that he or she cannot make  
14 a proper informed decision to give valid informed consent.

15 (d) Parents also are not informed that mental health screenings for “mental  
16 disorders” are based on those defined in the *Diagnostic and Statistical Manual of*  
17 *Mental Disorders* (DSM). However, in the introduction of the DSM-IV it states,  
18 “Moreover, although this manual provides a classification of mental disorders, it  
19 must be admitted that no definition adequately specifies precise boundaries for the  
20 concept of ‘mental disorder.’” Further, “...the term ‘mental’ disorders...persists in  
21 the title of DSM-IV because we have not found an appropriate substitute.”

22 (e) Unlike scientific methods to determine physical diseases like cancer,  
23 diabetes or tuberculosis, a diagnosis of “mental disorder” or “syndrome” is not  
24 based on any medical test, such as a brain scan, a ‘chemical imbalance’ test, X-ray  
25 or blood test. The former U.S. Surgeon General, in his 1999 Report on Mental  
26 Health— which became a reference for many countries—stated, “The diagnosis of

1 mental disorders is often believed to be more difficult than diagnosis of medical  
2 disorders since there is no definitive lesion, laboratory test or abnormality in brain  
3 tissue that can identify the illness.”

4 (f) Harvard Medical School’s Dr. Joseph Glenmullen warns that the  
5 checklist rating scales used to screen people for conditions such as “depression,”  
6 are “designed to fit hand-in-glove with the effects of drugs, emphasizing the  
7 physical symptoms of depression that most respond to antidepressant  
8 medication...While assigning a number to a patient’s depression may look  
9 scientific, when one examines the questions asked and the scales used, they are  
10 utterly subjective measures.” He says, “The symptoms are subjective emotional  
11 states, making the diagnosis extremely vague.”

12 (g) Based on subjective nature of the mental health diagnostic system and  
13 mental health screenings, millions of children are prescribed antidepressants or  
14 stimulants recognized by leading drug regulatory agencies as causing suicidal  
15 behavior, suicide, violence, hostility and in the case of stimulants, the potential for  
16 strokes and heart attacks. In October 2004, the U.S. Food and Drug Administration  
17 (FDA) required a “black box” warning of suicide risks for all antidepressants  
18 prescribed to under 18 year olds. In August 2005, The Commission of the  
19 European Communities that represents 25 countries issued the strongest warning  
20 yet against child antidepressant use warning of the drugs potential to cause suicide  
21 attempts and suicidal ideation, aggression, hostility (predominantly aggression,  
22 oppositional behavior and anger) and/or related behavior. According to the U.S.  
23 Drug Enforcement Administration, the stimulant drugs being prescribed to  
24 children are scheduled as abusive as opium, morphine and cocaine. In February  
25 2006, an FDA Advisory Committee recommended a “black box” warning for  
26 stimulants stating that they can cause heart attacks, strokes and even death.

1 (h) As such, Guam’s parents, without explicit protection, will be unable to give  
2 informed consent about whether they want their child to participate in such  
3 screening.  
4

5 I it is the intent of *I Liheslatura* to prohibit the Guam Department of  
6 Education from conducting any mental health screen on school children without  
7 the informed consent of parents.  
8

9 **§7201. Informed Consent Required for mental health screening of students.**

10 The Guam Department of Education shall:

11 (a) Prohibit the use of schools for any mental health or psychological  
12 screening or testing of any student, whether a non-emancipated minor or  
13 emancipated minor without the express written consent of the parent or  
14 guardian.

15 (b) The consent form must be in a clear and legible form and in  
16 compliance with any local or federal regulation, in the primary language of  
17 the parent, not less than forty-five (45) days in advance of any such  
18 screening; and

19 (c) The consent form must be signed by the parent or legally appointed  
20 guardian of each minor.

21 **§7301. Contents of Informed Consent Form.** The consent form must include the  
22 following information:

23 TO: (parent or guardian) \_\_\_\_\_

24  
25 FROM: (school or organization) \_\_\_\_\_

1 [Particulars regarding name of screening program, where and when it will take  
2 place]

3 **FULL INFORMED CONSENT FOR MENTAL HEALTH OR**  
4 **PSYCHOLOGICAL SCREENING**

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

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

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

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

1 like cancer, diabetes or tuberculosis, a diagnosis of “mental disorder” or  
2 “syndrome” cannot be determined by any physical, medical test, such as a brain  
3 scan, a “chemical imbalance” test, X-ray or blood test.

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

9 Commonly psychiatric drugs prescribed to treat mental disorders can have very  
10 serious effects on some children. In 2005 the European Committee for Medicinal  
11 Products for Human Use (CHMP), which includes members from 25 European  
12 Member States determined that antidepressants should not be prescribed to under  
13 18-year-olds because they can produce suicidal behavior, including suicide  
14 attempts and thinking about suicide and/or related behavior like self-harm,  
15 hostility or mood changes.

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

22 Before consenting to any such screening or survey, the educational facility must  
23 provide a manual and other published information which fully describes:

- 1 (i) The nature and purpose of the screening/test or questionnaire.
- 2 (ii) The development of the screening/test or questionnaire, its scientific validity  
3 as replicated in scientific studies, the rationale for the screening/test/questionnaire  
4 and reliability.
- 5 (iii) Scientific journal citations demonstrating that the proposed screening/test or  
6 questionnaire has been proven to be reliable and valid by replicated scientific  
7 studies.
- 8 (iv) A guarantee that no screening/test or questionnaire is based or related to any  
9 “mental disorder” as covered in the *Diagnostic and Statistical Manual of Mental*  
10 *Disorders*.
- 11 (v) The intended use of the results or outcomes of the child or adolescent  
12 completing such screening/test or questionnaire.
- 13 (vi) The right to rescind consent at any time before, during or after the  
14 screening/test or questionnaire being proposed.

15

16 **Informed Consent for Mental Health Screening**

17 I acknowledge that I have read and understood the above information to the best  
18 of my ability and read NAME OF MANUAL, and based on my understanding, I  
19 am choosing **one** of the following:

- 20
- 21 (a) **I give my consent** for my child to undergo an evaluation for  
22 emotional, behavior, mental, specific learning disabilities, or other  
23 health impairments (mental health screening), and require that I be  
24 provided in writing any findings determined.

1 (b) Consent means that I do/do not (strike which is inappropriate) give  
2 permission for the information obtained from such survey or testing to  
3 become part of my child's school or other record or to be transmitted to any  
4 other agency outside of the [name of school].  
5  
6

7 \_\_\_\_\_  
8 (Signature of Parent) Date

9 (c) **I do not give my consent** for my child to undergo an evaluation for  
10 emotional, behavior, mental, specific learning disabilities, or other health  
11 impairments (mental health screening).  
12  
13

14 \_\_\_\_\_  
15 (Signature of Parent) Date

16  
17 **THIS FORM MUST BE RECEIVED BY THE PARENT AT LEAST 45**  
18 **DAYS BEFORE THE PLANNED SCREENING. PLEASE ENSURE THIS**  
19 **FORM IS RETURNED BEFORE THE SCREENING DATE. YOU HAVE**  
20 **THE RIGHT TO REVOKE YOUR CONSENT AT ANY TIME.**