







# SENATE BILL SB 543

# MINOR MENTAL HEALTH CONSENT

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#### **BACKGROUND**

In 2004, the voters of California passed the Proposition 63, the Mental Health Services Act (MHSA), which provides increased funding, personnel and other resources to support county mental health programs and monitor progress toward statewide goals for children, transition age youth, adults, older adults and families. This Act imposes a 1% income tax on personal income in excess of \$1 million.

Community Stakeholders groups consisting of consumers, families, and service organizations have met to identify barriers to consumer populations not only for MHSA programs, but for all mental health services. SB 543 addresses the identified barrier of parental consent for minor youth seeking mental health services. SB 543 also increases accessibility to mental health programs, particularly prevention and early intervention programs, which have better results, reduce future costs and are less expensive to administer.

#### SB 543 SUMMARY

SB 543 would allow youth age 12 -17 to consent to mental health treatment or counseling if the attending professional believes the youth is mature enough to participate intelligently in the services or if the youth would present a danger of serious physical or mental harm to self or others without the services. Additionally, SB 543 requires the involvement of the minor's parent or guardian if the attending professional determines parental involvement is appropriate. SB 543 helps ensure that youth do not have to wait until their mental health situations become dire and their safety is compromised by suicide, substance abuse or violence to receive services.

#### ISSUE

Currently, youth age 12 -17 must receive parental consent for mental health treatment or counseling, unless they present a danger of serious physical or mental harm to themselves or others. Parental consent for mental health services can create a barrier, especially in prevention and early intervention programs where the youth may not be experiencing serious physical or mental harm. This barrier is especially harmful to certain populations of youth including lesbian, gay, bisexual, and transgender (LGBT) youth. Requiring parental consent can force LGBT youth into the emotionally damaging and sometimes physically threatening situations of coming out to their parents prematurely and without support.

Many LGBT youth do not seek prevention or early intervention services due to the need for parental consent. Instead, they often wait until their mental health condition presents a danger of serious physical or mental harm to themselves or others – at which point they may finally seek emergency or crisis mental health services that do not require parental consent.

#### OTHER AFFECTED YOUTH

Parental Consent for mental health services affects non-LGBT youth as well, including:

- Youth from abusive or neglectful homes, who do not want to disclose the abuse or neglect; therefore, will not seek parental consent
- Youth from immigrant families whose parents are fearful of giving consent
- Youth whose parents come from cultures that do not condone mental health services
- Homeless youth that have lost contact with parents
- Youth that feel shame, embarrassment or fear of disappointing their parents

## **EXISTING YOUTH CONSENT LAWS**

Current law allows for youth to seek many services without parental consent, including:

- Suicide or danger of harming self or others
- > Reproductive health
- Treatment of communicable diseases
- Alcohol or drug abuse counseling
- Medical care and dental care (some circumstances)

#### **SPONSORS**

- National Association of Social Workers, California Chapter (NASW-CA)
- Mental Health America of Northern California
- GSA Network
- Equality California (EQCA)

## FOR MORE INFORMATION

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