

# **SENATE BILL SB 543**

## ***MENTAL HEALTH SERVICES FOR AT-RISK YOUTH***

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### **BACKGROUND**

In 2004, the voters of California passed 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 stakeholder groups consisting of consumers, families, and service organizations have met to identify barriers to consumer populations not only for MHSA programs, but also for all mental health services. SB 543 addresses the identified barrier of parental consent for at-risk 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 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. The legislation would allow youth ages 12 to 17 to consent to mental health treatment or counseling when the attending professional believes the youth is mature enough to participate intelligently in the services or when the youth would present a danger of serious physical or mental harm to self or others without the services. Additionally, SB 543 still requires the involvement of the minor's parent or guardian if or when the attending professional determines parental involvement is appropriate.

### **ISSUE**

Currently, youth ages 12 to 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:

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

## EXISTING YOUTH CONSENT LAWS

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

- Suicide or violence prevention services or danger of harming self or others (FC 6924)
- Reproductive health services (FC 6925)
- Treatment of communicable diseases (FC 6926)
- Alcohol or drug abuse counseling (FC 6929)
- Sexual assault/Rape services (FC 6928)
- Certain medical and dental care (FC 6922)

## 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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