

The Mental Health Access Initiative (SB 41) : Why was it needed?

Larry Epp, Ed.D.

Director of Outcomes
and Innovation

Communities and
Families Service Line

Sheppard Pratt

&

Board Member, Licensed
Clinical Professional
Counselors of Maryland



Sheppard Pratt

Mental Health Access Initiative (SB 41)

Altering the minimum age, from 16 years to 12 years, at which a minor has the same capacity as an adult to consent to consultation, diagnosis, and certain treatment of a mental or emotional disorder by a health care provider or clinic; and providing that a health care provider may decide to provide certain information to a certain parent, guardian, or custodian under certain provisions of law unless the health care provider believes that the disclosure will lead to harm to the minor or deter the minor from seeking care.



Family Circumstances Triggering Minor Consent

Parental Use of Substances

Parental Criminal Activity

Trafficking of the Child

Abuse or Neglect of the Child

Domestic Violence in Family

Invalidation of Sexual Orientation or Gender Identity

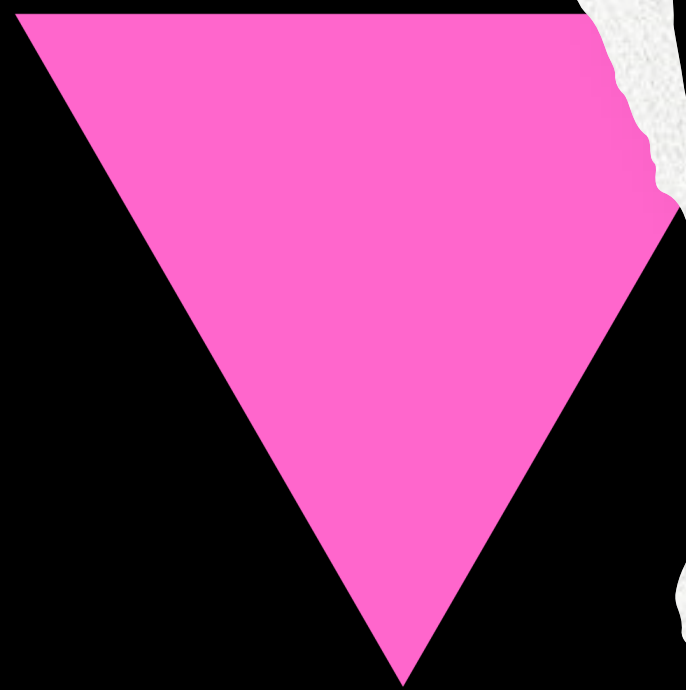
Treatment denied by parent for Suicidal Ideation or Depression.

Psychiatric Emergency where parent cannot be reached and a mobile crisis team on site to offer assessment.

Bill raising concerns as it could drop the age for minors to give consent to mental health professionals

February 11, 2021 by [Anissa Lopez](#)










Paul Laurence
Dunbar High
School
Baltimore, 1998
Gay-Straight
Alliance



Historical Origin of Upside-Down Pink Triangle

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THE PERCENTAGE OF HIGH SCHOOL STUDENTS WHO:	2009 Total	2011 Total	2013 Total	2015 Total	2017 Total	2019 Total	Trend
Experienced persistent feelings of sadness or hopelessness	26.1	28.5	29.9	29.9	31.5	36.7	
Seriously considered attempting suicide	13.8	15.8	17.0	17.7	17.2	18.8	
Made a suicide plan	10.9	12.8	13.6	14.6	13.6	15.7	
Attempted suicide	6.3	7.8	8.0	8.6	7.4	8.9	
Were injured in a suicide attempt that had to be treated by a doctor or nurse	1.9	2.4	2.7	2.8	2.4	2.5	

Source: National Youth Risk Behavior Surveys, 2009-2019
 *For the complete wording of YRBS questions, refer to Appendix.



In wrong direction

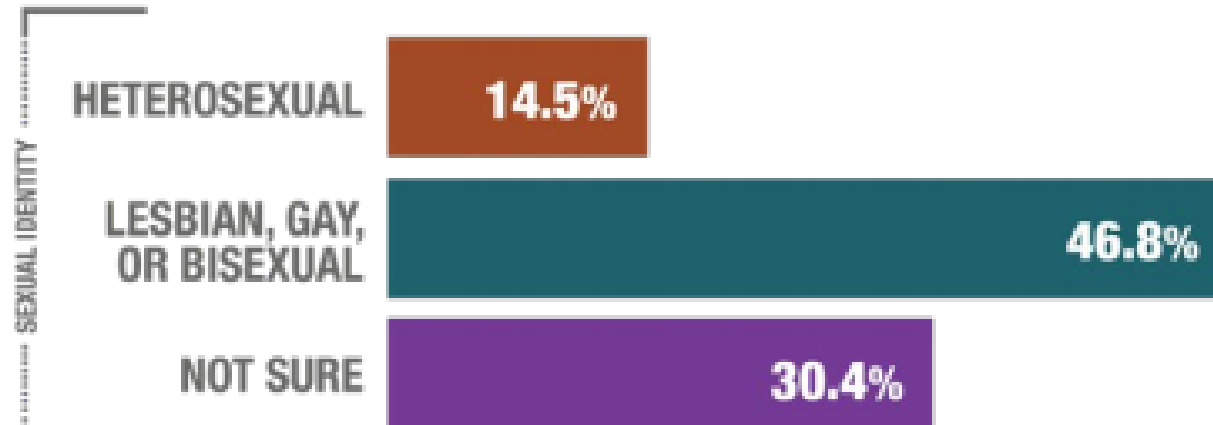


No change



In right direction

**PERCENTAGE OF HIGH SCHOOL STUDENTS WHO
SERIOUSLY CONSIDERED ATTEMPTING SUICIDE DURING THE PAST YEAR,
BY SEXUAL IDENTITY AND BY SEX OF SEXUAL CONTACTS, UNITED STATES, YRBS, 2019**



Approximately Half of Lesbian, Gay, or Bisexual Youth
Surveyed considered Suicide in 2019

2013 Pew Research Poll found 12 years old was the mean age youth began to clarify their sexual orientation.

50%

of all teens get a negative reaction from their parents when they come out to them

1 in 4

teens are forced to leave their homes after coming out to their parents

68%

of teens have experienced family rejection after coming out to their family

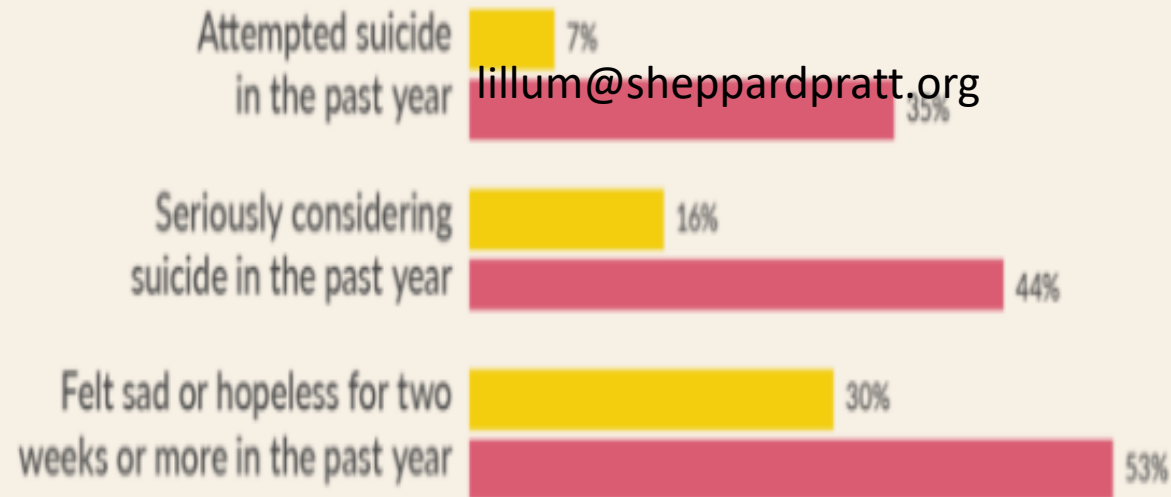
Sigmund Freud did not accept his daughter, Anna's sexual orientation and offered analysis to her for six years to encourage her to marry a man.



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Trevor Project highlighted the 2017 Youth Risk Behavior Survey finding that 1.8% of Youth identify as Transgender

Depression & Suicidality

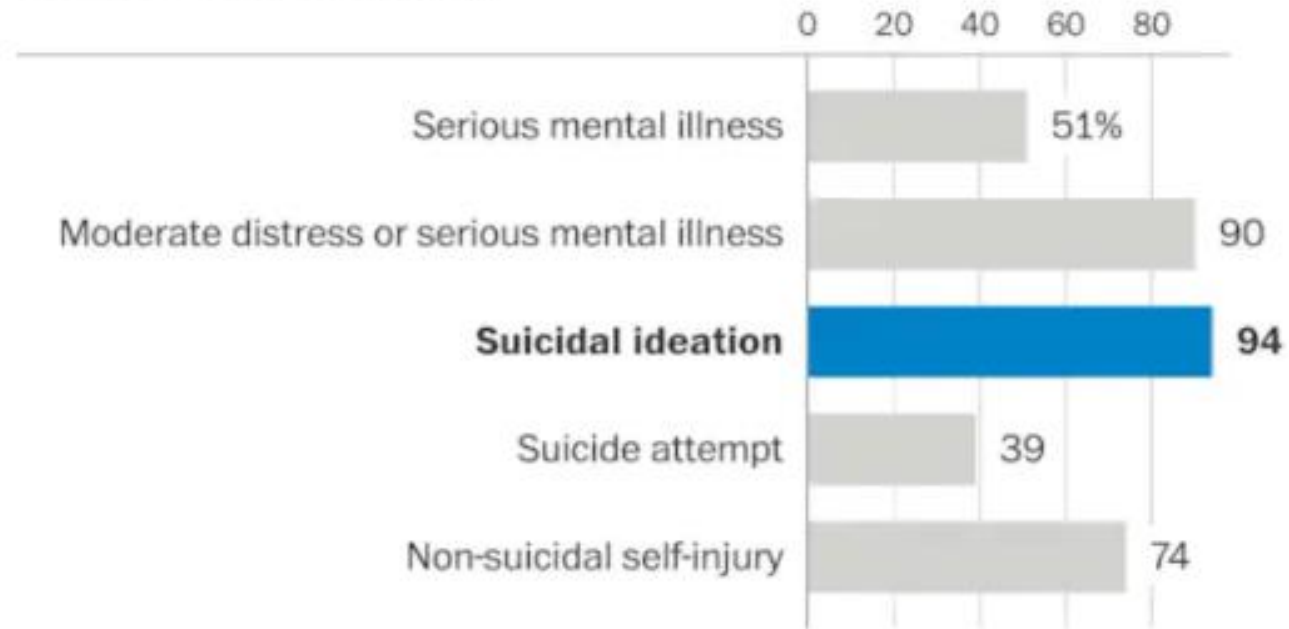


Victimization



 Cisgender  Transgender

Share of nonbinary LGBTQ adults in the U.S. who reported having each of the following



Source: The Williams Institute

THE WASHINGTON POST

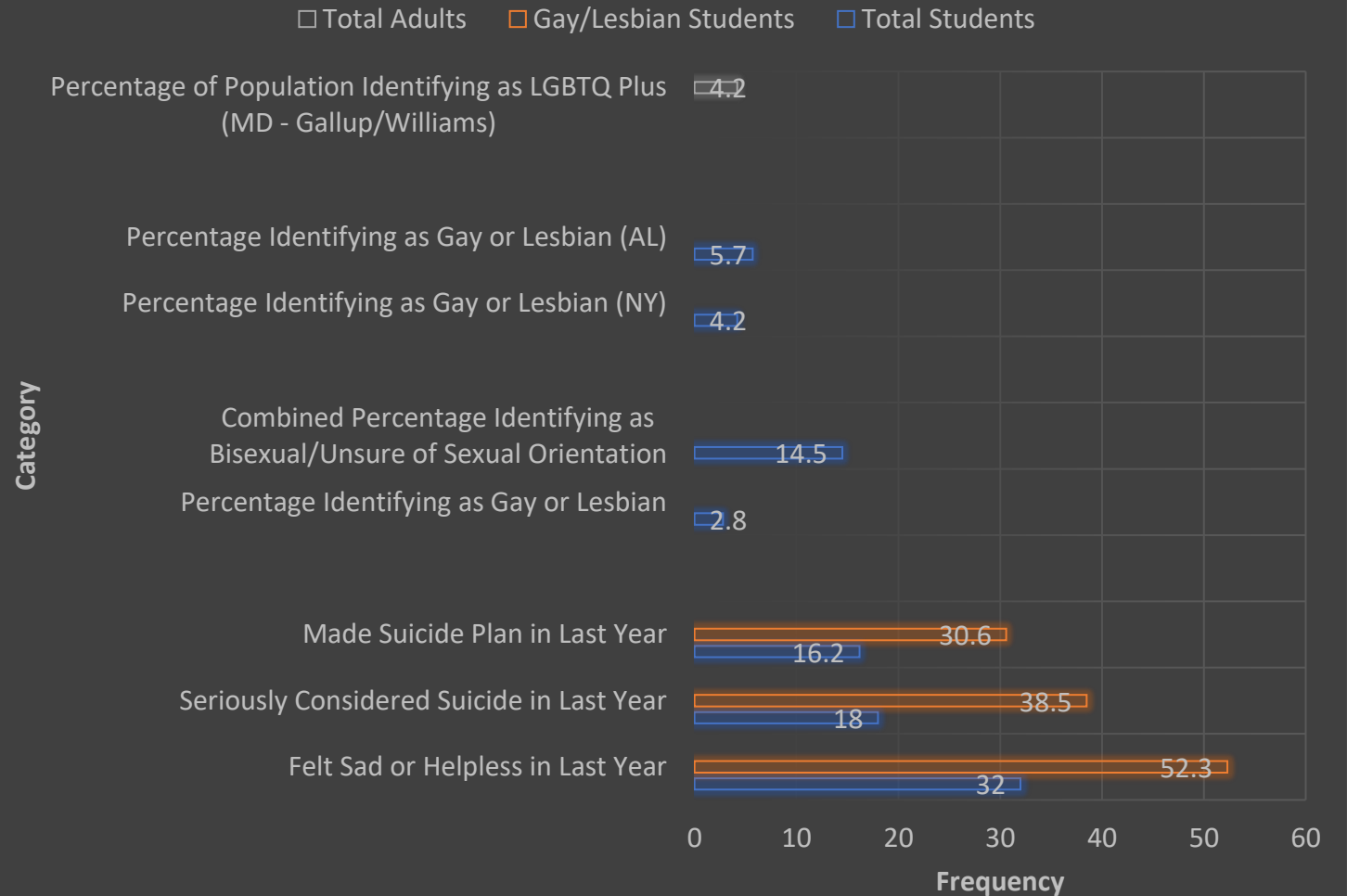
Williams Institute
National Survey of Non-Binary Adults
Washington Post - June 22, 2021

**1.2 Million Adults Identify as
Non-Binary**



Maryland Data Reflects Significant LGBTQ + Community in 2019

MARYLAND YRBS and Williams Institute/Gallup 2019 Data



How does the new law protect youth?

1. Youth 12 to 15 who maturely decided they need mental health services may access them, despite the objection of a parent or guardian.
2. Youth 12 to 15 who seek mental health services surrounding sexual orientation, gender identity, abuse or neglect, or suicidal ideation on their own accord out of fear of the reaction of family may access mental health services and the provider is not obligated to disclose the reason for their treatment, if she believes the youth would be harmed.
3. Youth 12 to 15 in crisis can speak to a health professional, or mobile crisis team member, immediately, and they do not need a health professional acting on an emergency basis to secure the permission of their parent before a mental health assessment is offered.

CAVEATS

- 1. The act was intended for rare instances and not common practice.
- 2. Good mental health practice involves the entire family – the purpose of this legislation is to get youth started in treatment, not to exclude the parents entirely, if there is any possibility they would participate in treatment.
- 3. The provider is not paid by insurance if the parent does not consent, so this act is used in exceptional cases where the mental health of the youth is at stake.
- 4. Speak to your organization's attorney about whether the mental health issue justifies the litigation risk of utilizing this new law.



SB 41 can be life saving to our most vulnerable youth.