Voluntary Mental Health Treatment Laws for Minors and Length of Inpatient Stay

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Background: Most states have laws allowing the parent, the minor child under 18 years, or both to provide informed consent for voluntary inpatient treatment for mental health. This study investigates whether states affording minors rights to provide informed consent to treatment, including discharge from treatment, are associated with shorter lengths of stay than states where the parent must consent to treatment in community, non-rehabilitative hospitals for adolescents with mental health diagnoses.

Methods: A fifty-state survey of state laws conducted during the summer of 2006 assessed the overall status of minor and parent rights to provide informed consent regarding voluntary inpatient care for mental health. States were categorized into four groups with laws ranging from strong parental deference to states with strong minor deference to provide informed consent for treatment decisions. Using the Healthcare Cost and Utilization Project Kid Inpatient Database for 2003, adolescents ages 12 to 17 years with a primary diagnosis of a mental health disorder (ICD codes 290, 293-298, 300, 301, 306-313) were evaluated for length of inpatient stay. Linear regression analysis assessed the association between strength of state laws favoring the parent or minor and the length of inpatient stay.

Results: Adolescents in strong parental deference states were more likely to be younger, have lower income, live in rural areas, and be hospitalized for an episodic mood disorder compared to adolescents in other states. Adolescents in strong minor deference states were more likely to self-pay for treatment, and be admitted by court order or law enforcement compared to adolescents in other states. Adolescents in states with moderate parental deference were more likely to have higher income and be hospitalized for depression than other states. Without adjusting for confounders, states with strong parental deference laws have a median length of stay of five days, moderate parental deference laws have a median length of stay of six days, moderate minor deference laws have a median length of stay of six days, and strong minor deference states have a median length of stay of four days.

Conclusion: Adolescents in states with strong deferential rights for minors to provide informed consent for inpatient mental health treatment decisions had shorter lengths of stay compared to adolescents in states with strong deference for parents to provide informed consent for treatment decisions. Adolescents in states that provide parents and minors some rights to provide informed consent have longer lengths of than states on either end of the legal spectrum.

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Supported in part by Project #T76 MC 00011 from the Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration, US Department of Health and Human Services