

Fiscal impact reports (FIRs) are prepared by the Legislative Finance Committee (LFC) for standing finance committees of the Legislature. LFC does not assume responsibility for the accuracy of these reports if they are used for other purposes.

FISCAL IMPACT REPORT

SPONSOR <u>Lopez</u> SHORT TITLE <u>Joint Consent To Mental Health Treatment</u>	LAST UPDATED _____ ORIGINAL DATE <u>02/19/2025</u> MEMORIAL NUMBER <u>Senate Memorial 6</u> ANALYST <u>Chilton</u>
---	---

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT* (dollars in thousands)

Agency/Program	FY25	FY26	FY27	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
	Indeterminate but minimal	Indeterminate but minimal	No fiscal impact		Nonrecurring	General Fund

Parentheses () indicate expenditure decreases.
 *Amounts reflect most recent analysis of this legislation.

Relates to House Bill 58.

Sources of Information

LFC Files

Agency Analysis Received From
 Children, Youth and Families Department (CYFD)

Agency Analysis was Solicited but Not Received From
 Department of Health (DOH)

Agency Declined to Respond
 Administrative Office of the Courts (AOC)

SUMMARY

Synopsis of Senate Memorial 6

Senate Memorial 6 (SM6) requests that the Department of Health (DOH) evaluate data on behavioral health outcomes, comparing those outcomes in joint consent states with those in states which, like New Mexico, allow only the adolescent to make the decision to accept or forego mental health treatment. The study should then draw conclusions as to which method of consent works best for the adolescent and report the study’s findings and recommendations based on those findings to the legislative health and human services (interim) committee by November 1, 2025.

A “joint consent model” allows either an adolescent or the adolescent’s parents or guardians to consent to mental health care, even if the other party(ies) refused to consent to it.

SM6 requests that DOH report its findings and recommendations to the interim Legislative Health and Human Services Committee by November 1st, 2025.

This bill does not contain an effective date and, as a result, would go into effect 90 days after the Legislature adjourns if enacted, or June 20, 2025.

FISCAL IMPLICATIONS

Senate Memorial 6 does not include an appropriation, but if it is enacted there will be some minimal expense to DOH related to assembling data and the convening of experts to assess data regarding child outcome in joint consent states and in states that allow adolescents to refuse mental health treatment.

SIGNIFICANT ISSUES

In an [article](#) written in the United Kingdom, entitled “Why do children and adolescents (not) seek and access professional help for their mental health problems? A systematic review of quantitative and qualitative studies” and published in the journal *European Child and Adolescent Psychiatry*, the authors state both the need for mental health care for adolescents and also the reasons why some adolescents refuse to access that care; the findings are likely to be relevant in New Mexico as well:

Mental health disorders in children and adolescents are highly prevalent yet undertreated. A detailed understanding of the reasons for not seeking or accessing help as perceived by young people is crucial to address this gap. We conducted a systematic review of quantitative and qualitative studies reporting barriers and facilitators to children and adolescents seeking and accessing professional help for mental health problems. We identified 53 eligible studies; 22 provided quantitative data, 30 provided qualitative data, and one provided both. Four main barrier/facilitator themes were identified. Almost all studies (96 percent) reported barriers related to young people’s individual factors, such as limited mental health knowledge and broader perceptions of help-seeking. The second most commonly (92 percent) reported theme related to social factors, for example, perceived social stigma and embarrassment. The third theme captured young people’s perceptions of the therapeutic relationship with professionals (68 percent) including perceived confidentiality and the ability to trust an unknown person. The fourth theme related to systemic and structural barriers and facilitators (58 percent), such as financial costs associated with mental health services, logistical barriers, and the availability of professional help. The findings highlight the complex array of internal and external factors that determine whether young people seek and access help for mental health difficulties. In addition to making effective support more available, targeted evidence-based interventions are required to reduce perceived public stigma and improve young people’s knowledge of mental health problems and available support, including what to expect from professionals and services.

The Children, Youth and Families Department writes: “If adopted, it would be crucial for the Department of Health to collaborate with the Children, Youth and Families Department to assess the needs of children involved in the system and their families, alongside the Public Education Department. This partnership would enable the study to consider the diverse needs of children from various settings and backgrounds.”

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

Related to House Bill 58, Mental Health Programs in Schools Funding, which would fund mental health programs in schools throughout New Mexico.

LAC/r1/SL2