

# LC 467: Prohibiting Civil Commitment of Youth

Current laws on mental health civil commitment overlooks the unique developmental, social, and emotional needs of children, and can lead to unnecessary and inappropriate involuntary inpatient detention of minors, without proper consideration of parent and guardian rights.

## Civil Commitment Laws Lack Protections for Youth

Civil commitment is a legal process designed to treat individuals with mental disorders who are a danger to themselves or others, or who are unable to meet their basic personal needs. The process involves a court petition, evaluation by licensed independent practitioners, mental health investigation, and a court hearing. If the judge determines that an individual meets the criteria for civil commitment by clear and convincing evidence, the individual may be placed under civil commitment and into the custody and care of the Oregon Health Authority (OHA) for up to 180 days.

Oregon's civil commitment laws address the needs of adults, but lack protections for minors. Unlike some states, Oregon has no specific statutes or procedures in place regarding civil commitment of minors. This gap in the law leaves young persons with mental health issues vulnerable. With no clear guidelines or safeguards tailored to their unique circumstances, youth facing mental health crises may not receive the support and treatment they require. Also, the lack of clarity regarding age criteria has led to inconsistent application of the law in different courts, resulting in arbitrary differences in involuntary commitment practices across county jurisdictions.

Other comparable programs and statutes in Oregon recognize the important distinction between adults and youth. For example, adults who receive Aid & Assist orders because they lack mental capacity to assist in their criminal defense, or who are found Guilty Except for Insanity and are placed under the authority of the Psychiatric Security Review Board, may be committed to Oregon State Hospital; youth, however, are directed elsewhere and are no longer admitted to the hospital. Similarly, Assisted

Outpatient Treatment, as established by HB 2594 in 2013, explicitly excludes minors from eligibility.

OHA has received numerous reports of hospitals placing minors on Notices of Mental Illness, initiating the civil commitment process. Civil commitment entails significant deprivation of personal liberty and autonomy, which may have profound and lasting effects on youth. In addition, such actions infringe on parental and guardian custodial rights without legal foundation to do so.

The problem is exacerbated by the limited access to intensive mental health treatment for youth in Oregon. With only a few inpatient child and adolescent psychiatry units statewide, minors subject to civil commitment often end up in suboptimal treatment environments, such as hospital medical units or chaotic emergency rooms, where therapies are lacking and the primary – or only – intervention is heavy medication.

### **Limiting Civil Commitment to Adults Will Protect Children**

In recognition of the unique vulnerabilities and developmental needs of minors, this bill limits civil commitment to individuals aged 18 and over. Given the complexities of mental health issues in adolescence and the importance of family involvement in decision-making, restricting civil commitment to adults would ensure that minors are not subjected to a legal process that may be inappropriate or ineffective for their developmental stage. This approach aligns with principles of youth rights, parental authority, and the need for age-appropriate mental health interventions. It also promotes greater consistency and clarity in the application of civil commitment laws, enhancing fairness and equity in the mental health care system.

#### **For more information:**

**Robert Lee**

Senior Policy Analyst

(971) 372-9888

[robert.lee@oha.oregon.gov](mailto:robert.lee@oha.oregon.gov)

You can get this document in other languages, large print, braille, or a format you prefer free of charge. Contact Sarah Herb at Sarah.Herb@oha.oregon.gov or (971) 372-9887 (voice/text). We accept all relay calls.