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House Health Committee

Nov. 19, 2025

HB 172

Interested Party

Rachel Chilton, CEO, Ohio School Psychologists Association

Chair Schmidt, Vice Chair Deeter, Ranking Member Somani and members of the House Health Committee, my name is Rachel Chilton and I am Chief Executive Officer of the Ohio School Psychologists Association, which represents more than 900 school psychologists across the state.

I wish to express OSPA's serious concerns with HB 172 and the repeal of ORC section 5122.04, which allows for minors to access mental health services for a limited period of time without parental consent. School psychologists perform a wide breadth of roles within schools and among those is counseling students who seek help. School psychologists are included under ORC 5122.04, which allows mental health professionals to provide up to six sessions or 30 days of treatment to a minor without parental or guardian notification. There are a variety of reasons a minor might seek support without wanting their parents notified, the most concerning of which would be abuse or neglect by their guardian or an adult close to the family.

Access to these limited confidential services serves as a critical safe harbor and parachute for adolescents in crisis. Research consistently demonstrates that early intervention during adolescence leads to significantly better long-term mental health outcomes. Studies show that more than half of all adults with psychiatric disorders first exhibited symptoms during their teenage years, and the severity of lifelong mental health conditions is often directly related to how early warning signs are identified and addressed. The adolescent brain's remarkable neuroplasticity makes this developmental window particularly responsive to intervention, meaning that timely access to mental health support can literally change the trajectory of a young person's life.

Importantly, these brief confidential sessions often serve as a gateway—a catalyst that connects adolescents and their families to comprehensive behavioral health treatment they might not otherwise access. When a student in crisis can safely disclose their struggles to a school psychologist, that professional can assess the situation, provide immediate stabilization, and facilitate appropriate referrals to ongoing care. In many cases, the school psychologist then works collaboratively with the student to involve parents in a supported, therapeutic manner, helping families access the broader mental health services their child needs. Without this initial safe entry point, many young people simply will not seek help at all.

“Building Bridges for the Future”



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The circumstances under which adolescents utilize ORC 5122.04 protections extend well beyond any single issue. Students may be experiencing suicidal ideation, severe anxiety or depression, substance abuse concerns, eating disorders, trauma from community violence, grief following a peer's death, or the psychological impact of bullying. Some are victims of physical or sexual abuse by someone in their household or extended family network and fear retaliation if they disclose. Others are experiencing mental health crises stemming from family dysfunction, domestic violence they are witnessing, or parental substance abuse or mental illness. Still others may be processing the trauma of a recent assault, struggling with the aftermath of a sexual assault by a peer or dating partner, or dealing with homelessness or housing instability. These are the real-world crises that bring students to school psychologists' offices.

If the legislature is specifically concerned with keeping parents informed when a child wants to talk to an adult about their gender identity or sexuality, HB 8 of the 135th General Assembly already requires school personnel to notify parents any time there is a change in a student's mental health status, which would cover such instances. HB 172 seems to duplicate efforts to keep parents informed while at the same time eliminating protections that allow youth to disclose to a trusted adult instances of physical and sexual abuse by an adult in their world.

By passing HB 172, students are unlikely to come to school psychologists when in a crisis they are not willing or not yet ready to disclose to their parents. Those students are then more likely to turn to less safe sources of information for counsel, such as the internet or peers. More critically, students in genuine danger will remain silent, their abuse unreported, their suicidal ideation unaddressed, and their path to comprehensive treatment blocked. The very students who most desperately need professional intervention will be those most harmed by this legislation.

Research on youth mental health services consistently emphasizes the importance of accessible, developmentally appropriate care that meets young people where they are. The six-session limit in current law represents a carefully calibrated balance—enough to provide crisis intervention and establish trust, but limited enough to encourage family involvement and transition to appropriate ongoing care. This is not about circumventing parental authority; it is about saving lives and connecting families to the help they need.

I urge this committee to consider the unintended consequences of HB 172. When we eliminate the ability of adolescents in crisis to access confidential mental health services, we do not strengthen families—we endanger children. We remove a proven early intervention strategy that research shows can prevent the development of more severe, chronic mental health conditions. We close a door that, for many young people, represents their only path to safety and healing.

Thank you for your consideration of OSPA's testimony.