

**YOUTH MENTAL  
HEALTH IN CRISIS:**  
**Exploring  
Gaps in  
Access, Equity,  
and Policy**



**Children's  
Health Fund**

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# EXECUTIVE SUMMARY

On October 19, 2021, leading child health experts from the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Children's Hospital Association **declared** that the United States was experiencing a "national emergency in child and adolescent mental health."<sup>1</sup> This declaration was a wake-up call signaling that the mental health challenges confronting youth were not isolated issues, but a widespread and escalating problem with far-reaching implications for the health and social development of U.S. youth.

Less than two months later, on December 8, 2021, U. S. Surgeon General Dr. Vivek Murthy issued an **advisory** highlighting the urgent need to address worsening outcomes in youth mental health.<sup>2</sup> Surgeon general advisories are powerful calls to action that draw national attention to pressing public health threats, provide evidence-based guidance on how to move forward, and offer actionable recommendations for families, educators, healthcare providers, and policymakers.

Yet, despite the collective recognition and action from major medical and public health authorities, our country continues to grapple with a crisis that endangers the health, well-being, and future of our nation's youth.

Rates of anxiety, depression, suicidal ideation, and other mental health disorders among children and adolescents have soared over the past decade, driven by the lingering effects of the COVID-19 pandemic, social isolation, the impact of social media, and enduring structural inequities such as limited access to healthcare, structural racism, and others. Further, these challenges disproportionately impact children of color and youth who identify as lesbian, gay, bisexual, transgender, queer/questioning (LGBTQ+), who face additional stressors and systemic barriers to healthcare access relative to their white and heterosexual and cisgender peers.

Without equitable action, the adverse impacts of this crisis on public health, educational outcomes, workforce readiness, and community resilience will deepen. Policymakers must immediately invest in expanded access to culturally competent care and strong community partnerships to ensure a better future of our nation's youth.

**Children's Health Fund** (CHF) believes that all children should receive the medical and mental healthcare they need to thrive and succeed, and that children deserve to grow up in safe and healthy environments that support their growth and development. Our national network is deeply committed to addressing the mental health needs of youth and providing comprehensive, accessible care that supports both emotional well-being and overall health.

Our national network's mental health clinicians help patients address conditions such as anxiety, depression, attention-deficit/hyperactivity disorder (ADHD), obsessive-compulsive disorder (OCD), and substance use disorders. Our partners are also able to screen for and address trauma through the use of Adverse Childhood Experience (ACE) and Positive Childhood Experience (PCE) screening tools. Several of our programs have clinical pharmacists who work closely with the primary care team to assist with medication management.

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<sup>1</sup> <https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/>

<sup>2</sup> <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>

Our partners make mental healthcare accessible by bringing care directly to communities through school-based clinics and targeted mobile health outreach. Some programs also provide mental health services through telehealth, proven to be particularly effective in reaching adolescent populations. CHF supports innovative and accessible approaches to pediatric mental health, including meditation, mindfulness, and art-therapy programs.

This policy brief builds on our commitment to increasing awareness of youth mental health challenges and improving access to mental health services for children across the country.

## BACKGROUND ON MENTAL HEALTH

### MENTAL HEALTH DEFINED

The World Health Organization **defines** mental health as "a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn and work well, and contribute to their community."<sup>3</sup> In other words, mental health refers to an individual's emotional, psychological, and social functioning and well-being, and it impacts how people perceive, interact with, and respond to the world around them.

Mental health exists on a **continuum** of emotional and psychological well-being, and an individual's position on this continuum shifts throughout their life.<sup>4</sup> Some individuals may experience short-term mental health conditions, while others may face more persistent or recurring challenges. Globally, one in two people worldwide are estimated to develop a mental health disorder by the age of 75, including but not limited to depression, post-traumatic stress disorder, substance use disorders, and extreme phobias that interfere with daily life, according to a **study** published in *The Lancet Psychiatry*.

To truly understand mental health and the youth mental health crisis, it is important to acknowledge that emotional challenges like stress, fear, and worry are a normal part of human life, and differentiating typical struggles and responses from clinical mental health conditions can be complex.

Thereby, not every struggle qualifies as a mental health condition. People differ in how intensely they react to challenges, how long their distress lasts, and how significantly it impacts their ability to function in daily life. What may feel overwhelming for one person might be manageable for another, and vice versa.

For **example**, stress is the body's response to external triggers such as work, school, or personal challenges.<sup>5</sup> When under stress, people may experience a variety of mental and physical symptoms, such as irritability, anger, fatigue, and difficulty sleeping. However, feeling **stressed** does not necessarily indicate an anxiety disorder.<sup>6</sup> Anxiety, by contrast, is defined as a persistent, excessive, or uncontrollable worry or fear that interferes with daily life. And **while** stress typically resolves once the triggering situation passes, anxiety may persist even in the absence of a clear stressor, and can impact sleep, concentration, relationships, and overall functioning.<sup>7</sup> Recognizing this distinction can help individuals understand their emotional experiences and seek appropriate support when needed.

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<sup>3</sup> <https://www.who.int/en/news-room/fact-sheets/detail/mental-health-strengthening-our-response>

<sup>4</sup> See footnote 3.

<sup>5</sup> <https://www.apa.org/topics/stress/anxiety-difference>

<sup>6</sup> <https://www.apa.org/topics/stress>

<sup>7</sup> <https://www.apa.org/topics/anxiety>

Further, understanding the difference between typical emotional responses and mental health conditions is critical to understanding overall well-being and the many factors—including biological, social, and environmental—that influence people’s mental health.

## FACTORS INFLUENCING MENTAL HEALTH AND WELL-BEING

Mental health is **shaped** by a complex interaction of **factors** at the individual, family, community, and societal levels that can either increase risk of developing mental health conditions or promote mental well-being.<sup>8</sup> **Risk factors**, such as exposure to interpersonal violence, social isolation, or limited coping skills, heighten vulnerability. On the other hand, protective factors such as strong social connections and family relationships and access to quality, affordable mental healthcare support the development of positive mental health. Notably, without adequate access to protective factors and key **social drivers of health** such as safe housing, quality healthcare, education, financial stability, and freedom from discrimination and systemic inequities, children and youth face greater risk for mental health challenges.<sup>9</sup>

### DRIVERS OF MENTAL HEALTH: ADVERSE CHILDHOOD EXPERIENCES (ACES)

Amongst youth, **adverse childhood experiences** (ACEs) can also increase **risk** for developing a mental health condition, including depression, anxiety, post-traumatic stress disorder (PTSD), and difficulties with emotional regulation.<sup>10</sup> ACEs are potentially stressful or traumatic events that occur during childhood, such as abuse, neglect, household dysfunction, or exposure to violence that may have a lasting impact on a child’s mental and overall health. Today, **about** four in five adolescents in the United States have experienced at least one ACE, and about one in five have experienced four or more ACEs.<sup>11</sup>

**4 in 5 U.S. adolescents have experienced at least one Adverse Childhood Experience.**

The stress and trauma associated with ACEs can **affect** brain development, the body’s stress-response system, and even patterns of thinking and coping, making it harder to navigate challenges in adolescence and adulthood.<sup>12</sup> Multiple ACEs are also associated with worse educational outcomes including lower academic performance, higher absenteeism, learning difficulties, behavioral challenges, and reduced school engagement. Additionally, a **study** published in the *Journal of Adolescent Health* found that adolescents exposed to four or more ACEs have significantly higher odds of mental health challenges compared with those with no ACEs, including about 5 times higher odds of experiencing anxiety, 7 times higher odds of behavioral issues, and 10 times higher odds of depression.<sup>13</sup>

Still, **experiencing** ACEs or other risk factors does not guarantee that an individual will inevitably develop a mental health disorder, and that some people with few or no apparent risk factors may still face challenges.<sup>14</sup> To best

<sup>8</sup> <https://pmc.ncbi.nlm.nih.gov/articles/PMC8922370/>; <https://pmc.ncbi.nlm.nih.gov/articles/PMC8699555/>

<sup>9</sup> <https://mhanational.org/position-statements/social-drivers-of-mental-health/>

<sup>10</sup> <https://www.cdc.gov/aces/about/index.html>; <https://doi.org/10.1001/jamapsychiatry.2024.0039>

<sup>11</sup> <https://doi.org/10.1542/peds.2024-066633>

<sup>12</sup> <https://pmc.ncbi.nlm.nih.gov/articles/PMC8882933/>

<sup>13</sup> [https://www.jahonline.org/article/S1054-139X\(20\)30189-0/fulltext](https://www.jahonline.org/article/S1054-139X(20)30189-0/fulltext)

<sup>14</sup> <https://steverummhopenetwork.org/2021/07/15/adverse-childhood-experiences-aces/#:~:text=While%20ACEs%20are%20related%20to,that%20can%20impact%20their%20development>

protect the health and well-being of youth, communities must work to reduce risk factors while strengthening protective factors, supporting mental wellness and helping young people build resilience both during adolescence and throughout adulthood.

# THE IMPORTANCE OF SUPPORTING YOUTH MENTAL HEALTH AND EARLY INTERVENTION

## MENTAL HEALTH AS AN INTEGRAL PART OF OVERALL HEALTH

While risk factors can increase the risk of developing a mental health condition and protective factors can bolster resilience, it is clear that supporting mental health early is essential for the overall health of all youth. Simply put, there is “**no health without mental health**”.<sup>15</sup> Without access to quality, affordable care and support for mental well-being, individuals are at greater risk for long-term physical and mental health challenges.

For example, according to a January 2023 **study** published in the *Journal of the American Heart Association*, young adults who self-reported experiencing depression or poor mental health also had higher rates of heart attacks, strokes, and other risk factors for heart disease compared to peers who did not experience mental health challenges.<sup>16</sup>

Conversely, chronic physical illnesses can increase the likelihood of developing mental health conditions. For example, research suggests that people living with **human immunodeficiency disorder** (HIV) and **cancer** are estimated to be twice and three times more likely, respectively, to have depression compared to those in the general population.<sup>17</sup>

Because of the intricate connection between mental health and overall health, it is essential to support positive mental health during childhood and adolescence.

**1 in 5 U.S. children have a diagnosed mental health condition.**

## EARLY ONSET OF MENTAL HEALTH CONDITIONS

Adolescence is a critical developmental period characterized by psychological, emotional, and social change. Among children ages 3 to 17, **roughly** one in five has a diagnosed mental, emotional, or behavioral health condition.<sup>18</sup> Further, **research** published in the *Journal of the American Medical Association Psychiatry* estimates that 50% of all lifetime mental illness begins by age 14, and 75% by age 24.<sup>19</sup> Because of the developmental changes that youth experience during adolescence, reducing risk factors and strengthening protective factors are especially crucial during that period.

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<sup>15</sup> [https://doi.org/10.1016/s0140-6736\(07\)61238-0](https://doi.org/10.1016/s0140-6736(07)61238-0)

<sup>16</sup> <https://www.ahajournals.org/doi/10.1161/JAHA.122.028332>

<sup>17</sup> [https://hivinfo.nih.gov/understanding-hiv/fact-sheets/hiv-and-mental-health#:~:text=In%20addition%20to%20these%20factors,activities%20that%20are%20usually%20enjoyable](https://hivinfo.nih.gov/understanding-hiv/fact-sheets/hiv-and-mental-health#:~:text=In%20addition%20to%20these%20factors,activities%20that%20are%20usually%20enjoyable;); <https://pmc.ncbi.nlm.nih.gov/articles/PMC4356432/>

<sup>18</sup> <https://www.cdc.gov/children-mental-health/data-research/index.html>

<sup>19</sup> <https://pubmed.ncbi.nlm.nih.gov/15939837/>

Positive mental health during adolescence **supports** cognitive development, academic achievement, and the formation of healthy relationships.<sup>20</sup> It also fosters resilience, enabling young people to cope effectively with stress, adapt to change, and navigate interpersonal and life challenges effectively and safely.

Conversely, poor mental health in youth can have long-term **consequences**, including lower educational achievement, increased risk of substance use, social withdrawal, and the development of chronic mental health disorders in adulthood.<sup>21</sup> Given that many mental illnesses first emerge during adolescence, early identification and intervention are essential to promoting healthy development and preventing long-term mental health issues. With rising rates of anxiety, depression, and other mental health conditions among young people, there is an urgent need to address the youth mental health crisis and ensure that accessible, effective pathways to recovery are available for all children and adolescents.

## THE YOUTH MENTAL HEALTH CRISIS

### BACKGROUND

For more than a **decade**, youth mental health in the United States has been worsening at an alarming rate, prompting growing concern among policymakers, educators, healthcare professionals, and families alike.<sup>22</sup> Increasingly, youth and adolescents are reporting symptoms consistent with depression and anxiety, including persistent feelings of sadness and hopelessness. The state of youth mental health has now reached crisis levels.

**Mental health-related emergency department visits among youth nearly doubled between 2011 and 2020.**

As mentioned **previously**, nearly one in five children ages 3 to 17 have a diagnosed emotional, behavioral, or developmental condition, with anxiety and depression affecting approximately 11% and 4% of adolescents, respectively.<sup>23</sup>

Further, **data** from the 2023 Youth Risk Behavior Survey found that the percentage of high school students reporting symptoms of depression, notably experiencing prolonged feelings of sadness and hopelessness, increased from 28% in 2011 to 42% in 2021.<sup>24</sup>

Additionally, the **number** of mental health-related emergency department visits among U.S. children and adolescents has nearly doubled, going from 4.8 million in 2011 to 7.5 million in 2020.<sup>25</sup> Worse yet, while visits for all types of mental health issues rose, suicide-related visits grew most sharply, **climbing** from 0.9% of pediatric emergency department visits in 2011 to 4.2% in 2020.<sup>26</sup>

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<sup>20</sup> <https://www.cdc.gov/children-mental-health/about/index.html>

<sup>21</sup> <https://pmc.ncbi.nlm.nih.gov/articles/PMC11790661/>

<sup>22</sup> <https://www.cdc.gov/yrbs/dstr/index.html>

<sup>23</sup> <https://www.cdc.gov/children-mental-health/data-research/index.html>

<sup>24</sup> <https://www.cdc.gov/yrbs/dstr/index.html>

<sup>25</sup> <https://pmc.ncbi.nlm.nih.gov/articles/PMC10155071/>

<sup>26</sup> <https://pmc.ncbi.nlm.nih.gov/articles/PMC10155071/>

The picture does not stop there. In 2023, one in five high school students in the United States **seriously** considered suicide.<sup>27</sup> Tragically, **roughly** one out of every ten attempted it.<sup>28</sup> The 2022 National Healthcare Quality and Disparities Report **reported** that, between 2009 and 2019, suicidal behaviors among high school students increased 44%. Today, suicide is the second leading cause of death for people ages 10 to 34.<sup>29</sup>

These trends make it unmistakably clear that the youth mental health crisis is deepening and that too many youth are struggling without adequate support. Multiple factors, including but not limited to barriers to healthcare access, the impacts of the COVID-19 pandemic, and social media contribute to the growing prevalence of mental health conditions among young people. Understanding these underlying causes is essential for developing effective strategies to support youth mental health.

## **FACTORS CONTRIBUTING TO THE YOUTH MENTAL HEALTH CRISIS**

The youth mental health crisis has become one of the most pressing public health challenges in the United States. This growing crisis is shaped by a range of individual, social, and systemic factors, including academic pressures, family stress, and broader social issues such as barriers to mental healthcare access, the impact of the COVID-19 pandemic, and the pervasive influence of social media in the lives of youth. These factors, among many others, have further intensified feelings of isolation and uncertainty. Understanding these interconnected factors, particularly barriers to care, the impact of the pandemic, and the growing influence of social media in the lives of youth, is essential for adequately addressing the youth mental health crisis.

## **BARRIERS TO MENTAL HEALTHCARE ACCESS**

One of the greatest challenges in addressing the youth mental health crisis is the significant barrier to accessing care. Chief among these barriers is the limited supply of qualified mental health providers. According to Health Resources and Services Administration (HRSA) **data** from September 2025, roughly 127 million people, or 37% of the U.S. population, live in areas designated as having shortages of mental health professionals. As of March 2026, that **underserved population** has increased to approximately 148 million.<sup>30</sup> This crisis is particularly felt in rural areas, which are home to **approximately** 14% of the U.S. population. According to HRSA, 65% of all rural counties in the United States have no practicing psychiatrist at all, compared to 27% of metropolitan counties.<sup>31</sup> This mental health provider shortage is particularly acute when it comes to clinicians trained to work with children and adolescents.

**127 million people in the United States live in mental health professional shortage areas.**

**According** to the American Psychological Association (APA), of more than 100,000 clinical psychologists nationwide, only about 4,000 specialize in child and adolescent populations.<sup>32</sup> School-based support systems are also unable to meet the mental health needs of their students. The National Association of School Psychologists (NASP)

<sup>27</sup> <https://www.cdc.gov/yrbs/dstr/pdf/YRBS-2023-Data-Summary-Trend-Report.pdf#page=63>

<sup>28</sup> <https://www.cdc.gov/yrbs/dstr/pdf/YRBS-2023-Data-Summary-Trend-Report.pdf#page=67>

<sup>29</sup> <https://www.ncbi.nlm.nih.gov/books/NBK587174/#:-:text=In%20addition%2C%20from%202009%20to,this%20age%20group%20in%202020.>

<sup>30</sup> <https://data.hrsa.gov/topics/health-workforce/shortage-areas/>

<sup>31</sup> <https://www.aamc.org/about-us/mission-areas/health-care/exploring-barriers-mental-health-care-us>

<sup>32</sup> <https://www.apa.org/monitor/2022/01/special-childrens-mental-health>

**recommends** a ratio of one school psychologist per 500 students, yet the national average is closer to one for every 1,211 students.<sup>33</sup>

And, although the need for mental health services among youth is significant, it is largely unmet. In a 2023 **study** from Mental Health America, it was estimated that 50% of youth who experienced a major depressive episode in 2022 and 2023 received no mental health treatment at all.<sup>34</sup>

Beyond provider shortages, other barriers such as cost and lack of access to healthcare coverage further limit access to care. Despite extensive **evidence** demonstrating the harmful impact of poverty on the psychological well-being of children and families, a significant gap remains in meeting the mental health needs of people living in low-income communities.<sup>35</sup> In a national **survey** of in-school mental health experts, school district administrators, and parents, only 34% of parents reported being able to afford mental health services for their children.<sup>36</sup> Additionally, one-third of all parents with household incomes below \$75,000 said they "definitely cannot afford" mental healthcare, compared to only 8% of those earning more than \$125,000. Further, these inequities are reflected in service utilization, with only 26% of parents with incomes below \$75,000 having obtained therapy for their child, compared to 84% of parents with incomes above \$125,000. Meanwhile, 44% of parents in the lower-income group reported never accessing mental health services for their children, more than double the rate of higher-income families.

Research from the National Center for Disaster Preparedness cited two types of **barriers**, among several, which detrimentally affect access to mental health service access, with one being financial access, both on the service seeker side and the provider side, as well as transportation access.<sup>37</sup> The temporal and financial cost of finding care outside of a school setting is prohibitive for young people and this is compounded by poor provider reimbursement structures which limits availability of quality and affordable options. Even **families** from higher-income communities faced obstacles to accessing care, with 46% of parents noting limited availability of therapists outside school hours and 43% noting long wait times for appointments.<sup>38</sup>

Together, these barriers create a system in which the growing need for youth mental healthcare far exceeds the capacity to deliver it. Additionally, lack of access to insurance and primary care may further create barriers that prevent youth from accessing quality, affordable mental healthcare when needed. Primary care providers often serve as the first point of contact for identifying mental health concerns, offering early intervention, and coordinating referrals to specialized care. However, when children lack access to primary care, these critical opportunities are lost, contributing to widespread unmet mental health needs. For example, **research** published in the *American Journal of Psychiatry* reported that among children ages 6 to 17 with identified mental health needs, 87% of those without insurance and 73% of those with public insurance received no care in a 12-month period.<sup>39</sup> These findings highlight how gaps in both primary care and insurance coverage compound barriers to mental health treatment, leaving many children and adolescents without the support they need to manage their mental health.

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<sup>33</sup> <https://www.nasponline.org/research-and-policy/policy-priorities/critical-policy-issues/shortage-of-school-psychologists>

<sup>34</sup> <https://mhanational.org/wp-content/uploads/2025/09/State-of-Mental-Health-2025.pdf#page=32>

<sup>35</sup> <https://pmc.ncbi.nlm.nih.gov/articles/PMC8841277/>

<sup>36</sup> <https://www.daybreakhealth.com/resources/the-biggest-barriers-to-accessing-youth-mental-health-care>

<sup>37</sup> <https://doi.org/10.7916/d28g-n426>

<sup>38</sup> <https://www.daybreakhealth.com/resources/the-biggest-barriers-to-accessing-youth-mental-health-care>

<sup>39</sup> [https://psychiatryonline.org/doi/10.1176/appi.ajp.159.9.1548?url\\_ver=Z39.88-2003&rfr\\_id=ori:rid:crossref.org&rfr\\_dat=cr\\_pub%20%20pubmed](https://psychiatryonline.org/doi/10.1176/appi.ajp.159.9.1548?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%20pubmed)

## THE IMPACT OF THE COVID-19 PANDEMIC ON YOUTH MENTAL HEALTH

Globally, the COVID-19 pandemic resulted in stark increases in mental disorders. It is estimated that in 2020, the prevalence of major depressive disorder increased by 27.2%, with an additional 53.2 million cases, and the prevalence of anxiety disorders increased by 25.6%, with an additional 76.2 million cases.

In the United States, the COVID-19 pandemic has had profound and lasting effects on the mental health of children and adolescents, with 37% of youth **reporting** poor mental health during the public health emergency.<sup>40</sup> The pandemic brought with it caregiver loss, economic instability, school closures, social isolation and more, all of which continued to rising levels of mental health challenges among youth. The **latest data** from the 2023 Global Burden of Disease Study estimates a 4.6% increase in mental disorders in persons under the age of 20, and a 7.3% increase in ages 20 to 24.<sup>41</sup> These data suggest a trend that the long-term impacts on youth mental health are still present.

One of the most devastating impacts of the pandemic on youth was caregiver loss. By October 2022, at least 204,000 children in the United States had **lost** a parent or primary caregiver to COVID-19.<sup>42</sup> In addition, due to social distancing mandates and other public health measures, many families were **unable** to hold traditional in-person funerals and mourning rituals, leaving children to navigate grief in isolation.<sup>43 44</sup>

**More than 200,000 U.S. children lost a parent or caregiver during the COVID-19 pandemic.**

While not all children may need a clinical intervention to **process grief**, about 20% will "experience serious long-term problems, including long-term development of depression and long-term higher risk of suicide," and therefore need access to clinical mental health services.<sup>45</sup>

In addition to bereavement, the pandemic also created widespread household instability. According to the Centers for Disease Control and Prevention (CDC), **nearly** one-third of U.S. high school students have had a parent or caregiver who lost employment during the pandemic.<sup>46</sup> Loss of employment and the uncertainty around being able to meet basic needs are **associated** with increased financial stress, food insecurity, and housing insecurity, all of which are strongly **associated** with anxiety, depression, and behavioral difficulties in children.<sup>47</sup> When basic needs are uncertain, adolescents may experience heightened feelings of fear or even hopelessness, which can interfere with concentration, sleep, and emotional regulation.

Additionally, youth reported experiencing higher levels of emotional and physical abuse within the home during this public health emergency. According to data from the CDC, 55% of adolescents **reported** experiencing

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<sup>40</sup> <https://archive.cdc.gov/#/details?url=https://www.cdc.gov/media/releases/2022/p0331-youth-mental-health-covid-19.html>

<sup>41</sup> <https://vizhub.healthdata.org/gbd-results?params=gbd-api-2023-permalink/40eed3f1be29e018e89489337fb48063>

<sup>42</sup> <https://www.apa.org/monitor/2022/10/kids-covid-grief>

<sup>43</sup> <https://pmc.ncbi.nlm.nih.gov/articles/PMC8891243/>

<sup>44</sup> [https://www.aacap.org/AACAP/Families\\_and\\_Youth/Facts\\_for\\_Families/FFF-Guide/Children-And-Grief-008.aspx](https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Children-And-Grief-008.aspx)

<sup>45</sup> <https://www.apa.org/monitor/2022/10/kids-covid-grief>

<sup>46</sup> <https://www.cdc.gov/mmwr/volumes/71/su/su7103a5.htm>

<sup>47</sup> <https://pmc.ncbi.nlm.nih.gov/articles/PMC9207136/>; [https://ffcws.princeton.edu/publications/food-insecurity-and-housing-instability-during-early-childhood-predictors-adolescent#:~:text=Results%20suggest%20that%20experiencing%20both,APA%20C%20all%20rights%20reserved\).](https://ffcws.princeton.edu/publications/food-insecurity-and-housing-instability-during-early-childhood-predictors-adolescent#:~:text=Results%20suggest%20that%20experiencing%20both,APA%20C%20all%20rights%20reserved).)

emotional abuse, and one in ten experienced physical abuse by a parent or caregiver during the pandemic.<sup>48</sup> Exposure to abuse and family conflict is one of the most significant **predictors** of trauma-related symptoms, including chronic stress, post-traumatic stress disorder (PTSD), depression, and suicidal ideation.<sup>49</sup> For many youth, the home, ordinarily a place of safety, became a source of fear and instability, further eroding their sense of security and belonging.

At the same time, the closure of schools, often critical environments for social connection and access to mental health services, exacerbated these challenges. Schools play a vital **role** in identifying early signs of emotional distress and connecting students to counselors, psychologists, and social services.<sup>50</sup> When in-person learning ceased, many students lost not only academic structure but also daily contact with trusted adults who could recognize and respond to warning signs of abuse, neglect, or mental health decline. The resulting loss of stability, coupled with increased family stress and social isolation, contributed to the rise depression, anxiety, and suicide-related behaviors **reported** among adolescents.<sup>51</sup>

In short, the pandemic exposed and intensified existing vulnerabilities in youth mental health, demonstrating how fragile support systems can be when schools and communities are disrupted. This underscores the urgent need for policies that strengthen family support, expand access to school-based mental health services, and ensure stable funding for community programs that address trauma and promote resilience among youth.

## **SOCIAL MEDIA AND YOUTH MENTAL HEALTH**

Social media has become an integral part of daily life for many children and adolescents. Recognizing this, in 2023, then U.S. Surgeon General, Dr. Vivek Murthy, issued an **advisory** to draw national attention to the increasing role that social media plays in youth mental health.<sup>52</sup> The advisory highlights how social media is no longer merely a lifestyle choice for youth but a powerful influence with real effects on their mental health, warranting careful attention from families, educators, policymakers, and healthcare providers alike.

It highlights the risks and benefits of social media use but also provides actionable recommendations for parents, educators, healthcare providers, and policymakers to help protect youth mental health. The issuance of this advisory is a sign that social media is no longer simply a part of everyday life for children and adolescents, it is a factor with real-world consequences for mental and emotional development.

**Half of U.S. teens feel that social media harms their well-being.**

Research and data highlight the magnitude of this issue. According to the Pew Research Center *Teens, Social Media and Technology 2024* **report** of youth ages 13 to 17, about 96% of teens report using the internet daily.<sup>53</sup> Additionally, nearly half of teens surveyed reported being online "almost constantly," using platforms such as YouTube, TikTok, Instagram, and Snapchat. Research **shows** that 38% of children ages 8 to 12 report using social media despite most

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<sup>48</sup> <https://archive.cdc.gov/#/details?url=https://www.cdc.gov/media/releases/2022/p0331-youth-mental-health-covid-19.html>

<sup>49</sup> <https://pmc.ncbi.nlm.nih.gov/articles/PMC3869039/>

<sup>50</sup> <https://www.cdc.gov/mental-health-action-guide/about/index.html>

<sup>51</sup> <https://www.cdc.gov/mmwr/volumes/71/su/su7103a5.htm>

<sup>52</sup> <https://www.hhs.gov/sites/default/files/sg-youth-mental-health-social-media-advisory.pdf>

<sup>53</sup> <https://www.pewresearch.org/internet/2024/12/12/teens-social-media-and-technology-2024/>

platforms setting a minimum age requirement of 13.<sup>54</sup> Teens are **increasingly concerned** about the effects of social media use by their peers on their well-being, with half of teens (48%) ages 13-17 feeling that social media harms their well-being in 2024 up from 32% in 2022.<sup>55</sup>

According to the American Academy of Pediatric's National Center of Excellence on Social Media and Youth Mental Health, social media can **influence** youth mental health in both positive and negative ways, depending on how it is used.<sup>56</sup> On the positive side, these platforms can foster social connection, allowing young people to maintain relationships, find peer support, have fun, and explore communities aligned with their interests or identities in areas such as sports, arts, activism, or other activities. They can also serve as valuable spaces for creativity and learning, offering access to educational content and opportunities for self-expression.

However, the potential **risks** of social media use are significant. Excessive time online can interfere with essential activities for youth such as sleep, schoolwork, in-person interactions, and family engagement.<sup>57</sup> Exposure to harmful or unrealistic content, such as cyberbullying, misinformation, and idealized portrayals of appearance or lifestyle, can contribute to body image concerns, diminished self-esteem, and emotional distress. A recent **landmark ruling** has found YouTube and Meta culpable for disregarding safeguards to protect children who access their platforms. This precedent may set the stage for improved protections for children and youth.<sup>58</sup>

Research on the link between social media and depression shows mixed results, but some research **suggests** that how children and adolescents engage with social media matters.<sup>59</sup> For example, passive scrolling and comparison-based use are associated with higher depressive symptoms, while active engagement, such as posting, messaging, or creating content, appears to have fewer negative effects. One **evidence synthesis** indicated that the relationship between social media use and depression is not clearly causal, but individual experiences can vary widely.<sup>60</sup>

Promoting healthy and balanced social media habits may help youth manage their mental health more effectively. Guidance should encourage families to discuss online safety and digital health regularly, and set consistent expectations for both parents and children. Special attention is needed for younger children who may access social media before reaching the recommended minimum age. By fostering intentional, safe, and mindful use of social media platforms, families, schools, and communities can help ensure that social media becomes a tool for connection and growth rather than a source of harm to the mental health of youth.

## **INEQUITIES IN YOUTH MENTAL HEALTH**

While mental health challenges among youth are rising nationwide, not all children and adolescents are affected equally. Inequities in mental health outcomes exist across the lines of race, ethnicity, gender, and sexual orientation, reflecting long histories of systemic bias that continue to shape access to care, quality of treatment, and long-term outcomes.

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<sup>54</sup> [https://www.common sense media.org/sites/default/files/research/report/8-18-census-integrated-report-final-web\\_0.pdf](https://www.common sense media.org/sites/default/files/research/report/8-18-census-integrated-report-final-web_0.pdf)

<sup>55</sup> <https://www.pewresearch.org/internet/2025/04/22/teens-social-media-and-mental-health/>

<sup>56</sup> <https://www.aap.org/en/patient-care/media-and-children/center-of-excellence-on-social-media-and-youth-mental-health/the-good-and-bad-of-social-media-what-research-tells-us/>

<sup>57</sup> See footnote 56.

<sup>58</sup> <https://apnews.com/article/social-media-addiction-trial-la-5e54075023d837ccdc76c4ca512e925d>

<sup>59</sup> <https://www.healthychildren.org/English/family-life/Media/Pages/social-media-and-your-childs-mental-health-what-research-says.aspx>

<sup>60</sup> <https://pubmed.ncbi.nlm.nih.gov/31951670/>

## RACIAL AND ETHNIC INEQUITIES IN YOUTH MENTAL HEALTH

Children of color in the United States face **disproportionately** high mental and behavioral health needs compared with their white peers, yet they are less likely to access mental health services, receive specialty care, or be prescribed appropriate treatments.<sup>61</sup> For example, the **suicide rates** of Native American youth are four times higher than any other racial or ethnic group, and in 2022, the suicide death rate for American Indian and Alaska Native youth ages 15 to 19 was nearly 3 times **higher** than that of the general population.<sup>62</sup>

Additionally, between 2011 and 2016, emergency department visits for mental health concerns increased at a faster **rate** for Black and Hispanic youth than for white youth, reflecting gaps in early, preventive care.<sup>63</sup> And, among Black children ages 5 to 12, suicide rates are now twice as high as white children. Compounding these inequities, children of color are more likely to experience adverse childhood experiences (ACEs), with 61% of Black non-Hispanic children and 51% of Hispanic children reporting at least one ACE, compared with 40% of white non-Hispanic children. ACEs are strongly linked to increased risk for anxiety, depression, trauma, and other behavioral health challenges.

These inequities reflect systemic barriers and highlight the urgent need for culturally responsive, equitable, and accessible mental healthcare. Without efforts to address the social drivers of health and improve mental healthcare access, children of color will continue to face preventable hardships and elevated risk for severe mental health outcomes. Similar inequities can also be observed amongst youth within the lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ+) community.

## SEXUAL ORIENTATION AND GENDER-BASED INEQUITIES IN YOUTH MENTAL HEALTH

Youth within the lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ+) communities face similarly disproportionate mental health challenges. LGBTQ+ youth face higher risks for mental health challenges compared to their heterosexual and cisgender peers, largely due to stigma, discrimination, and lack of affirming support. According to **data** from the CDC's Youth Risk Behavior Survey, more than 6 in 10 (65%) of LGBTQ+ students reported feeling sad or hopeless, compared with 31% of cisgender, heterosexual students.<sup>64</sup> Additionally, 41% of youth within the LGBTQ+ community seriously considered suicide, a rate more than triple that of their cisgender, heterosexual peers (13%).

**6 in 10 LGBTQ+ students report feeling sad or hopeless.**

Yet the data also point to a path forward. According to the Trevor Project's 2024 U.S. National **Survey**, LGBTQ+ youth who reported living in very affirming (8%) or somewhat affirming (10%) communities or attending gender-affirming schools attempted suicide at roughly half the rate of those in very unaccepting environments (20%).<sup>65</sup> These inequities highlight that LGBTQ+ youth are not inherently more at risk due to their identity, but instead, risk stems from how they are treated and perceived. Additionally, these findings make clear that acceptance, safety, and access to affirming mental healthcare are life-saving for LGBTQ+ young people.

<sup>61</sup> <https://pubmed.ncbi.nlm.nih.gov/37737936/#:~:text=A%20nationally%20representative%20study%20found%20significant%20racial/ethnic,odds%20of%20unmet%20mental%20health%20care%20needs>

<sup>62</sup> <https://gender.stanford.edu/news/rates-suicide-native-american-youth-increase-culture-key-prevention>; <https://minorityhealth.hhs.gov/mental-and-behavioral-health-american-indiansalaska-natives>

<sup>63</sup> <https://pmc.ncbi.nlm.nih.gov/articles/PMC9800023/>

<sup>64</sup> <https://www.cdc.gov/healthy-youth/lgbtq-youth/health-disparities-among-lgbtq-youth.html>

<sup>65</sup> [https://www.thetrevorproject.org/survey-2024/assets/static/TTP\\_2024\\_National\\_Survey.pdf](https://www.thetrevorproject.org/survey-2024/assets/static/TTP_2024_National_Survey.pdf)

## IMPACT OF INEQUITABLE MENTAL HEALTH OUTCOMES

Racial, ethnic, gender, and sexuality based inequities in mental health access make clear that the youth mental health crisis cannot be fully addressed without confronting systemic bias and inequities in access to care. Children of color and children within the LGBTQ+ community remain underserved, not because of a lack of need, but because of structural and systemic barriers that limit access to timely, quality, and culturally responsive support. Closing these gaps requires intentional investment in mental health infrastructure, including expanding the diversity of the behavioral health workforce, improving cultural competency training, and supporting community-based and school-based services that meet youth where they are. New York City's efforts to address youth mental health through its **NYC TeenSpace** program is an example of what can happen when communities provide youth with accessible resources that foster connection and reduce barriers to care.<sup>66</sup>

## CASE STUDY: NYC INVESTMENT IN MENTAL HEALTH RESOURCES FOR YOUTH THROUGH NYC TEENSPACE

As evidenced, many communities continue to face barriers to mental healthcare, ranging from provider shortages and high costs to wait times and stigma. Yet, evidence increasingly shows that when communities invest in accessible, affordable mental health resources for youth, the benefits can be immediate and far-reaching.

A powerful example of this can be found in New York City, which released its first ever State of Youth Mental Health **report** in 2023, revealing that nearly half (48%) of New York City's teenagers were experiencing mild to severe symptoms of depression.<sup>67</sup> Recognizing that the city's youth were struggling under the combined weight of social isolation, academic stress, and instability brought about by the COVID-19 pandemic, local government officials and leaders within the NYC Department of Health and Mental Hygiene launched a comprehensive mental health agenda called **Care, Community, Action**.<sup>68</sup> The plan aimed not only to expand treatment but to reimagine how a city supports the mental well-being of its youth.

As part of its plan, leaders within government and the NYC Department of Health and Mental Hygiene began by asking young people themselves what they needed, rather than developing top-down solutions. Through an in-depth survey, the city gathered insights on the issues youth face, their coping mechanisms, and how they use media and digital platforms. From that foundation, the city launched **NYC Teenspace**, a first-of-its-kind, free tele-mental health program available to the nearly 450,000 NYC residents aged 13 to 17.<sup>69</sup> The program connects teens with licensed therapists through phone, video, or text, eliminating common barriers such as cost, transportation, and stigma.

In its first six months, **nearly** 7,000 young people enrolled, 80% of whom identified as youth of color from neighborhoods disproportionately affected by health and social inequities.<sup>70</sup> Among those enrollees, 65% reported relief from emotional distress and 64% noted overall improvements in mental health. Additionally, 96% of participants used text-based communication, demonstrating that when services are designed with youth preferences in mind, engagement increases dramatically.

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<sup>66</sup> <https://www.nyc.gov/site/doh/health/health-topics/teenspace.page>

<sup>67</sup> <https://www.nyc.gov/assets/doh/downloads/pdf/mh/state-of-mental-health-new-yorkers.pdf>

<sup>68</sup> <https://www.nyc.gov/assets/doh/care-community-action-mental-health-plan/index.html>

<sup>69</sup> See footnote 66.

<sup>70</sup> <https://www.chalkbeat.org/newyork/2024/05/23/thousands-of-teens-sign-up-for-free-online-therapy-talkspace/>

The city's investment extended beyond telehealth. It strengthened the 988 crisis response hotline, ensuring young people in distress could access immediate help. It also expanded school-based mental health centers, and added **nearly** 500 social workers and psychologists into NYC's schools, with plans to open 16 additional school-based mental health sites citywide to bring care directly into the environments where adolescents spend much of their time.<sup>71</sup>

New York City's experience illustrates what can happen when mental health investment is strategic, inclusive, and sustained. By combining data-driven decision-making with youth participation and equitable access, the city built a stronger, more responsive mental health infrastructure.

This model offers valuable insights for policymakers across the country. Expanding youth-centered mental health services, integrating care within schools and communities, and leveraging technology to reach under-resourced populations can help bridge the gaps that so often prevent youth in need from accessing the mental health services they need to thrive.

## POLICY RECOMMENDATIONS

To counter the youth mental health crisis, a multi-faceted approach that centers health equity, accessibility, affordability, and the needs of youth is essential. Expanded access to mental healthcare through schools, cultural competence across the workforce, and strengthening digital and social media policy amongst others are just a few of the solutions that will ensure youth have access to the mental health resources they need to thrive and succeed.

### EXPAND MENTAL HEALTHCARE ACCESS THROUGH SCHOOLS

Schools serve as critical access points for youth seeking mental health support. School-based mental health services are **demonstrated** to expand access to care, support early identification and treatment of mental health issues, and improve student outcomes such as attendance and higher educational outcomes.<sup>72</sup>

School-based mental health services are often delivered through on-site or telehealth sessions, and with staffing models that range from a single provider to a team of psychologists, social workers, and counselors. Many schools are also embedding social-emotional learning and mental health education into their curriculum.

According to a 2025 panel **survey** of K-12 public schools, roughly 1 in 5 students utilized school-based mental health services in the 2024-2025 school year.<sup>73</sup> Ninety-seven percent of K-12 public schools surveyed reported providing at least one mental health **service** to students, including one-on-one counseling or therapy (84%), group-based interventions (64%), case management (70%), or referral (64%).<sup>74</sup> Many offered services through telehealth platforms. While these numbers look positive, they do not guarantee equitable access to all students who need services across the country. Additionally, 70% of public schools that provided mental health services had a licensed mental health professional on **staff** and 57% employed an external mental health provider.<sup>75</sup>

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<sup>71</sup> <https://www.nyc.gov/content/getstuffdone/pages/nyc-teenspace-update>

<sup>72</sup> <https://psychiatryonline.org/doi/10.1176/appi.ps.201900575>

<sup>73</sup> <https://nces.ed.gov/surveys/spp/results.asp#mentalhealth-march25-chart2>

<sup>74</sup> [https://nces.ed.gov/whatsnew/press\\_releases/5\\_9\\_2024.asp](https://nces.ed.gov/whatsnew/press_releases/5_9_2024.asp)

<sup>75</sup> <https://nces.ed.gov/surveys/spp/results.asp#mentalhealth-march25-chart2>

Yet, despite having mental health professionals and services in place for students, staff continued to express concerns about the growing mental health needs of their students. Fifty-eight percent of schools **reported** that the number of students seeking mental health services in school increased since the previous school year, and staff concerns about students showing signs of depression, anxiety, trauma, or emotional dysregulation rose by 61% from the 2023–24 to the 2024–25 school year.<sup>76</sup>

In addition to rising concerns about student mental health, school staff also voiced uncertainty about their ability to fund the mental health services needed to support students. According to the **survey**, more than half of the schools (56%) reported that, due to inadequate funding, they could not “strongly agree” that they were able to effectively provide mental health services for students.<sup>77</sup> Traditionally, federal agencies like the U.S. Departments of Education and Health and Human Services have historically **funded** and supported school health and mental health services, including a \$1 billion **investment** through the 2022 **Bipartisan Safer Communities Act** to strengthen the school mental health workforce.<sup>78</sup> However, the federal government **cut** these funds in 2025 and announced plans to dismantle the Department of Education.<sup>79</sup>

Schools also rely on Medicaid to help cover the cost of providing health and mental health services for students, including those with special health and behavioral needs documented in their Individualized Education Programs (IEPs). In fact, Medicaid, the fourth largest federal **funding** source for K-12 schools, contributes more than \$7.5 billion toward school-based health services every year.<sup>80</sup> Yet, nearly \$1 trillion in federal Medicaid cuts in the July 2025 H.R.1 **bill** may impact schools’ ability to draw down federal funds for school health services going forward.<sup>81</sup>

With **more** than 37 million children (**roughly** 40% of all U.S. children) enrolled in Medicaid and the Children’s Health Insurance Program, changes to the program could have significant implications for access to school-based care.<sup>82</sup>

By integrating early intervention, counseling, and peer support, school-based mental health resources can dramatically improve outcomes for youth. Evidence shows that school-based mental health programs can improve academic performance, and identify emerging issues before they escalate. Expanding the number of school counselors, psychologists, and social workers, and ensuring they receive ongoing professional support, should be a national priority, especially in rural and under-resourced communities.

## **ADDRESSING WORKFORCE SHORTAGES AND CULTURAL COMPETENCE**

Strengthening and diversifying the mental health workforce is essential to ensure all young people have access to the culturally responsive, identity-affirming care they need to thrive and succeed.

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<sup>76</sup> See footnote 75.

<sup>77</sup> See footnote 75.

<sup>78</sup> <https://healthyschoolscampaign.org/>; <https://ccf.georgetown.edu/2022/07/18/bipartisan-safer-communities-act-greenlights-updated-school-based-medicaid-guidance/>; <https://www.nea.org/resource-library/bipartisan-safer-communities-act>

<sup>79</sup> <https://www.edweek.org/policy-politics/trump-ends-1-billion-in-mental-health-grants-for-schools/2025/04>

<sup>80</sup> <https://healthyschoolscampaign.org/dev/wp-content/uploads/2025/10/How-Medicaid-Cuts-Will-Impact-Student-Access-to-Substance-Use-Prevention-Early-Intervention-Services-in-Schools.pdf>

<sup>81</sup> <https://www.kff.org/medicaid/tracking-the-medicaid-provisions-in-the-2025-budget-bill/>

<sup>82</sup> <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights>; <https://www.aha.org/fact-sheets/2025-02-07-fact-sheet-medicaid>

A major barrier to improving youth mental health is the severe shortage of mental health professionals across the United States. Nearly **half** of Americans live in areas where there are not enough mental health providers to meet the population's needs, and this shortage is most acute in rural and under-resourced communities.<sup>83</sup> Provider shortages in the youth mental health workforce is even more limited, with the University of Michigan Behavioral Health Workforce Research Center **reporting** that less than one-third (28%) of U.S. counties have even one child and adolescent psychiatrist.<sup>84</sup>

Further, ratios of child and adolescent psychiatrists per 100,000 children range by state, with a national **average** of 14 child and adolescent psychiatrists per 100,000 children.<sup>85</sup> The American Academy of Child and Adolescent Psychiatry **estimates** that the need is around 47 child and adolescent psychiatrists per 100,000 children, more than 3 times the national average.<sup>86</sup> For youth, this provider shortage often means limited access to care, no care at all, or long wait times, which can worsen mental health conditions. Further, even when one can access a psychiatrist, further barriers to access may arise. An estimated 45% of psychiatrists do not accept insurance, locking out those who need to use insurance to help cover the cost for their care. Further, just 36% of psychiatrists accept new patients with **Medicaid**, meaning people in low-income communities may face increased difficulty accessing care.<sup>87</sup>

The provider workforce shortage faces an additional challenge with a lack of diversity among mental health providers. In 2023, **more** than three in four (78.66%) of active psychiatrists in the United States are non-Hispanic white, with limited representation from Black (5.49%), Latino (7.78%), Asian (4.3 %), and other communities.<sup>88</sup> This gap matters. Many young people, especially youth of color and LGBTQ+ youth, do not have access to providers who understand their cultural background or lived experiences. Research shows that when youth feel understood by their provider, they are more likely to stay in treatment and benefit from it.

At the same time, the need for youth mental healthcare is rising. Rates of persistent sadness, anxiety, and hopelessness among teens have increased sharply in recent years, especially for youth of color and LGBTQ+ youth. Yet the **pipeline** of new, culturally responsive mental health professionals has not kept pace.<sup>89</sup>

To ensure all young people receive timely, quality, and culturally affirming care, policies must focus on expanding, training, and diversifying the mental health workforce. Policymakers should fund initiatives that recruit and train providers from underrepresented communities, including increasing federal and state funding for scholarships, loan repayment, and culturally competent training programs to attract more people into youth mental health careers, particularly from underrepresented communities. Mental health materials should be available in multiple languages and formats, reflecting the lived experiences and communication preferences of diverse families. This approach builds trust, improves engagement, and ensures that care is both clinically effective and culturally affirming. Additionally, colleges and universities should partner with mental health organizations, professional associations, and local communities to create career pipelines for students of color, multilingual students, and first-generation college students interested in mental health careers.

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<sup>83</sup> <https://pmc.ncbi.nlm.nih.gov/articles/PMC11014756/>

<sup>84</sup> [https://www.healthworkforceta.org/wp-content/uploads/2023/07/BHWRC\\_Estimating-Distribution-of-US-Psychiatrist.pdf#page=8](https://www.healthworkforceta.org/wp-content/uploads/2023/07/BHWRC_Estimating-Distribution-of-US-Psychiatrist.pdf#page=8)

<sup>85</sup> [https://www.aacap.org/AACAP/zLatest\\_News/Severe\\_Shortage\\_Child\\_Adolescent\\_Psychiatrists\\_Illustrated\\_AACAP\\_Workforce\\_Maps.aspx](https://www.aacap.org/AACAP/zLatest_News/Severe_Shortage_Child_Adolescent_Psychiatrists_Illustrated_AACAP_Workforce_Maps.aspx)

<sup>86</sup> [https://www.aacap.org/App\\_Themes/AACAP/Docs/Advocacy/advocacy\\_day/2023/Workforce-LegCon23.pdf](https://www.aacap.org/App_Themes/AACAP/Docs/Advocacy/advocacy_day/2023/Workforce-LegCon23.pdf)

<sup>87</sup> <https://www.kff.org/mental-health/a-look-at-strategies-to-address-behavioral-health-workforce-shortages-findings-from-a-survey-of-state-medicaid-programs/>

<sup>88</sup> <https://www.apa.org/workforce/data-tools/demographics>

<sup>89</sup> <https://doi.org/10.7916/d28g-n426>

## STRENGTHENING DIGITAL AND SOCIAL MEDIA POLICY

As the internet and social media play an increasingly central role in the lives of children and adolescents, mental health policy must evolve to prioritize digital safety, literacy, and privacy protections particularly aimed at protecting youth.

Federal agencies should fund and promote research on the mental health effects of digital media, targeted advertising, and data profiling among children and teens, and should use findings from that research to guide the development of age-appropriate design standards.

Current laws aim to make using the internet safer for children and adolescents. Currently, the Children's Online Privacy Protection Act (COPPA) of 1998 prohibits websites from collecting personal data, such as name and address, from children under 13 without parental consent and puts parents in charge of children's internet use. This works well for websites that are specifically meant for children. However, the law is sometimes seen as ineffective, as it does not protect the personal data of youth ages 13-17, and website age verification is easy for children to lie about. Additionally, the law does not go far enough to protect children, as it does not protect children from predatory advertising, cannot fully prevent access to content more suitable for adult audiences, or the falsification of age, and does not guarantee a completely safe online environment.

Because of these gaps, lawmakers should adopt stricter **privacy** protections for all youth users and limit advertising that exposes young people to content that can negatively impact mental health, such as harmful body image messaging.<sup>90</sup> These measures can reduce the psychological harms linked to exploitative digital practices and better safeguard youth privacy.

In addition to protecting the personal information of youth through COPPA, the federal government aims to address the impact of social media on youth mental health through its Make America Healthy Again (MAHA) strategic **plan**, which includes a federal initiative aimed at addressing the growing crisis of childhood chronic disease.<sup>91</sup> The MAHA strategic plan recognizes the growing impact of social media and technology use on youth mental health and highlights concerning trends, including rising rates of depression and suicide among young people, as well as a broader shift from active, play-based lifestyles to more sedentary, screen-focused activities. Under the MAHA plan, the National Institutes of Health (NIH) will partner with the U.S. Department of Health and Human Services (HHS) to strengthen existing research on youth mental health and by directing funding toward studies on mental health, with a particular focus on screen time among children and adolescents.

While this is a promising start, further action rooted in science and sustained funding will be essential to expand access to mental health services and improve long-term outcomes for youth nationwide. Policies must address the mental health needs of all youth, including those in under-resourced communities, through strengthened privacy protections, restrictions on harmful advertising and content, and expansion of culturally competent, accessible mental health services. Research should continue to guide interventions, and schools, families, and communities should be supported in promoting digital literacy, healthy screen use, and resilience-building strategies.

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<sup>90</sup> <https://doi.org/10.1542/peds.2020-1681>

<sup>91</sup> <https://www.whitehouse.gov/wp-content/uploads/2025/09/The-MAHA-Strategy-WH.pdf>

# CALL TO ACTION

The youth mental health crisis is escalating at an alarming rate. One in five children has a diagnosed mental health condition, and even more are experiencing symptoms of depression, anxiety, and other mental health challenges. These trends threaten the well-being and future of an entire generation. Policymakers, providers, community leaders, and families must act now to ensure that every young person has timely access to the care and support they need to thrive and succeed.

Expanding access to mental health services must be an urgent priority. This includes strengthening school-based counseling programs, increasing community mental health resources, and improving telehealth access for youth in underserved areas. Early intervention and prevention programs are critical to identifying mental health concerns before they escalate, helping reduce long-term impacts on children, families, and communities.

Equity must be at the center of these efforts. Marginalized youth often face higher rates of mental health challenges while having fewer resources and supports. Policies and funding decisions must address these inequities directly, ensuring all youth, regardless of race, ethnicity, socioeconomic status, or geographic location, have access to quality care that is affordable and culturally competent.

Investing in youth mental health is an investment in our collective future. By prioritizing resources, creating supportive environments, and strengthening collaboration across schools, healthcare systems, and communities, we can ensure that more young people get the care they need to thrive and succeed. The time to act is now. Without immediate action that centers health equity and adequately addresses barriers to care, an entire generation of young people risks growing up without the necessary support.

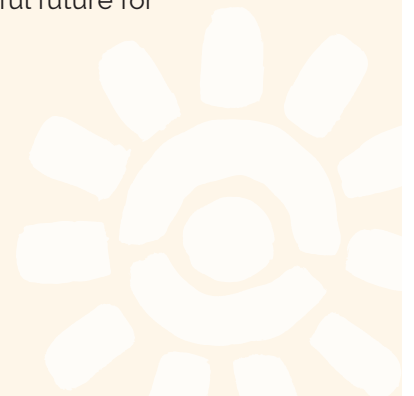
# CONCLUSION

The mental health of children and adolescents continues to decline, with rates of depression, anxiety, and suicidal behaviors rising dramatically over the past decade. The COVID-19 pandemic, systemic barriers to care such as lack of providers and high cost of care, and the impact of social media have only intensified these trends. Children of color and children within the LGBTQ+ community face disproportionate barriers to care, leaving many without much needed access to mental health services and at heightened risk for long-term mental health challenges.

Yet, the evidence is clear: strategic investments that involve and center youth can yield measurable improvements. Programs like New York City's NYC Teenspace program demonstrate that when services are accessible, culturally responsive, and aligned with young people's needs, outcomes improve, even for communities in historically under-resourced areas that have consistently faced barriers to care. Expanding school-based services, building a culturally competent workforce, protecting youth in digital environments, and strengthening community partnerships and funding support for all of these efforts can help turn the tide on the youth mental health crisis.

Addressing the youth mental health crisis cannot wait. The cost of inaction by policymakers and community partners will be paid by youth in the form of their health, well-being, or even lives. By implementing equitable, evidence-based policies today, young people will be positioned to thrive and lead healthier and more productive lives. At the same time, many factors not explored here, including but not limited to the emerging impact of artificial intelligence on youth mental health, warrant further research to ensure policies remain responsive to evolving risks and opportunities.

Addressing youth mental health demands long-term commitment, collaboration, and sustained investment, paving the way for a healthier, more hopeful future for generations to come. 🌞

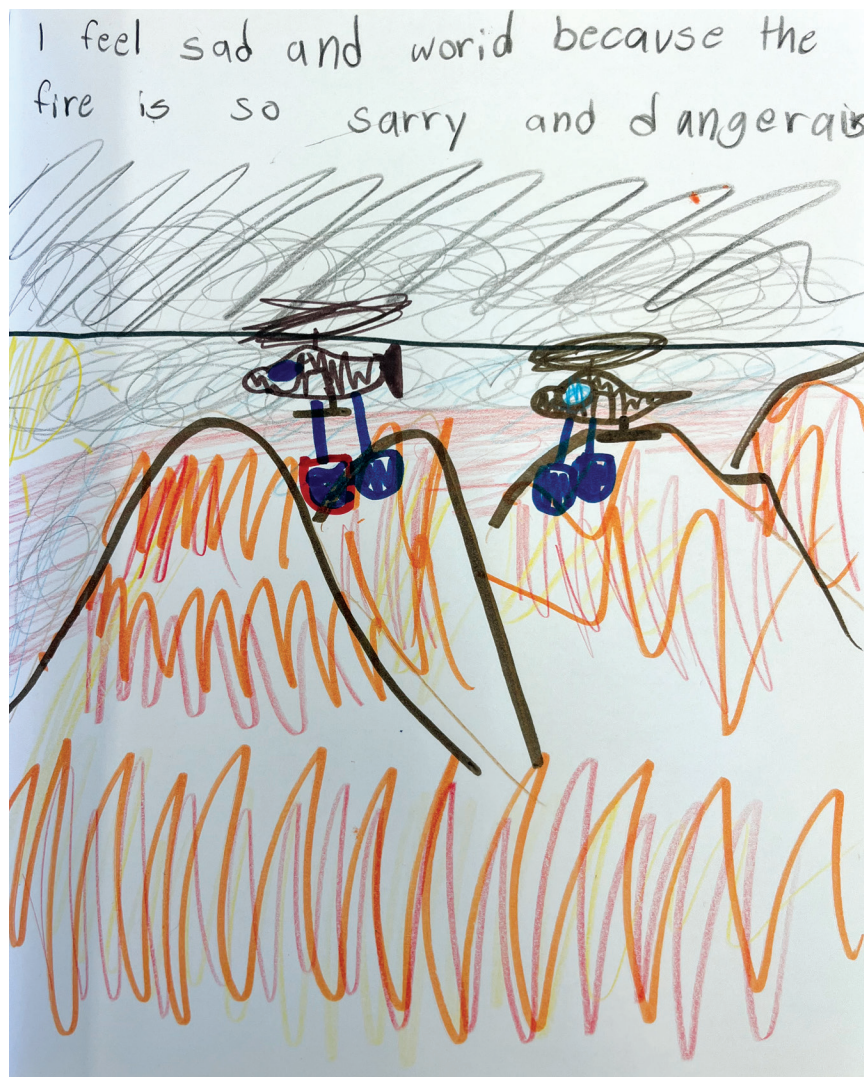


# ADDENDUM

## CHILDREN'S HEALTH FUND: USING INNOVATION TO BRING COMPREHENSIVE HEALTHCARE TO CHILDREN AND FAMILIES IN UNDER-RESOURCED COMMUNITIES SINCE 1987

Founded in 1987, Children's Health Fund (CHF) is the nation's foremost nonprofit dedicated to ensuring access to quality healthcare for children growing up in under-resourced communities throughout the United States. CHF's national network of 24 programs in 15 states, Puerto Rico, and Washington, D.C., brings comprehensive healthcare—medical, mental, dental, and social services—otherwise underserved communities via a fleet of 50 mobile clinics, telehealth, and at more than 600 school and community sites, from urban to rural. To date, our network has provided more than 8 million healthcare encounters.

In 2025, our network served 133,634 children and families through 479,195 healthcare visits, including 48,262 mental health sessions. We supported partners like the Dallas Children's Health Project, the Bronx Health Collective, the New Orleans Children's Health Project to increase their behavioral health and mental health services collectively by more than 16,000 screenings and sessions.



The integration of mental health services into primary pediatric care is our gold standard. Throughout our network, mental and medical providers work side-by-side to address the comprehensive health needs of poor and marginalized children and families. We nonetheless recognize that the current dearth of mental health specialists makes it impractical to provide those services for every child in need, particularly for those living in under-resourced communities. Moreover, other proven and innovative models often better align with the specific needs of some populations.

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Following the devastating 2025 Los Angeles wildfires, for example, CHF provided immediate support to the Los Angeles Children's Health Project through the Cedars Sinai Share & Care program,<sup>1</sup> an established art-therapy program that is helping 598 displaced schoolchildren process the trauma of losing their homes and schools.



We are also using art therapy in New York City (NYC) schools through a virtual model integrated into CHF's Healthy and Ready to Learn (HRL) program. Since 2014, HRL has been addressing health barriers to learning such as vision problems, dental caries, food insecurity, and mental health issues. Through a tele-art-therapy program developed by Healthy Young Minds (HYM),<sup>2</sup> students are now using the creative process to self-reflect and regulate their

<sup>1</sup> <https://www.cedars-sinai.org/community/programs/share-care.html>

<sup>2</sup> <https://www.healthyyoungminds.com/art-therapy/>

emotions. A professional art therapist guides students through a twelve-week curriculum and identifies those with underlying issues like anxiety and depression and, when needed, refers them for more intensive counseling services. Schoolchildren living in some of the poorest NYC school districts and their parents and teachers are benefitting from this non-traditional program.





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