

The background features a large, faint, circular seal of the U.S. Surgeon General. The seal contains the text "DEPARTMENT OF HEALTH AND HUMAN SERVICES" at the top, "U.S. SURGEON GENERAL" at the bottom, and the year "1798" at the very bottom. In the center of the seal is an eagle with wings spread, perched on a shield, with a caduceus (a staff with two snakes) behind it.

PROTECTING YOUTH MENTAL HEALTH

The U.S. Surgeon General's Advisory

2021

BACKGROUND

Youth Mental Health Prior to the COVID-19 Pandemic

Mental health affects every aspect of our lives: how we feel about ourselves and the world; solve problems, cope with stress, and overcome challenges; build relationships and connect with others; and perform in school, at work, and throughout life. Mental health encompasses our emotional, psychological, and social wellbeing, and is an essential component of overall health.¹ As described in the 1999 Surgeon General’s Report on Mental Health, it is the “springboard of thinking and communication skills, learning, emotional growth, resilience and self-esteem.”²

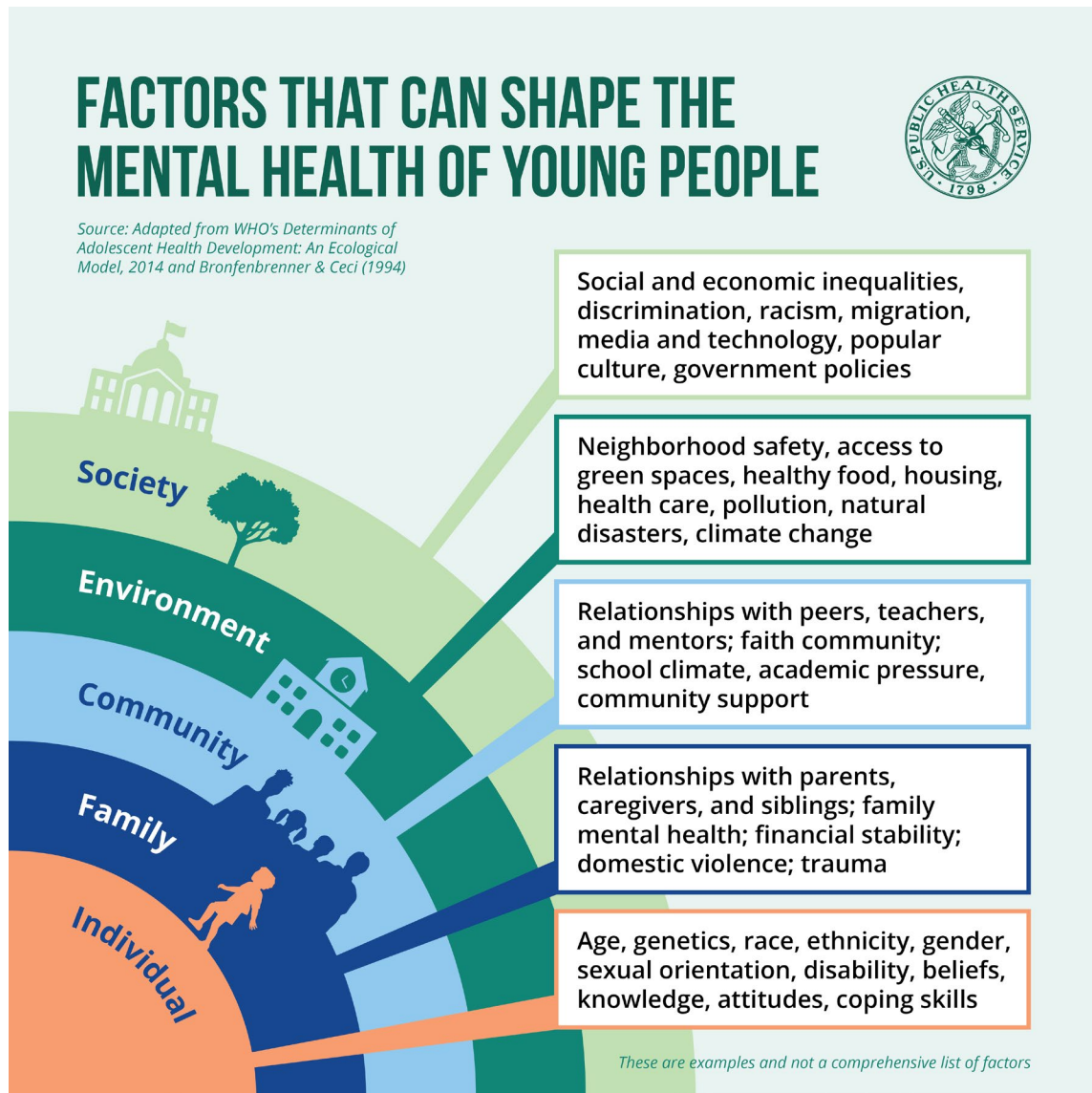
Mental health challenges can be difficult to define, diagnose, and address, partly because it isn’t always clear when an issue is serious enough to warrant intervention.² All of us, at all ages, occasionally experience fear, worry, sadness, or distress. In most cases, these symptoms are short-lived and don’t affect our ability to function. But, at other times, symptoms can cause serious difficulties with daily functioning and affect our relationships with others, as in the case of conditions such as anxiety disorders, major depressive disorder, schizophrenia, bipolar disorder, and eating disorders, among others.³

Mental health conditions can be shaped by **biological factors**, including genes and brain chemistry, and **environmental factors**, including life experiences. Some mental health disorders seem to cluster in families, but they are often shaped by multiple genes, and whether an individual develops symptoms can be further modified by their experiences and surrounding environment.^{4,5} Environmental factors can range from exposure to alcohol or drugs during pregnancy, to birth complications, to discrimination and racism, to adverse childhood experiences (ACEs) such as abuse, neglect, exposure to community violence, and living in under-resourced or racially segregated neighborhoods.^{6,7,8,9,10,11,12} ACEs can undermine a child’s sense of safety, stability, bonding, and wellbeing.¹³ Moreover, ACEs may lead to the development of toxic stress. Toxic stress can cause long lasting changes, including disrupting brain development and increasing the risk for mental health conditions and other health problems such as obesity, heart disease, and diabetes, both during and beyond childhood as well as for future generations.^{12,14}

Biological and environmental factors can also be interrelated, making it difficult to isolate unique “causes” of mental health challenges. For example, if a child is genetically predisposed to depression, they might be more affected by experiences such as bullying than other children.^{15,16}

Figure 1 (next page) includes a longer list of factors that shape the mental health of young people.

FIGURE 1



Even before the COVID-19 pandemic, mental health challenges were the leading cause of disability and poor life outcomes in young people, with up to 1 in 5 children ages 3 to 17 in the US with a reported mental, emotional, developmental, or behavioral disorder.¹⁷ In 2016, of the 7.7 million children with treatable mental health disorder, about half did not receive adequate treatment.¹⁸

Unfortunately, in recent years, national surveys of youth have shown major increases in certain mental health symptoms, including depressive symptoms and suicidal ideation. From 2009 to 2019, the proportion of high school students reporting persistent feelings of sadness or hopelessness increased by 40%; the share seriously considering attempting suicide increased by 36%; and the share creating a suicide plan increased by 44%.¹⁹ Between 2011 and 2015, youth psychiatric visits to emergency departments for depression, anxiety, and behavioral challenges increased by 28%.²⁰ Between 2007 and 2018, suicide rates among youth ages 10-24 in the US increased by 57%.²¹ Early estimates from the National Center for Health Statistics suggest there were tragically more than 6,600 deaths by suicide among the 10-24 age group in 2020.²²

Scientists have proposed various hypotheses to explain these trends. While some believe that the trends in reporting of mental health challenges are partly due to young people becoming more willing to openly discuss mental health concerns,²³ other researchers point to the growing use of digital media,^{24, 25, 26} increasing academic pressure,^{27, 28, 29} limited access to mental health care,^{18, 30} health risk behaviors such as alcohol and drug use,³¹ and broader stressors such as the 2008 financial crisis, rising income inequality, racism, gun violence, and climate change.^{32, 33, 34, 35}

It's also important to acknowledge that the prevalence of mental health challenges varies across subpopulations. For instance, girls are much more likely to be diagnosed with anxiety, depression, or an eating disorder, while boys are more likely to die by suicide or be diagnosed with a behavior disorder, such as attention deficit hyperactivity disorder (ADHD).^{36, 37, 38} In recent years, suicide rates among Black children (below age 13) have been increasing rapidly, with Black children nearly twice as likely to die by suicide than White children.³⁹ Moreover, socioeconomically disadvantaged children and adolescents—for instance, those growing up in poverty—are two to three times more likely to develop mental health conditions than peers with higher socioeconomic status.⁴⁰

The COVID-19 Pandemic's Impact on the Mental Health of Children and Youth

During the pandemic, children, adolescents, and young adults have faced unprecedented challenges. The COVID-19 pandemic has dramatically changed their world, including how they attend school, interact with friends, and receive health care. They missed first days of school, months or even years of in-person schooling, graduation ceremonies, sports competitions, playdates, and time with relatives. They and their family may have lost access to mental health care, social services, income, food, or housing.⁴¹ They may have had COVID-19 themselves, suffered from long COVID symptoms, or lost a loved one to the disease—it's estimated that as of June 2021, more than 140,000 children in the US had lost a parent or grandparent caregiver to COVID-19.⁴²

Since the pandemic began, rates of psychological distress among young people, including symptoms of anxiety, depression, and other mental health disorders, have increased. Recent research covering 80,000 youth globally found that depressive and anxiety symptoms doubled during the pandemic, with 25% of youth experiencing depressive symptoms and 20% experiencing anxiety symptoms.⁴³ Negative emotions or behaviors such as impulsivity and irritability—associated with conditions such as ADHD—appear to have moderately increased.⁴⁴ Early clinical data are also concerning: In early 2021, emergency department visits in the United States for suspected suicide attempts were 51% higher for adolescent girls and 4% higher for adolescent boys compared to the same time period in early 2019.⁴⁵ Moreover, pandemic-related measures reduced in-person interactions among children, friends, social supports, and professionals such as teachers, school counselors, pediatricians, and child welfare workers. This made it harder to recognize signs of child abuse, mental health concerns, and other challenges.⁴⁶

During the pandemic, young people also experienced other challenges that may have affected their mental and emotional wellbeing: the national reckoning over the deaths of Black Americans at the hands of police officers, including the murder of George Floyd; COVID-related violence against Asian Americans; gun violence; an increasingly polarized political dialogue; growing concerns about climate change; and emotionally-charged misinformation.^{47, 48, 49, 50, 51}

Although the pandemic's long-term impact on children and young people is not fully understood, there is some cause for optimism. According to more than 50 years of research, increases in distress symptoms are common during disasters, but most people cope well and do not go on to develop mental health disorders.⁵² Several measures of distress that increased early in the pandemic appear to have returned to pre-pandemic levels by mid-2020.^{53, 54} Some other measures of wellbeing, such as rates of life satisfaction and loneliness, remained largely unchanged throughout the first year of the pandemic.^{53, 55} And while data on youth suicide rates are limited, early evidence does not show significant increases.^{56, 57}

In addition, some young people thrived during the pandemic: They got more sleep, spent more quality time with family, experienced less academic stress and bullying, had more flexible schedules, and improved their coping skills.^{44, 58, 59, 60} Many young people are resilient, able to bounce back from difficult experiences such as stress, adversity, and trauma.⁶¹

That said, the pandemic is ongoing, with nearly 1,000 Americans dying per day as of early December 2021.⁶² And many millions of children and youth have faced and continue to face major challenges. Importantly, the pandemic's negative impacts, such as illness and death in families and disruptions in school and social life, disproportionately impacted those who were vulnerable to begin with and widened disparities.⁶³ For additional details, see Boxes 1 and 2. **Box 1** discusses **risk factors** contributing to children's mental health symptoms during the pandemic. **Box 2** discusses **demographic groups** at greater risk of developing mental health problems during the pandemic.

BOX 1

RISK FACTORS CONTRIBUTING TO YOUTH MENTAL HEALTH SYMPTOMS DURING THE PANDEMIC *Note: Not a comprehensive list of risk factors*

Having **mental health challenges** before the pandemic^{61, 64}

Living in an **urban area** or an **area with more severe COVID-19 outbreaks**⁶⁵

Having parents or caregivers who were **frontline workers**⁶⁶

Having parents or caregivers at elevated risk of **burnout** (for example, due to parenting demands)^{67, 68}

Being **worried about COVID-19**⁶⁴

Experiencing **disruptions in routine**, such as not seeing friends or going to school in person^{69, 70, 71}

Experiencing more **adverse childhood experiences (ACEs)** such as abuse, neglect, community violence, and discrimination^{72, 73, 74}

Experiencing more **financial instability, food shortages, or housing instability**^{75, 76}

Experiencing **trauma**, such as losing a family member or caregiver to COVID-19⁷⁷

GROUPS AT HIGHER RISK OF MENTAL HEALTH CHALLENGES DURING THE PANDEMIC

Note: Not a comprehensive list of groups or risk factors

Youth with intellectual and developmental disabilities (IDDs), who found it especially difficult to manage disruptions to school and services such as special education, counseling, occupational, and speech therapies^{78, 79, 80, 81, 82}

Racial and ethnic minority youth,⁸³ including:

- **American Indian and Alaska Native youth**, many of whom faced challenges staying connected with friends and attending school due to limited internet access⁸⁴
- **Black youth**, who were more likely than other youth to lose a parent or caregiver to COVID-19⁴²
- **Latino youth**, who reported high rates of loneliness and poor or decreased mental health during the pandemic^{85, 86}
- **Asian American, Native Hawaiian, and Pacific Islander youth**, who reported increased stress due to COVID-19-related hate and harassment^{87, 88}

LGBTQ+ youth, who lost access to school-based services and were sometimes confined to homes where they were not supported or accepted^{89, 90}

Low-income youth, who faced economic, educational, and social disruptions (for example, losing access to free school lunches)⁹¹

Youth in rural areas, who faced additional challenges in participating in school or accessing mental health services (for example, due to limited internet connectivity)⁹²

Youth in immigrant households, who faced language and technology barriers to accessing health care services and education⁹³

Special youth populations, including youth involved with the juvenile justice, or child welfare systems, as well as runaway youth and youth experiencing homelessness^{61, 94, 95, 96}

Additional considerations:

- **Youth with multiple risk factors.** Many young people are part of more than one at-risk group, which can put them at even higher risk of mental health challenges. For example, children with IDD who lost a parent to COVID-19, or Black children from low-income families, may require additional support to address multiple risk factors.⁹⁷
- **Discrimination in the health care system.** Some groups of youth and their families, such as people of color, immigrants, LGBTQ+ people, and people with disabilities, may be more hesitant to engage with the health care system (including mental health services) due to current and past experiences with discrimination.^{97, 98, 99}
- **Risks of COVID-19 to children with mental health conditions.** Children with mood disorders, such as depression and bipolar disorder, as well as schizophrenia spectrum disorders, are at elevated risk of severe COVID-19 illness.^{100, 101, 102}

WE CAN TAKE ACTION

The good news is that, throughout the pandemic, many people have recognized the unprecedented need to support youth mental health and wellbeing and have taken action to do so. Many young people found ways to cope with disruption and stay connected.¹⁰³ Families helped children adjust to remote learning.¹⁰⁴ Educators and school staff supported their students while facing unprecedented challenges themselves.¹⁰⁵ Health care professionals rapidly shifted to telehealth.¹⁰⁶ Community organizations stepped in to protect at-risk youth.¹⁰⁷ Employers helped employees adapt to remote work environments.¹⁰⁸ And governments invested trillions of dollars to mitigate financial hardship for families, support COVID-19 testing and vaccination, provide health care and other social services, and support the safe reopening of schools, among other policies.^{109, 110, 111}

But there is much more to be done, and each of us has a role to play. Supporting the mental health of children and youth will require a whole-of-society effort to address longstanding challenges, strengthen the resilience of young people, support their families and communities, and mitigate the pandemic's mental health impacts. Here is what we must do:

- **Recognize that mental health is an essential part of overall health.** Mental health conditions are real, common, and treatable, and people experiencing mental health challenges deserve support, compassion, and care, not stigma and shame. Mental health is no less important than physical health. And that must be reflected in our how we communicate about and prioritize mental health.
- **Empower youth and their families to recognize, manage, and learn from difficult emotions.** For youth, this includes building strong relationships with peers and supportive adults, practicing techniques to manage emotions, taking care of body and mind, being attentive to use of social media and technology, and seeking help when needed. For families and caregivers, this means addressing their own mental health and substance use conditions, being positive role models for children, promoting positive relationships between children and others as well as with social media and technology, and learning to identify and address challenges early. Youth and families should know that asking for help is a sign of strength.
- **Ensure that every child has access to high-quality, affordable, and culturally competent mental health care.** Care should be tailored to children's developmental stages and health needs, and available in primary care practices, schools, and other community-based settings. It's particularly important to intervene early, so that emerging symptoms don't turn into crises.

- **Support the mental health of children and youth in educational, community, and childcare settings.** This includes creating positive, safe, and affirming educational environments, expanding programming that promotes healthy development (such as social and emotional learning), and providing a continuum of supports to meet the social, emotional, behavioral, and mental health needs of children and youth. To achieve this, we must also expand and support the early childhood and education workforce.

- **Address the economic and social barriers that contribute to poor mental health for young people, families, and caregivers.** Priorities should include reducing child poverty and ensuring access to quality childcare, early childhood services, and education; healthy food; affordable health care; stable housing; and safe neighborhoods.^{112, 113}

- **Increase timely data collection and research to identify and respond to youth mental health needs more rapidly.** The country needs an integrated, real-time data infrastructure for understanding youth mental health trends. More research is also needed on the relationship between technology and mental health, and technology companies should be more transparent with their data and algorithmic processes to enable this research. We also need to better understand the needs of at-risk youth, including youth facing multiple risk factors. Governments and other stakeholders should engage directly with young people to understand trends and design effective solutions.