Children in the United States are facing unprecedented mental health challenges. In October 2021, First Focus on Children joined other leading children’s health organizations to declare a national state of emergency regarding child mental health in the Sound the Alarm campaign, and in December 2021, the U.S. Surgeon General issued an advisory titled “Protecting Youth Mental Health” which precipitated a wave of hearings and legislation by Congress.

Half of all mental health disorders show the first signs before a person turns 14 years old, and 79% of mental health disorders emerge before age 24. Typically, 11 years pass between the onset of symptoms in a child, and when they first receive treatment. Close to 20% of all children aged 3-17 in the United States struggle with mental, emotional, developmental, or behavioral disorders. In 2020, the percentage of emergency department visits increased by 24% for children ages 5-11 and by 31% for youth ages 12-17 compared to the same period in 2019. As in many areas of child well-being, disparities based on race, sexual orientation, and gender identity persist in behavioral health.

In 2021, suicide was the second most common cause of death among individuals aged 10-14. Death by firearms ranked first. Between 2007 and 2017, the suicide rate for Black children nearly doubled from 2.55 per 100,000 to 4.82 per 100,000, and suicide attempts are rising faster among Black youth than any other racial or ethnic group. More than 40% of youth who identify as LGBTQ+, including more than half of all transgender and nonbinary youth, say they have seriously considered suicide in the last year. In 2023, the Centers for Disease Control and Prevention (CDC) released data indicating that in 2021, nearly three out of every five (57%) adolescent girls in the U.S. experienced persistent feelings of sadness or hopelessness — a rate twice as high as that of boys. The challenges brought about by the COVID-19 pandemic intensified these conditions. Although the pandemic did not trigger a mental health crisis, it amplified it by stripping away essential pillars of social support, leaving children and adolescents to face unprecedented challenges in maintaining their mental and emotional well-being.
**Significant Barriers to Mental Health Services**

1. **Workforce shortages**: Underinvestment in mental health workforce training and particularly in pediatric mental health training, has created a shortage of child psychiatrists, child therapists, social workers, psychologists, and licensed professional counselors. The shortages mean parents often cannot find affordable, culturally competent care in a timely fashion, or sometimes, any care at all.

2. **Parity in care and coverage**: In 2008, Congress passed the Mental Health Parity and Addiction Equity Act to address the wide gap between general health care and care for mental and behavioral health. But the law goes unenforced, and large disparities remain. Very often, even when parents have health insurance, the lack of parity between general health and mental health coverage results in network inadequacy (few network providers and long wait times), higher co-pays, limits on the number of visits, and prior authorization restrictions.

3. **Stigma**: While it is more common to talk about mental health today, stigma still persists among the general population, including children, teens and young adults. More than half of people with mental illness don’t receive help for their disorders. Stigma prevents or hinders young people in need from asking for help. This can result in lower self-esteem, difficulties with social relationships, increased mental health symptoms and loss of interest in school and social activities.

4. **Lack of school-based mental health services**: It is critical to provide services to children where they are, and schools offer the most logical venue. Six-in-ten public schools report insufficient mental health staff to manage student demand for services.

**Recommendations**

As the crisis in youth mental health has escalated, teens and young people have become effective advocates for their needs. Policy makers must listen to these articulate messengers and incorporate their observations, insights and ideas into solutions.

In conjunction with youth advocates, First Focus on Children has developed the following recommendations for creating a mental health infrastructure that better serves children, youth and young adults:

- Dramatically increase the pediatric mental health workforce by rebalancing federal workforce investment dollars between mental health and general health care, and by specifically increasing investments in programs to recruit and train pediatric mental health professionals.
• Support policies that encourage schools to have school-based mental health coordinators. Expand school-based health care and mental health care to children in all states.
• Tailor services to teens and young adults as part of the 988 Suicide and Crisis Lifeline.
• Enforce the Mental Health Parity and Addiction Equity Act, passed by Congress in 2008.
• Increase the number of pediatric behavioral health providers who are specially trained to provide therapies for youth with higher levels of trauma, including those in foster care.
• Ensure oversight and enforcement of mental health services for children covered by private insurance, Medicaid and the Children's Health Insurance Program (CHIP). Specifically, ensure that children receive regular and consistent mental health screenings at annual pediatrician appointments and that referrals result in appropriate and timely access to mental health providers.
• Integrate peer-to-peer support programs for teens and young adults into school-based mental health services.
Endnotes


