

MAY 2023

**MENTAL HEALTH &
SUICIDAL PREVENTION**
NATIONAL RESPONSE
TO COVID-19

An initiative of the National Action Alliance for Suicide Prevention

YOUTH MENTAL HEALTH

Action Steps to Support America's Youth



ABOUT the National Action Alliance for Suicide Prevention

The National Action Alliance for Suicide Prevention

(Action Alliance) is the public-private partnership working to advance the National Strategy for Suicide Prevention and make suicide prevention a national priority.

The Substance Abuse and Mental Health Services

Administration (SAMHSA), through the Suicide Prevention Resource Center (SPRC) grant, provides funding to Education Development Center (EDC) to operate and manage the Secretariat for the Action Alliance.



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Executive SUMMARY

Young people in the United States are experiencing a mental health crisis. Although the mental health needs of children and adolescents were on the rise before 2020, the COVID-19 pandemic accelerated this trend and revealed how different communities experience disparities in stressors, outcomes, as well as in access.

This report examines federal, state, and local efforts to improve mental health services in schools and communities, while also outlining areas for improvement and clear calls to action. It was inspired by Priority 6 of the **Mental Health and Suicide Prevention National Response to COVID-19 (National Response)**, an initiative of the **National Action Alliance for Suicide Prevention (Action Alliance)**.

The American Psychological Association, the U.S. Department of Education, Mental Health America, and The Jed Foundation partnered with the Action Alliance in developing this report.

“It is really critical for us, as a nation, to get out ahead of this issue—to work upstream, to identify issues early, to equip people with skills that they can use to address their own mental health issues.”¹

Dr. Arthur C. Evans, Chief Executive Officer, American Psychological Association



Young people in America are experiencing a mental health crisis.

Over the past decade, the percentage of high school students experiencing persistent feelings of sadness or hopelessness **has considerably increased** across all demographic groups.² Likewise, the percentage of teenagers experiencing suicidal ideation has also been on the rise.³

Young people were struggling before 2020 and then came the COVID-19 pandemic. In the United States alone, **nearly 55 million students** in kindergarten through grade 12 were affected by school closures.⁴ Over one quarter of high school students experienced a parent or guardian losing a job.⁵



The COVID-19 pandemic had a significant impact on young people's mental health:

55%

of high school students reported experiencing emotional abuse at home.⁶

44%

reported feeling persistently sad or hopeless during the pandemic.⁷

30%

of female high school students seriously considered attempting suicide in 2021, up from 19% a decade ago.⁸



Research in France and the United States also revealed that the pandemic caused a rise in mental health hospitalizations among adolescents.⁹



Yet in the face of significant challenges, there are many reasons to be hopeful.

Shaped by circumstances and challenges that are different from those faced by their parents, this generation of young people has shown itself to be resilient, outspoken, and willing to challenge existing social norms—especially with respect to the need to attend to one’s mental health. They seek to be active participants in creating a safer, healthier, more sustainable world.

Likewise, the past few years have seen youth mental health come to the forefront of national policy and funding conversations. The issue has been the focus of **significant media attention** and **national research**, leading to more public awareness. In an **advisory on youth mental health**, the U.S. Surgeon General offered concrete actions that families, young people, and the general public could take to support the mental health of loved ones.¹⁰

The nation has also seen historic investments in youth mental health, both through federal COVID-19 relief funding and the 2023 **omnibus appropriations bill**.

Today, as we emerge from the COVID-19 pandemic, we have an opportunity to build programs, structures, and services that can better support the mental health needs of America’s youth.

Indeed, the federal government has devoted significant funding and resources to bolstering our nation’s response to the youth mental health crisis.

- * **This report provides policymakers, educators, and health practitioners with key steps they can take to ensure that we turn these investments into real progress.**

Today, as we emerge from the COVID-19 pandemic, we have an opportunity to build programs, structures, and services that can better support the mental health needs of America’s youth.

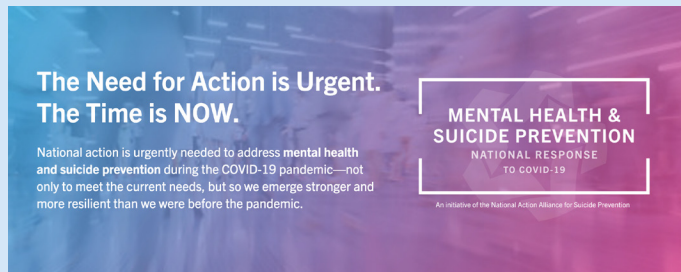
ABOUT the National Response




This report is a product of the **Mental Health and Suicide Prevention National Response to COVID-19 (National Response)**, an initiative of the **National Action Alliance for Suicide Prevention (Action Alliance)**.

The Action Alliance launched the National Response in April 2020 and brought together **leaders** from the private and public sectors to address the mental health needs of Americans during and beyond the COVID-19 pandemic.

The National Response is currently led by former U.S. Congressman Patrick J. Kennedy and founder of **The Kennedy Forum**, in partnership with the director of the **National Institute of Mental Health**, Dr. Joshua A. Gordon.*



 [Go to the Mental Health and Suicide Prevention National Response to COVID-19 \(National Response\) website.](#)

*As co-chair of the National Response, neither Dr. Joshua A. Gordon nor his institution, the National Institute of Mental Health, expressly advocate for any specific resources or calls to action.

The National Response sets forth a set of policy-focused, strategic, and high-impact calls to action based on six priorities:¹¹

Priority 1: Change the national conversation about mental health and suicide.

Priority 2: Increase access to evidence-based treatments for substance use and mental health disorders in specialty and primary care.

Priority 3: Increase the use of non-punitive and supportive crisis intervention services.

Priority 4: Establish near real-time data collection systems to promptly identify changes in rate of suicide, overdose, and other key events, and of clusters or spikes in these outcomes.

Priority 5: Ensure the equitable delivery of comprehensive and effective suicide prevention and mental health services for Black Americans; Latinx Americans; American Indians/Alaskan Natives (AI/AN); lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) individuals; and others disproportionately impacted by the pandemic.

Priority 6: Invest in prevention and early intervention approaches that treat the root causes of suicide and mental health problems.

PRIORITY 6



Priority 6: Invest in prevention and early intervention approaches that treat the root causes of suicide and mental health problems.

Focusing on Priority 6, this report uses the lenses of prevention and early intervention to offer recommendations for improving the mental health of youth in the United States. It is intended for school leaders, community mental health practitioners, and policymakers who have the capacity to influence action.

Each of the following three sections in this report includes progress opportunities and concrete calls to action for the field.



School-based Mental Health



Community-based Mental Health



Policy and Infrastructure



Watch Dr. Arthur C. Evans, Chief Executive Officer, American Psychological Association speak about Priority 6.

“Priority 6 is so important, early intervention and prevention, because it will help people get the help they need much sooner.”¹²

Dr. Arthur C. Evans



School-based Mental Health

“There’s no question young people are telling us they are in crisis. The data really call on us to act.”¹³

Kathleen Ethier, Director, Division of Adolescent and School Health, Centers for Disease Control and Prevention





Where Things STAND

School-based nurses, psychologists, and counselors play an essential role in supporting adolescent health and wellness.

However, these dedicated adults **are both in short supply and increasingly overwhelmed by the scope of students' needs.**^{14,15}

The nation needs to improve access to and quality of school-based mental health services to help ensure that every student gets the care and counseling they need.

Still, most high schools, colleges, and universities do not have a comprehensive plan for protecting student mental health.

A recent **Pew Report** notes that while school-based mental health services have become more common in recent years, many K–12 schools continue to lack such resources, and just over half of U.S. public schools offer diagnostic mental health assessments conducted by licensed professionals for students.¹⁶

Bringing health into schools can have a positive impact on student wellness. In fact, the CDC calls integrating health and education initiatives “an untapped tool for raising academic achievement and improving learning.”¹⁷

A **recent report** from Mental Health America shined a spotlight on the growing public health crisis for youth mental health, exacerbated by COVID-19.¹⁸

Based on data from usage of its MHA Online Screening program by youth ages 11–17, the report found:

628%

increase in clinically validated mental health online screenings between 2019 and 2020.

84%

of youth showed symptoms of moderate-to-severe anxiety.

3x

Gay, lesbian, or bisexual students were three times as likely to have considered suicide than heterosexual students.

43.3%

of youth had a major depressive episode and received mental health treatment.

Rates were highest for White youth (50.3%) and lower for Black youth (35.6%) and Hispanic youth (36.8%).



Progress *MADE*

If there is a silver lining to the youth mental health crisis, it is that federal and state policymakers have realized the importance of confronting it.

Nowhere is this more evident than in the amount of COVID-19 relief funding earmarked for schools. This funding was instrumental in helping schools adapt to online and blended instruction in the early days of the pandemic. Now, it is being used to increase access to school counselors and other mental health supports.

Nonprofit and advocacy organizations have also collaborated on innovative resources to help schools and districts address youth mental health needs. In 2022, the American School Counselor Association, the American Foundation for Suicide Prevention, the National Association of School Psychologists, and The Trevor Project developed and released the ***Model School District Policy on Suicide Prevention***, a guide that helps school districts build policies and procedures to prevent and respond to youth suicidal behavior.

Likewise, the Council of Chief State School Officers (CCSSO) **developed a guide** detailing how state and local education agencies can use ESSER funds to support student health. Finally, in 2023, The Jed Foundation and AASA, The School Superintendents Association, **announced a comprehensive approach to youth mental health and suicide prevention** for school districts. These resources are critical tools for district leaders as they consider how to best implement available federal funds.

Federal funding included the following:

\$67.5 billion

for schools via the Coronavirus Aid, Relief, and Economic Security (CARES) Act and the Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act, distributed through the Elementary and Secondary School Emergency Relief (ESSER I & II) Funds.¹⁹

\$122 billion

for schools via the American Rescue Plan's Elementary and Secondary School Emergency Relief Fund (ARP ESSER). ARP ESSER dramatically expanded the number of social workers, school counselors, school nurses, and school psychologists in P–12 settings.²⁰

\$188 million

to support mental health and student wellness via the Bipartisan Safer Communities Act (BSCA). The BSCA expanded mental health services for states and districts and established a **technical assistance center** to expand the capacity of state Medicaid agencies, local educational agencies, and school-based entities to provide Medicaid assistance.²¹

\$25 million

to expand health services, including mental health, in schools.²²

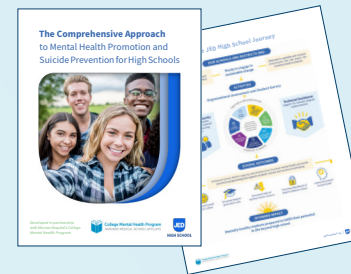


Calls to ACTION

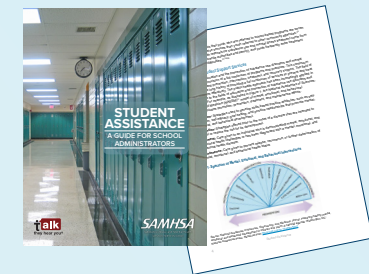
Advocates for change can take several action steps to help schools better confront the mental health challenges experienced by young people.

Specifically, they can do the following:

- Disseminate evidence-based mental health frameworks, such as The JED Foundation's ***Comprehensive Approach to Mental Health Promotion and Suicide Prevention for High Schools*** and SAMHSA's ***Student Assistance: A Guide for School Administrators***, to school leaders.
- Support the building of a positive culture of belonging in schools by calling for the implementation of **multi-tiered systems of support** (MTSS) in your school or district. MTSS supports student mental health and wellness at the individual, group, and community levels.
- Advocate for the use of federal COVID-19 relief funding to improve youth mental health services. Such improvements may include the hiring of more school counselors and mental health staff, the purchase of Tier 2 mental health interventions, or investments in data systems that can help administrators track student health and wellness outcomes.
- Facilitate cross-organization and cross-sector collaborations between groups with common goals with the aim of helping them secure federal funds.



The Comprehensive Approach to
Mental Health Promotion and Suicide
Prevention for High Schools



Student Assistance: A Guide
for School Administrators

Support the building of a positive culture
of belonging in schools.



Community-based Mental Health

“We must move upstream. We must infuse behavioral health in all systems that children naturally interface with... that means a focus on primary care, especially in the early years of life.”²³

Dr. Rahil Briggs, National Director, HealthySteps





Where Things STAND

Acute shortages of mental health care providers continue to impact all communities.

In Massachusetts, a state with a large number of clinical social workers, psychiatrists, and therapists, there are 150 people in need for every 1 mental health provider. In Alabama, that ratio is 920 to 1.²⁴ Structural issues with how we compensate and recruit mental health clinicians are barriers to solving this crisis. Low reimbursement rates often **discourage providers from taking clients who use insurance** to pay for services, and the field **is not adding enough new clinicians** to compensate for people who are leaving the profession.

This shortage of workers is happening at a time of increasing need. Between 2015 and 2020, mental health visits in pediatric emergency departments (ED) **increased by 8% annually, with about 13% of those patients revisiting within six months.**²⁵ However, less than half of youth who go to the ED receive **follow-up care.**²⁶

The provider crisis is also significantly impacting children and adolescents in historically underserved communities who need mental health services.

In its 2022 State of Mental Health in America report, Mental Health America found that “students of color disproportionately access their mental health care at school, often because they don’t have access to specialty mental health services.”²⁷

Sadly, this gap between supply and demand for mental health services has real-world consequences for young people. **A 2022 study** in the *Journal of the American Medical Association* found that rates of youth suicide increased along with community-level shortages of mental health workers.²⁸

30%
of youth of color reported that they had not received treatment despite needing it.²⁹



Progress *MADE*

In communities and legislatures across the United States, conversations are taking place about how to improve access to mental health services for young people.

988, National Suicide Prevention Lifeline

In July 2022, a three-digit, easy to remember dialing code—988—went live. This number connects individuals to the National Suicide Prevention Lifeline and is available nationwide.³⁰



Know who to reach out to when you need help.

There is hope.

988 SUICIDE & CRISIS LIFELINE

Be the lifeline.

988 SUICIDE & CRISIS LIFELINE

If you or someone you know needs support now, call or text 988 or chat 988lifeline.org

Shareables designed for social media

Importantly, progress is being made:

\$20 million

In March, 2023, New York City Mayor Eric Adams announced Care, Community, Action: A Mental Health Plan for NYC, a \$20 million initiative that invests in child and family mental health services in the city.³¹

\$15 million

During his 2022 State of the State Address, Wisconsin Governor Tony Evers announced an investment of \$15 million into a new “Get Kids Ahead” initiative to provide school-based mental health supports and services for nearly every school district in the state. Governor Evers then doubled that investment in August 2022.^{32,33}

\$2.5 million

In November 2022, Illinois launched a \$2.5 million state program to strengthen mental health services in EDs and schools.³⁴

* At its 2022-2023 winter meeting, the National Governor’s Association highlighted youth mental health as a key priority.



Calls to ACTION

Community-based health programs can be a vital partner in addressing the youth mental health crisis.

Advocates for change can call for a number of programmatic and financial investments, including the following:

- An increase in insurance reimbursement rates for mental health providers, especially in areas of particular need. Raising rates could incentivize more clinicians to take insurance, thus helping more people in need access care, while simultaneously improving their quality of life.
- Promotion of integrated models of mental health care across community sectors, including public health, pediatric care, and youth centers. This could include making mental health screenings for depression, anxiety, and suicide risk a routine part of well-visits for all children and adolescents.
- Creation of more partnerships between school districts and community-based mental health providers, thereby creating new school-based health centers that serve students.
- Adoption of the Action Alliance's *Best Practices in Care Transitions for Individuals with Suicide Risk: Inpatient Care to Outpatient Care*, which speaks to both inpatient and outpatient settings.



Raising rates could incentivize more clinicians to take insurance, thus helping more people in need access care.



Policy and Infrastructure

“As our nation continues to navigate the fallout from the COVID-19 crisis, policymakers must do more to ensure all kids have access to the care and support they need to cope and live full lives.”³⁵

Lisa Hamilton, President and Chief Executive Officer,
Annie E. Casey Foundation





Where Things STAND

Since the onset of the pandemic, it has become clear that youth mental health services at all levels have been disrupted.

As noted in previous sections, there are gaps in both school-based and community-based mental health services, leaving many young people unable to access care.

Many of the challenges that exist fall squarely in the realm of public policy. Whether it is teaching the next generation of mental health clinicians, ensuring that mental health parity laws are being followed, or leveraging new opportunities to confront existing challenges, policymakers are uniquely positioned to make a difference.

In fact, there have already been an abundance of reports offering analysis and recommendations for how to address some of these issues. In October 2021, the American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, and Children’s Hospital Association released [a joint statement declaring a national emergency of child and adolescent mental health](#) and calling for federal and state policymakers to address key priorities for improving the state of children’s mental health.

The National Academies of Sciences, Engineering, and Medicine published findings from [Responding to the Current Youth Mental Health Crisis and Preventing the Next One: A Virtual Workshop](#). And the Healthy Schools Campaign (Campaign) disseminated [A Guide to Expanding Medicaid-Funded School Health Services](#), a primer on school-based Medicaid that suggests ways to align state Medicaid plans with federal policy.³⁶ The Campaign also published [case studies](#) that examine states that have used federal Medicaid policy to expand health services.

Thanks to federally funded programs, states and communities are in a strong position to make meaningful changes. To maximize these investments’ impact on young people, there needs to be coordination and collaboration at all levels.



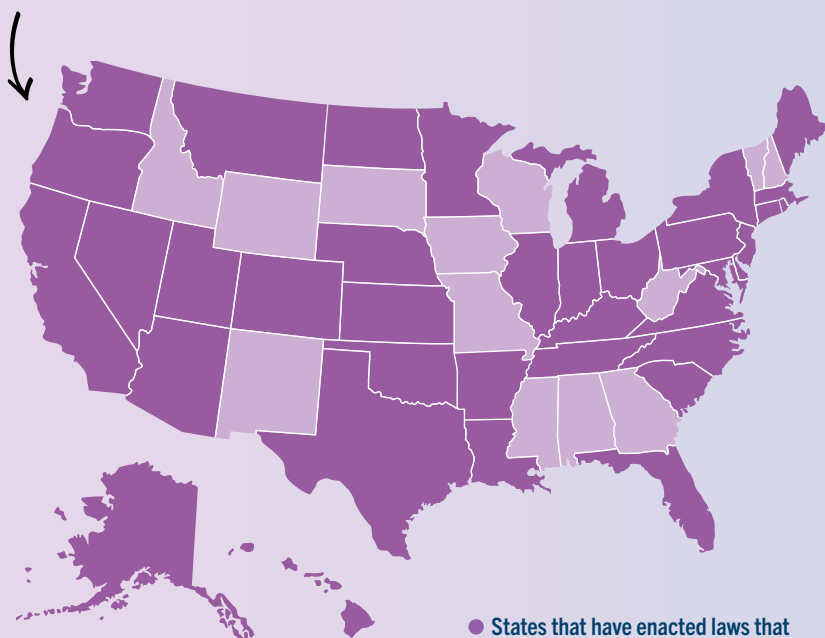
Case Studies: How States are Expanding School Health Services Using Medicaid



Progress *MADE*

States and communities are responding by implementing policies designed to support the mental health of young people.

Since the onset of the pandemic, for example, 37 states and the District of Columbia have enacted nearly 100 laws focused on supporting schools as a primary access point for pediatric behavioral health care.³⁷



The most significant step forward, however, has been the **omnibus appropriations** bill signed by President Biden in 2022.

This bill included millions of dollars of funding for mental health services, including, but not limited to the following:

\$501.6 million

for the 988 Suicide and Crisis Lifeline (988), a nearly \$400 million increase from FY 2022.

2 years

A two-year extension of telehealth provisions in Medicare, lasting through the end of 2024.

\$360 million

toward Section 811 housing for people with disabilities, which will provide \$148.3 million for new capital advance grants.

\$13.9 billion

for Mental Health and Suicide Prevention Programs at the Department of Veterans Affairs, an increase of \$700 million from FY 2022.

\$111 million

for Department of Education programs designed to increase the availability of mental health services in schools.



Calls to ACTION

To best address the youth mental health crisis, policymakers at the federal, state, and local levels must maximize the investments that have been made.

Policymakers and people in public policy can take the following steps:

- Advocate for a Children’s Mental Health Infrastructure Bill that will support Medicaid as a method for addressing mental health in all schools, provide funding to hire more counselors and mental health staff, and incentivize the adoption of social and emotional learning programs.
- Expand the new mental health provider pipeline through incentives, including loan repayment and higher reimbursement rates for working in underserved communities.

- Build and improve mechanisms to enforce compliance with mental health parity laws.
- Expand the **Psychology Interjurisdictional Compact** (PSYPACT) to allow more clinicians to practice across state lines.
- **Use and encourage philanthropy** as a tool for increasing access to comprehensive mental health services.
- Develop public-private partnerships around the issue of youth mental health, similar to the Action Alliance model of partnership for suicide prevention. The most significant step forward, however, has been the omnibus appropriations bill signed by President Biden in 2022.

Only a coordinated, comprehensive response will allow us to create the systems and structures that our young people need to thrive.

CLOSING

With the nation's attention firmly on the issue of youth mental health, we now have the opportunity to make significant improvements in how we deliver services, recruit and reimburse providers, and strengthen our mental health care system.

It is up to all of us to chart a new way forward. Given massive federal investments in mental health services, the message is clear—now is a vital window for change.

By taking the actions listed in this report, policymakers and mental health advocates can ensure that the nation's youth mental crisis is properly addressed.

**We owe it to
America's young
people to improve
how we deliver
mental health care.**

**Their future,
and our future,
depends on it.**

THANK YOU and Acknowledgments



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Advisory Group for Priority 6 of the National Response:

Private priority co-lead Dr. Arthur C. Evans, Chief Executive Officer, the **American Psychological Association**, and public priority co-lead Ms. Donna Harris-Aikens, Deputy Chief of Staff for Strategy, Office of the Secretary, **U.S. Department of Education**.

In addition to Dr. Evans and Ms. Harris-Aikens, the Priority 6 Advisory and Leadership Group included Ms. Schroeder Stribling, Chief Executive Officer, **Mental Health America**, and Mr. John McPhee, Chief Executive Officer, **The Jed Foundation**.

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If you have questions or comments or wish to discuss this report in greater detail, please contact Dana Careless at dcareless@edc.org.



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