

# Call to Action: Youth Mental Health Crisis

Social-emotional development and mental health are recognized by the American Academy of Pediatrics as critical for transforming children and adolescence into productive, engaged adults who can reach their full potential.<sup>1</sup> Over the last 20 years, an insidious undercurrent of mental health disorders has been affecting youth nationwide, only exacerbated by the COVID-19 pandemic.<sup>2</sup> According to the National Institute of Mental Health, suicide was the second leading cause of death in 2019 for populations ages 10-34<sup>3</sup> and the Anxiety and Depression Association of America (ADAA) reported that over 3.2 million adolescents aged 12-17 years claimed to have experienced “at least one major depressive episode” in 2017.<sup>4</sup> Massachusetts is no exception. The Boston Public Schools’ 2019 Youth Risk Behavior Surveys revealed that 35% of high school students reported experiencing extreme sadness for at least two consecutive weeks out of the previous 12 months<sup>5</sup> and 29% of middle school students reported being stressed most of the time or always through the previous 12 months.<sup>6</sup> This striking data is a call to action. Innovation is needed to revamp the current systems for behavioral health screening, engagement, and intervention to better meet the evolving mental health needs of our youth and adolescents, particularly those in economically vulnerable neighborhoods.

The already increasing prevalence of mental health disorders in youth paired with lack of access to mental health services and screening lead to a pediatric mental health crisis during the Covid-19 pandemic as demonstrated by an unprecedented surge in mental health-related emergency department visits, suicide attempts and request for psychiatric services.<sup>7</sup> The deaths of caregivers, loss of social support, extreme financial strain and remote learning have left an unimaginable and lasting impact on the mental health of young people that will require creative and sustainable solutions. Remote learning has taken a toll on students and teachers alike. Online schooling has prevented many teachers from providing the most inclusive instruction. Students have fallen behind due to the lack of resources, the mental health crisis, and the complete change of environment during the year of remote learning. We must develop more

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<sup>1</sup> Malik F, Marwaha R. Developmental Stages of Social Emotional Development In Children. [Updated 2020 Nov 29]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 Jan-. Available from:

<https://www.ncbi.nlm.nih.gov/books/NBK534819/>

<sup>2</sup><https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/Massachusetts-H-BarometerVolume5.pdf>

<sup>3</sup> <https://www.nimh.nih.gov/health/statistics/suicide>

<sup>4</sup> <https://adaa.org/understanding-anxiety/depression/facts-statistics>

<sup>5</sup> <https://www.bostonpublicschools.org/Page/7329>

<sup>6</sup> <https://www.bostonpublicschools.org/Page/7330>

<sup>7</sup> Leeb RT, Bitsko RH, Radhakrishnan L, Martinez P, Njai R, Holland KM. Mental Health–Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1675–1680. DOI:

[http://dx.doi.org/10.15585/mmwr.mm6945a3external\\_icon](http://dx.doi.org/10.15585/mmwr.mm6945a3external_icon).

community-centric resources that focus on wellness and move upstream to screen, risk-stratify and intervene upon mental health issues before they lead to morbidity throughout childhood and adulthood.

To proactively mitigate the detrimental effects of our current mental health crisis, we need to meet youth and schools where they are. Most children in underrepresented communities ages 5-18 years of age see their teachers more than their parents. Improving school culture, social-emotional literacy and social-related health needs has the potential to shift trends towards wellness. The health of a student is just as important as what they learn in school. There is a wide body of evidence demonstrating the interconnection between education and health.<sup>8</sup> Higher levels of healthy behaviors and lower levels of health risk are associated with higher academic performance, attendance and promotion.<sup>9</sup> In turn, educational attainment leads to longer lifespan and an increased likelihood of access to care and resources to make healthy decisions.<sup>9</sup> Importantly, educational disparities experienced by Black and Latinx youth are linked to the health disparities that those youth will encounter later in life. Black and Latinx students in Boston reported feeling less connected to their teachers, reported feeling less safe in schools and have a lower 4-year high school graduation rate compared to their White and Asian counterparts.<sup>10 11</sup> Differences in level of education was cited as a leading factor in the 25 year life expectancy difference between poor areas of color and wealthy white areas in Massachusetts.<sup>12</sup> Health and education reinforce each other and interventions that address both can help reduce racial health and educational disparities. Schools need to find a seamless way to build a culture of behavioral wellbeing, health awareness, and emotionally-responsive environments in schools.

Ignoring the role of mental health in K-12 education is no longer an option. Mental health combined with other factors of student life negatively impacts too many of our youth. Traditional public and charter school models are often not equipped to effectively combat the issues their students face with mental health. Specifically, the strictness of scheduling, curriculum, school policy, lack of support staff and the lack of authentic data collection creates difficulties for traditional school structures when searching for solutions against the current mental health crisis. However, community school models and many independent school models can provide the innovative structure and community relationships to offer their students access to mental health resources. Studies have shown that incorporating a system or culture of social-emotional literacy in a school can lead to 18 years of positive impact on a child's

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<sup>8</sup> 1. Bernal-Morales TME-B. Health, Academic Achievement and School-Based Interventions. In: Rijeka: IntechOpen; 2018:Ch. 9. doi:10.5772/intechopen.76431

<sup>9</sup> <https://www.cdc.gov/healthyyouth/disparities/index.htm>

<sup>10</sup> <https://www.bostonpublicschools.org/Page/7329>

<sup>11</sup> [https://www.bostonpublicschools.org/cms/lib/MA01906464/Centricity/Domain/238/Cohort%202017%204-Y%20Graduation%20Rate%20Report\\_FINAL.pdf](https://www.bostonpublicschools.org/cms/lib/MA01906464/Centricity/Domain/238/Cohort%202017%204-Y%20Graduation%20Rate%20Report_FINAL.pdf)

<sup>12</sup> <https://www.masslive.com/news/2018/12/why-do-the-rich-live-longer-in-massachusetts-data-on-life-expectancy-show-gaps-along-income-racial-lines.html>

academics, conduct problems, emotional distress, and drug use<sup>13</sup>. School systems, administrations and teachers need the tools to incorporate student social-emotional literacy and behavior wellbeing into their curriculums and school culture.

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<sup>13</sup> <https://casel.org/impact/>