Since children and adolescents are still developing, they may express and articulate their distress differently than adults. Health care professionals use clinical guidelines, while parents, adults and peers may need to look for other cues. More apparent symptoms are generally behavioral and can appear through changes in school performance and increased frequency of nightmares, disobedience, aggression and temper tantrums. For adolescents, increased thoughts of sadness, hopelessness and suicidal ideation can be common symptoms. Commonly diagnosed disorders include:

- Anxiety.
- Depression.
- Attention deficit/hyperactive disorder (ADHD).
- Oppositional defiant disorder.
- Conduct disorder.
- Obsessive-compulsive disorder.
- Post-traumatic stress disorder.
- Tourette’s syndrome.

The American Academy of Child and Adolescent Psychiatry recommends health care providers routinely screen children for behavioral and mental health concerns. Early identification of symptoms and connection to child therapy or family therapy, or both, can reduce a child’s risk of persistent or increased mental health challenges. Adolescents who experience difficulties with anxiety or depression may benefit from cognitive behavioral therapy, which allows older children to work on new ways of thinking and reacting.
Rising Rates of Mental and Behavioral Health Disorders

Newly released public health data from the Centers for Disease Control and Prevention shows rising rates of mental, emotional and behavioral disorders among children and adolescents. From 2013-2019, ADHD and anxiety disorders were among the most common diagnoses for children ages 3-17, with approximately 1 in 11 children diagnosed. Depression and suicide were also rated as high risk for adolescents ages 12-17. During this time period, 1 in 5 adolescents experienced a major depressive episode or seriously considered suicide.

As of 2019, YRBS data shows 46.8% of lesbian, gay and bisexual youth and 43.9% of transgender youth considered suicide within the past year.

For adolescents and young adults, opioid overdose deaths have increased 500% since 1999.

The 2019 Youth Risk Behavior Survey reveals suicide attempts increased overall and that those most at risk include females, non-Hispanic whites, non-Hispanic Blacks, 12th-grade students and sexual minorities, especially LGBTQ+ youth. Suicide is the second-leading cause of death among youth ages 14-18. Adolescents who struggle with suicidal ideation or who attempt suicide usually do so as a result of a combination of individual, community and societal stressors. Suicide is often associated with people who have experienced toxic stress, which is often caused by adverse childhood experiences including child abuse and neglect, bullying, peer violence and dating or sexual violence.

Mental health disorders have been linked to substance misuse and increased risky behaviors among adolescents and young adults, especially when use is started earlier in life. Data released in 2021 shows nearly 40% of young adults have reported using illicit substances within the last year. The illicit use of alcohol, cannabis, opioids and prescription drugs is reported most among adolescents and young adults. The misuse of stimulants, opioids and depressants can have harmful effects on a developing adolescent brain and body.

A public health approach to behavioral health challenges can allow for increased and earlier identification of risk factors, increased awareness of mental health disorders, elimination or reduction of stigma and health inequities, and improved access to treatment for entire communities. Policymakers can be better equipped to make decisions without duplicating efforts and increase the likelihood of reduced cost to the overall health care system through preventive intervention and treatment, and system collaboration and alignment.

State Actions: Expanding Awareness and Access

Many states have enacted legislation to increase awareness of youth mental health needs, address adverse childhood experiences and improve access to mental health treatment. In 2021, Kentucky designated an official state mental health flag to encourage citizens, government agencies, schools, businesses, and public and private institutions to commit to increasing awareness and understanding of mental health. Maryland called for the state to add questions on adverse childhood experiences, or positive childhood experiences, to its administration of the CDC’s Youth Risk Behavior Survey. Colorado created the I Matter program, which connects anyone 18 or younger with a therapist for up to three free, virtual or in-person counseling sessions. Since its enactment the IMatter program will cover up to 6 virtual or in-person counseling sessions for adolescents as young as 12 without a parent or guardian.

Schools also continue to be an important access point for children and adolescents seeking not only physical health services but also mental and behavioral health care services. Rhode Island’s 2021 Nathan Bruno and Jason Flatt Act requires the training of teachers, students and school personnel on suicide awareness and prevention efforts. Oklahoma passed legislation to create Maria’s Law that requires all schools to include mental health education as part of health education curriculum and highlight the “interrelationship of physical and mental well-being.” The education board will also revise the state’s standards for health and physical education to include a focus on mental health with age-appropriate resources for kindergarten through 12th grade. Washington established an office within the department of health to award grants and coordinate with other agencies and entities to provide support, training and technical assistance to school-based health centers. In its research, the Legislature highlighted increasing health and academic disparities for students of color during COVID-19 and acknowledged “school-based health centers’ role in advancing equity by providing health care access and support at schools.”
Federal Funding and Support

In 2020, the Kaiser Family Foundation reported approximately 34.8% of children ages 0-18 were covered under Medicaid. Through the Early and Periodic Screening, Diagnostic and Treatment benefit, Medicaid can play a role in connecting children and adolescents to preventive health care, including mental health and developmental services. Medicaid can also support sustainable funding for school mental and behavioral health services through federal reimbursement. As of December 2021, at least 17 states have expanded Medicaid coverage of services in schools.

Medicaid can also support the use of Screening, Brief Intervention and Referral to Treatment, an early intervention practice for people who have a substance use disorder or for those at risk of developing a disorder. Experts have developed evidence-based recommendations and guidelines for health care providers specifically for children and adolescents who may be at risk of substance use or misuse.

In 2021, the Department of Health and Human Services awarded $10.7 million from the American Rescue Plan to expand pediatric mental health care access, and in March, HHS and the Office of Minority Health announced nearly $35 million in funding opportunities to strengthen and expand community mental health services and suicide prevention programs for children and young adults.

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Additional Resources

- Children’s Behavioral Health, NCSL