

Democratic Women’s Caucus
Examining the Mental Health Crisis Among Teen Girls:
Root Causes and Solutions

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Congresswoman Manning, Congresswoman Pressley and other Members of the Democratic Women’s Caucus: On behalf of the National Alliance on Mental Illness (NAMI), I wish to express our gratitude for your focus on our country’s ongoing mental health crisis, particularly among teen girls and young adult women. NAMI is dedicated to building better lives for the millions of people affected by mental illness. One in five peopleⁱ in our nation will have a mental health condition at any given time, and one out of twoⁱⁱ of us will be impacted by a mental health condition at some point in our life. As the nation’s largest mental health organization, with more than 650 affiliates across the country, we believe that every person deserves the opportunity to lead a healthy and fulfilling life. Unfortunately, our current mental health crisis — and the lack of access to care — poses an unprecedented threat to that opportunity for many of our young women.

Earlier this year, the Centers for Disease Control and Prevention released the most recent “Youth Behavior Risk Survey.”ⁱⁱⁱ The data, covering 2011 through 2021, paints a stark picture of teen girl mental health. The CDC found that all teens are experiencing increased mental health challenges. However, the situation for teen girls is worse on nearly every point. For example, 57 percent of teen girls felt persistently sad or hopeless in 2021. That is double the rate of teen boys and a drastic 60 percent increase in that statistic over the last decade. Shockingly, nearly one in three (30 percent) of teen girls seriously considered suicide in 2021. Again, this is an increase of 60 percent over the last decade. Thirteen percent – one in ten – teen girls had one or more suicide attempts in 2021.

This data is just among the newest that shows us that our kids are in crisis, and a few groups, in particular, are at high risk. Black youth rates of suicide are growing faster than the rate of peers, overall. LGBTQ+ youth, according to the same CDC report, were nearly four times as likely as their heterosexual peers to make a suicide attempt in 2021, with more than two in 10 reporting this experience. And teen girls are especially at risk compared to teen boys.

Every day, NAMI’s Helpline receives calls from people who are desperately seeking mental health resources and support. Given the unique mental health crisis among our youth, NAMI launched a Teen & Young Adult HelpLine earlier this month, to provide a safe space where young people can talk to a peer who understands what they’re going through.

Imagine breaking your leg and unable to find help for weeks or months, and living in horrible pain? For any of these young people who are struggling, finding care is a huge battle. On average, it takes people 11 years^{iv} in this country to get mental health treatment after their first symptoms appear. Only about half (50.6 percent) of youth aged 6-17 with a mental health condition received treatment.^v

We are foregoing our children's future. High school students with significant symptoms of depression are more than twice as likely to drop out of school compared to their peers,^{vi} placing additional barriers on the road to healthy and fulfilling futures. Even more concerning, untreated mental health conditions in children and adolescents are related to adverse health, academic and social outcomes and higher levels of drug abuse, self-harm and suicidal behavior; and these conditions often persist into adulthood.^{vii} Ignoring the problem now doesn't make it go away—it just causes it to balloon and worsen well into the future. Are we willing to sacrifice our children's futures?

The complexities of the challenge teen girls face today is daunting, with research showing that COVID-19 had a disproportionate impact on teen girls,^{viii} who may have felt the impact of being disconnected from their in-person social network more than teen boys. The true impact of social media is unknown. It can be a community for support and connection, but it can also be a platform for bullying or a tool that diminishes people's self-esteem. Tie that to the upheaval in the world right now. We have wars in the Ukraine and now in Israel and Gaza. Climate change is a threat that causes anxiety over the future. Anti-LGBTQ+ rhetoric creates an environment that, even if a person does not identify as LGBTQ+, creates concern over friends and loved ones, as well as putting forth a narrative that there is a "right" way to be.

As the mom to a young daughter and an aunt to three wonderful girls, I am terrified as to what their future might hold. How will the world's challenges and their environment impact them? When they need help, will they be able to find it? With the status quo, it's unlikely. I get constant outreach from my extended network with an ask for help in finding treatment and support for young people. I wish I had the answer, but more often than not, it simply doesn't exist.

So what can we do to change this reality? Effective, evidence-based treatments for young people exist, and we need to make them available in every community. First, we need to prioritize prevention. When it comes to our physical health, we often speak of preventative measures like exercise, diet and adequate sleep to prevent the likelihood of cardiovascular disease. These preventative measures are beneficial for mental health as well as mindfulness, breathing exercises, challenging unhealthy thought patterns, and developing supportive communities.

Next, we need to remove barriers to care and make it easier for young people to receive mental health care. This starts by making mental health care more available in places where young people are — in the pediatricians' office and in schools, so we can intervene early. We need to incentivize a diverse and culturally competent range of young professionals to enter the mental health profession. Receiving culturally competent care from a provider that has some shared experience with you is going to make that care more desirable and more effective. We need to hold health insurance companies accountable for making mental health care more readily available. Right now, according to research released earlier this year, nearly 70 percent of adolescents seeking mental health and substance care did not receive any care on at least one occasion during the time period, compared to only 20 percent for physical health care.^{ix}

Finally, we can have treatment and support available, but it won't matter if people don't know it's there and don't want to seek it out. We need to eliminate stigma and normalize seeking mental health support. That starts with better, more consistent mental health education in schools so

our girls know the signs of mental health conditions in themselves or in others and where to go for help. It also includes training for teachers, school administrators, coaches and anyone consistently working with young people to learn the same. It would mean sharing the availability of community mental health care, the 988 Suicide & Crisis Lifeline and other supports in the community.

It can be overwhelming to think about the challenges young girls are experiencing and how much policy change needs to happen can be daunting. It's important to remember that, so often, change begins on an individual level — change can begin with us. You can make the simple and intentional choice to show up for the young people in your life every day by doing simple things like:

- Asking them how they're really doing
- Reminding them it's OK to not be OK
- Assuring them they are not alone
- Helping to connect them to resources

We have to get to a place where we treat what's happening above the neck the same as what's happening below the neck. To quote Beyonce, "Who run the world? Girls." Thank you to the Caucus for making this issue a priority so that we can give our girls every tool and support to have a future, and the opportunity to lead healthy and fulfilling lives.

ⁱ Substance Abuse and Mental Health Services Administration. (2022). Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health (HHS Publication No. PEP22-07-01-005, NSDUH Series H-57). Center for Behavioral Health Statistics and Quality, SAMHSA. <https://www.samhsa.gov/data/report/2021-nsduh-annual-national-report>

ⁱⁱ The Lancet (Sept. 2023). "Age of onset and cumulative risk of mental disorders: a cross-national analysis of population surveys from 29 countries." 10(9), 668-681.

<https://www.sciencedirect.com/science/article/abs/pii/S2215036623001931?dgcid=author>

ⁱⁱⁱ Centers for Disease Control and Prevention (13 Feb. 2023). "Youth Risk Behavior Survey Data Summary & Trends Report: 2011-2021." https://www.cdc.gov/healthyyouth/data/yrebs/pdf/YRBS_Data-Summary-Trends_Report2023_508.pdf.

^{iv} Wang, P. S., Berglund, P. A., Olfson, M., & Kessler, R. C. (2004). Delays in Initial Treatment Contact after First Onset of a Mental Disorder. *Health Services Research*, 39(2), 393-416. <https://pubmed.ncbi.nlm.nih.gov/15032961/>.

^v Whitney DG, Peterson MD. (2019). US National and State-Level Prevalence of Mental Health Disorders and Disparities of Mental Health Care Use in Children. *JAMA Pediatr.*, 173(4): 389–391. <https://jamanetwork.com/journals/jamapediatrics/fullarticle/2724377>.

^{vi} Dupéré V, Dion E, Nault-Brière F, Archambault I, Leventhal T, Lesage A. Revisiting the Link Between Depression Symptoms and High School Dropout: Timing of Exposure Matters. *J Adolesc Health*. 2018 Feb;62(2):205-211. <https://pubmed.ncbi.nlm.nih.gov/29195763/>.

^{vii} Radez J, Reardon T, Creswell C, Lawrence PJ, Evdoka-Burton G, Waite P. Why do children and adolescents (not) seek and access professional help for their mental health problems? A systematic review of quantitative and qualitative studies. *Eur Child Adolesc Psychiatry*. 2021 Feb;30(2):183-211. <https://pubmed.ncbi.nlm.nih.gov/31965309/>.

^{viii} Englander, Elizabeth. 2021. "Bullying, Cyberbullying, Anxiety, and Depression in a Sample of Youth during the Coronavirus Pandemic" *Pediatric Reports* 13, no. 3: 546-551. <https://doi.org/10.3390/pediatric13030064>

^{ix} Sky, J., Wells, L., et al. 2023. "Equitable Access to Mental Health and Substance Use Care: An Urgent Need." NORC. https://www.mhtari.org/Survey_Conducted_by_NORC.pdf