

TOP-LINE SUMMARY

WHAT TEENS NEED NOW: Addressing the Adolescent Mental Health Crisis

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How did we arrive at an adolescent mental health crisis?

- Adolescent mental health was worsening before the pandemic
- The pandemic was particularly hard on the mental health of teens
- Prior to the pandemic, we did not have the workforce we needed to care for teens

To address the adolescent mental health crisis, we should adopt a public health approach:

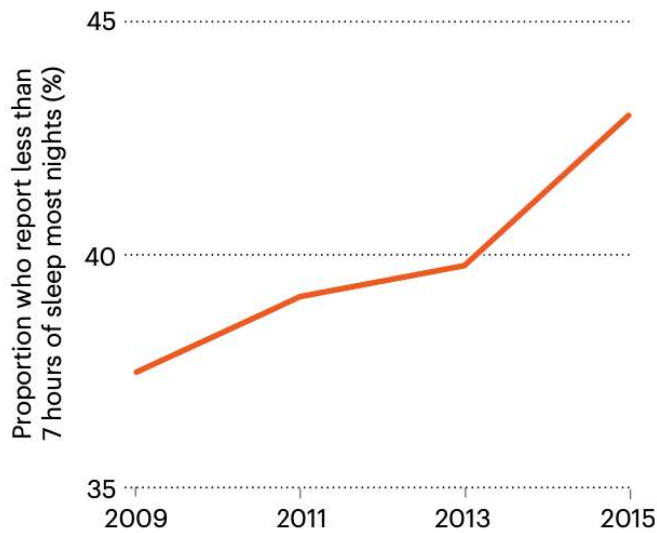
- Primary prevention: population-wide interventions
- Secondary prevention: detecting at-risk groups, identifying problems when they are small
- Tertiary prevention: effective clinical treatment

PRIMARY PREVENTION

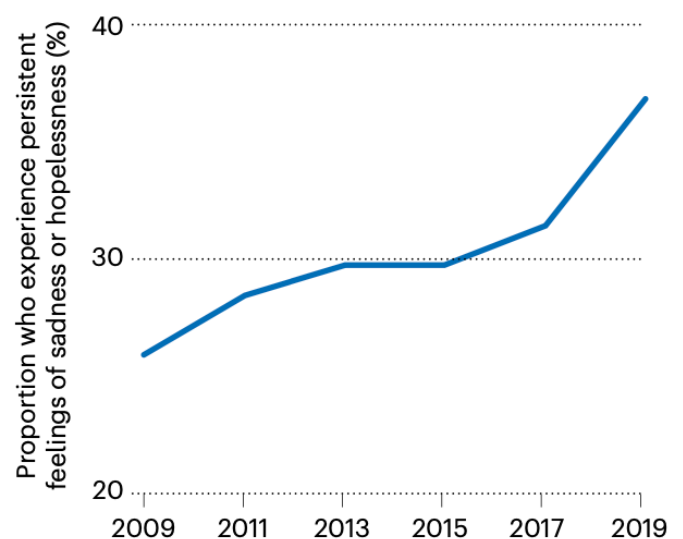
Intervention Recommendations

- Protect adolescent sleep
 - Adequate sleep supports learning, memory, attention, and emotion regulation and decreases the likelihood of depression, anxiety, and suicidality
 - Interventions to improve adolescent sleep
 - Delay school start times
 - Research shows that this increases the time teenagers spend sleeping
 - Develop public health campaigns on adolescent sleep needs
 - Middle school students need an average of 10 hours/night
 - High school students need an average of 9 hours/night
 - Conduct individualized assessment of barriers to sleep
 - Some teenagers are kept awake by their tech devices
 - Some teenagers are kept awake by their studies
 - While optimum mental health is associated with 8.75-9 sleep hours/night in high school, optimum grades are associated with 7-7.5 sleep hours/night
 - Some teenagers are kept awake by the job they are working to support their family

Worsening sleep



Worsening mental-health problems



9TH-12TH GRADERS IN THE YOUTH RISK BEHAVIOR SURVEILLANCE SYSTEM

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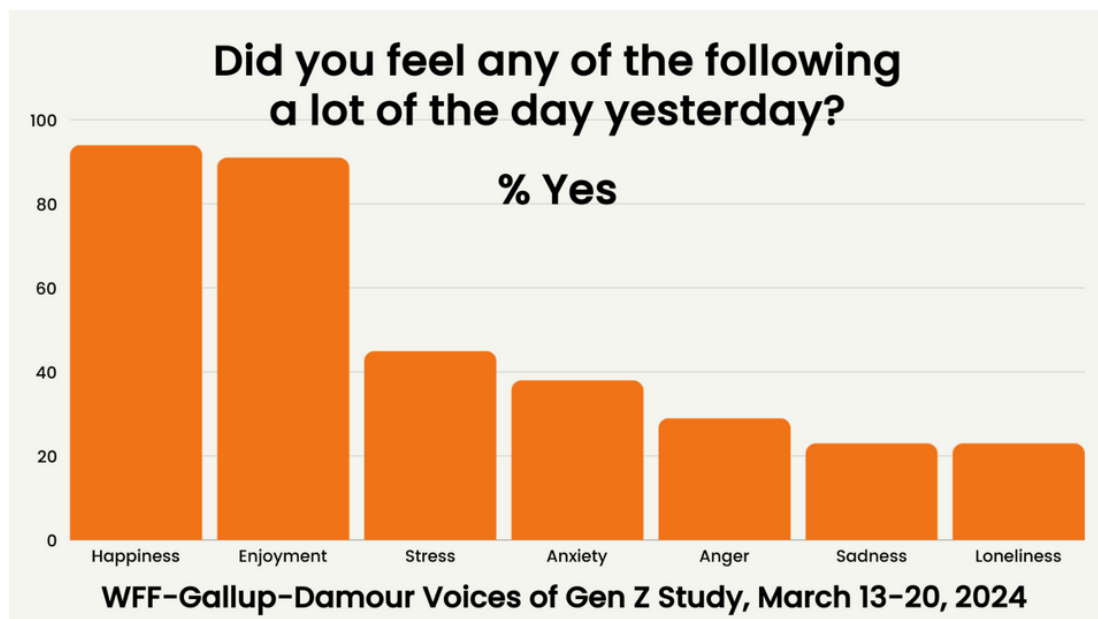
- Surround teens with caring adults
 - The single most powerful force for adolescent mental health is strong relationships with caring adults
 - Interventions to strengthen the tie between teenagers and the adults in their environments include
 - Educating adults on the nature of typical adolescent development
 - Help adults understand that normally developing teenagers become more private, skeptical, provocative, and more easily provoked. None of this should be taken personally. (Click [here](#) for Dr. Damour's resources to help parents and caregivers better understand adolescents.)
 - Making teaching an attractive profession
 - Teachers' salaries and work conditions should be improved so that we are able to staff schools with skilled adults who are devoted to adolescents
 - Supporting a wide range of after-school programs and activities led by caring adults
 - Teenagers, by their nature, loosen their ties to the adults at home and strengthen their ties to adults in their community. Many teens are saved by a caring coach, theater director, or mentor.
- Give teens real responsibilities
 - Having a sense of purpose promotes adolescent well-being
 - Interventions that give teens real responsibilities ensure that all teens feel that they are *counted on*. These include:
 - Having chores and responsibilities at home and involvement in family decision-making
 - Roles outside the home: mentorship, team leadership, social causes

Adjustments to Current Approaches

- Early data suggest that Social and Emotional Learning (SEL) programs that focus heavily on symptoms and pathology may, unintentionally, leave some students feeling worse
- Accordingly, SEL programs could focus instead on:
 - Accurately defining mental health: having feelings that fit the context (including uncomfortable emotions) and managing those feelings well
 - Normalizing distress as a natural part of life
 - Cultivating healthy coping mechanisms, including the ones teens turn to automatically: listening to music, seeking comfort, finding brief distractions
 - Alerting adults to serious concerns in oneself or one's peers (this is addressed in more detail below under SECONDARY PREVENTION)

Research Recommendations

- Broad surveys should assess both internalizing symptoms (which girls are more likely to report) *and* externalizing symptoms (which boys are more likely to report). At present, surveys tend to ask only about internalizing symptoms.
- Broad surveys should assess both negative and positive moods in order to capture an accurate picture of how teenagers are faring. At present, surveys tend to ask only about negative moods.
- As illustrated below, the Walton Family Foundation-Gallup-Damour survey of 10 to 18-year-olds (which asked about both positive and negative moods) paints a far more balanced and hopeful picture of adolescent mental health than is currently captured by broad surveys or portrayed in the media.



SECONDARY PREVENTION

Intervention Recommendations

- Confirm that every teen is anchored to an adult at school
 - Rely on relationship mapping techniques such as those developed by the Making Caring Common program at Harvard's Graduate School of Education
 - The relationship mapping approach asks school adults to identify the students to whom they are connected, and asks students to identify the adults to whom they are connected
 - This low-lift approach rapidly identifies students who are not anchored to a school adult, thus leading to early identification of high-risk teens

- Help teens alert adults when worried about a peer
 - Adolescents often know which peers are suffering weeks, if not months, before adults do
 - Accordingly, teens should be treated as meaningful partners in identifying peers who need clinical care
 - Adolescents need to know that they should alert adults to concerns about
 - Self-harm
 - Very risky behavior
 - Eating disordered behavior
 - Depression or suicidality
 - Dangerous relationships
 - In addition to ensuring that teens know *what* to share, adults should take steps to ensure *that* students feel comfortable sharing what they know. In school settings, it generally works well to ask students for their candid feedback ("If you were concerned about a friend, would you tell an adult at this school? Why or why not?") and to address any concerns they communicate.
 - Public health campaigns could also be developed to empower young people to alert adults when they have significant concerns about a peer and to help adults respond appropriately when teenagers do so. (Click [here](#) for a free, printable WHEN A TEEN'S FRIEND IS IN CRISIS bookmark that details when teens should be encouraged to involve adults and how adults can respond effectively when they do.)
 - Know that this intervention helps at least two teens at once: the peer who is suffering and the friend who is worrying

- Take school absence very seriously
 - Chronic absenteeism (missing 20% or more of school days) remains far above pre-COVID levels
 - Percentage of chronically absent students
 - 2018-2019: 15%
 - 2022-2023: 28%
 - 2023-2024: 23% (estimated)

- Chronic absenteeism exacerbates learning loss and can also rob adolescents of protective relationships with peers and adults at school
- Addressing chronic absenteeism requires that we take an individualized approach to assessing and addressing the reasons for absence
 - Some students miss school because of anxiety
 - This concern is perhaps the easiest of all to address, but it is one that requires parent/caregiver education on how avoidance feeds anxiety and student education on effective anxiety-management techniques
 - Some students miss school because they have fallen so far behind academically that they do not know how to reengage
 - Some students miss school because their families are relying on them to help with supplementing the household income or caring for younger siblings

Adjustments to Current Approaches

- Academic debates about whether the effects of social media are universally harmful or generally neutral are not particularly helpful to parents and caregivers
- Instead, it may be more helpful to focus on minimizing *problematic* social media use
 - Problematic use tends to be defined in the academic literature as compulsive or addictive use
 - This definition can reasonably be expanded to include
 - Social media use that interferes with activities that are necessary for healthy development:
 - Sleep
 - In-person interactions
 - Physical activity
 - Focussed study
 - Helping out at home or in the community
 - Exposure to toxic content

Research recommendations

- Research on the effects of social media on adolescents should be expanded to assess
 - The impact of exposure to hate content
 - The effect on boys of being exposed to ultra-fit/ultra-lean body ideals

TERTIARY PREVENTION

Intervention Recommendation

- Build the workforce of clinicians skilled at caring for adolescents
 - Counseling teens requires specialized training in technique, assessment, and working with family systems
 - This training can be delivered as part of developing new clinicians and through continuing education programs. (Click [here](#) for information on Dr. Damour's CE-granting course,

delivered through PESI.com, on counseling adolescents.)

- Build the workforce of clinicians of color
 - We have an ethical obligation to ensure that clients have access to clinicians from within their own community
 - Meeting this ethical obligation has been made harder by the recent SCOTUS decision banning race-based admissions
 - We will need to find ways to reconcile ethical principles and legal parameters in order to develop a diverse workforce of clinicians

Research recommendation

- Reports should be commissioned to study the educational pipeline for diverse clinicians
- These reports should:
 - Identify the systems that feed diverse individuals into the clinical education pipeline
 - Identify the holes in the educational pipeline for diverse clinicians
 - Make recommendations for enhancing the feeder systems and plugging the holes in the pipeline for diverse clinicians

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