

Following is the full version of the op-ed that was posted in *The Chronicle of Social Change* on June 19, 2020

The World Is Watching: Can We Finally Address Our Nation’s Youth Mental Health Crisis?

“Although the COVID-19 crisis is, in the first instance, a physical health crisis, it has the seeds of a major mental health crisis as well, if action is not taken.”

So begins the United Nations’ [Policy Brief: COVID-19 and the Need for Action on Mental Health](#), released May 13, 2020. A similar [U.N. brief](#), released the previous month, addressed the specific threat of COVID-19 to children’s mental health.

On May 27, 2020, the World Economic Forum (WEF) released its report, “A Global Framework for Youth Mental Health,” which followed the release the day before of a similar WEF call to action: [This Is Why We Need to Change Our Approach to Young People’s Mental Health](#).

The message from these international bodies is clear. There is a real threat of a “plague of mental illness” in children. And the pandemic will only exacerbate a problem that already existed: U.N. Secretary-General António Guterres [recently said](#), “Mental health problems, including depression and anxiety, are some of the greatest causes of misery in our world.”

The WEF calls out:

- 75% of mental illnesses begin before the age of 25; 50% begin before the age of 15.
- At least one in four people experience mental health problems.
- Most mental health systems are split between children and adults, leaving many young people struggling with different approaches at their most vulnerable moment.

Existing mental health services, according to the WEF, are “poorly integrated with the wider service system addressing the diverse needs experienced by young people with mental illness,

such as the education system, welfare, housing and other supports. This is clearly a situation that needs to change.”

The American response to the pandemic has resulted in the highest number of cases and deaths in the world. Terrible inequities shaping our nation’s collective experience — shocking disparities in illness and mortality across race and socioeconomic status — have been brought to light like never before.

Given current consensus on the long-term impacts of poor mental health, we must mobilize policymakers, professionals, parents and communities to build a new era of proactive support for children. Doing so is even more urgent now that our nation is gripped by sweeping protests against the trauma of police brutality and entrenched unchecked structural inequity in the wake of the killing of George Floyd by police officers in Minneapolis.

Before COVID-19 there was **already a mental health crisis** in the lives of children and youth. The pandemic is **gasoline on the fire**.

America’s kids do not experience the pandemic or the mental health crisis equally. Nationally, while 11% of youth have been diagnosed with a mental illness, two-thirds of youth who have a condition are not identified and do not receive mental health service. ([Medicaid.gov](https://www.medicaid.gov)); In California, only 5% of youth on Medi-Cal receive a behavioral health service.

Founded three years ago in response to overwhelming evidence of this crisis, The California Children’s Trust is a coalition-supported initiative to reinvent how California defines, finances, administers and delivers children’s mental health supports and services.

Equity + Justice is at the center of our beliefs, actions and strategy for change. In the time since the pandemic began, we see hope in the unprecedented public dialogue about the need to address the crisis and support children over the long term.

The U.N. brief provides many actionable recommendations that the Trust supports and believes are possible. Several key points resonate with the principles we’ve advanced and the conversations we have been having with partners and stakeholders:

- *“Investing in mental health interventions that can be delivered remotely, for example quality-assured tele-counseling for frontline health-care workers and people at home with depression and anxiety;”*
- *“Using the current momentum of interest in mental health to catalyze mental health reforms, for example by developing and funding the implementation of national services re-organization strategies that shift care away from institutions to community services;”*
- *“Building human resource capacity to deliver mental health and social care ... and organizing community-based services that protect and promote people’s human*

rights, for example by involving people with lived experience in the design, implementation and monitoring of services.”

The nation must proliferate innovative approaches that are responsive to the distinct needs of young people. One size does *not* fit all. Interventions and services need to be grounded in research on the impacts of trauma and adversity.

Delivery models should not be centered solely on a 50-minute counseling session. They should recognize the value of frequent brief contact and diverse modalities, delivered in community settings. And every step of the way, we should engage the voices of children, youth and parents, and ensure they see their input and preferences reflected in policy, practice and financing.

As the WEF rightly notes, “young people are not interested in a prescribed model imposed on them. They are keen to have guidance, but equally willing to contribute a local viewpoint about how the guidance should be interpreted and implemented.”

We must take this global call to action to every zip code in the USA. Now is the time to strengthen the nation’s safety net for children. To provide 100% federally financed youth mental health services through Medicaid. To augment in-person services with thoughtful and effective technology-driven modalities, which are equitable and accessible to youth. To move schools to the heart of our nation’s children’s mental health infrastructure. To train and transform the mental health workforce and prepare it to meet the challenges ahead as young people emerge and begin to grapple with unprecedented levels of trauma from COVID-19 while confronting relentless racial injustice and systemic inequity.

The federal government has a role to play in answering the WEF and U.N. calls to action. Congress and the administration can empower states to make the necessary structural changes and can recognize that additional federal funding for mental health care is an essential element of all pandemic response legislation.

But states and localities know the true needs of their children and families, and they are leading the response. It is in communities that innovation and effective responses will take hold and have an impact.

As the pandemic and national despair about inequity and injustice touch all of us, our shared experience can align us around an unprecedented effort to support America’s children and youth. Now is the time to advocate together, to demand action from federal, state and local policymakers to leverage what is needed to save a generation.

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