

I'm not a robot





































Now more than ever, teen mental health needs increased focus. We know the teen years are a time of significant growth and development of the body and brain. As teens try to navigate these changes, many encounter difficulties. If not addressed, teens can develop debilitating mental illnesses that can have significant impacts on their physical and mental well-being well into adulthood. Now more than ever, mental health in teenagers needs to take top priority and teen mental health statistics drive that point home. This article will dive deeper into the surprising teen mental health statistics as well as common mental illnesses that affect teens. Most importantly, you will learn where you can find the right professional help for your son or daughter if they are struggling with their mental health. Thrive Teen is Southern California's premier teen mental health facility. Our proven evidence-based approach will give your teen the tools and support they need to lead a healthy and happy life. Call us now. As children transition into their teen years, their proverbial plates are full. Teen boys and girls undergo significant physical and mental development, and they must learn to deal with these changes. This includes learning healthy communication skills, developing coping and problem-solving skills, as well as learning how to handle their often-volatile emotions. Adolescents that have strong support at home, school, and their community are able to navigate the tricky world of adolescence and grow to be mentally strong adults. While strong overall support is essential, there are several factors that make teens more vulnerable to developing mental illness. These include the following: Family history of mental illness Dysfunction in the home Abuse of substances bullying Physical, mental, and sexual abuse As stated earlier, mental illness in teenagers can have serious consequences into adulthood if not addressed through professional interventions. Given the dramatically changing landscape brought on by the COVID pandemic and other factors, it is no surprise that teen mental health statistics have taken center stage. Recent CDC data shows the following regarding teen mental health in the United States: 37% of high school students reported feeling adverse mental health symptoms during the COVID-19 pandemic 44% of high school students reported feeling signs of depression within the last year 55% of high school students reported they experienced emotional abuse by a parent or other adult in the home 11% of high school students reported physical abuse by a parent or other adult in the home 29% of high school students reported a parent or other adult in their home lost a job during the COVID-19 pandemic In a poll done for the National Institute on Mental Illness (NAMI), 64% of teens reported feeling the world is more stressful now than when parents were their age Teen girls were more likely to report feelings of anxiety than teen boys 23% of teens have been diagnosed with a mental health condition 28% of teens report having received mental health treatment Teen boys were more likely to say they do not need treatment for their mental health 67% of teens think schools should offer days off for mental health 56% say their school thinks that mental health matters Anxiety disorders are among the most common mental illnesses found in teens with statistics showing that four percent of 1014-year-olds and five percent of 15-19 year-olds experienced an anxiety disorder. Depression is the second most common teen mental health disorder with an estimated 13 percent affected by this issue. Additionally, the CDC estimates nearly 7 million children aged 3-18 are diagnosed with the disorder. If your son or daughter is struggling with their mental health, finding evidence-based mental health treatment designed for their unique needs is critical. As one of Southern California's top-tier teen mental health centers, the experienced staff at Thrive Teen has decades of cumulative experience in treating teen mental health issues. We offer personalized treatment in a supportive outpatient setting. Our goal is to give your teen the tools they need to transform their lives. Don't wait another day to get your teen the help they need; call Thrive Teen to learn more about teen therapy in Los Angeles. Jorge V. Verlenden, PhD1; Ari Fodeman, PhD1; Natalie Wilkins, PhD1; Sherry Everett Jones, PhD, JD1; Shamia Moore, MPH2; Kelly Cornett, MS1; Valerie Sims, MA1; Ryan Saelee, PhD1; Nancy D. Brener, PhD1 (View author affiliations)View suggested citationAdolescent mental health and suicide risk remain substantial public health concerns. High pre-COVID rates of poor mental health and suicide-related behaviors have continued to rise, highlighting the need to identify factors that might foster positive mental health outcomes and reduce suicide-related behaviors at population levels. Using CDC's 2023 Youth Risk Behavior Survey, CDC analyzed the prevalence of mental health and suicide risk indicators and their associations with individual-, family-, and school- or community-level protective factors. Prevalence estimates were calculated for each of the mental health and suicide risk indicators by demographic characteristic. Prevalence ratios adjusted for sex, sexual identity, grade, and race and ethnicity were calculated to examine the association between protective factors and mental health and suicide risk indicators. Overall, 39.7% of students experienced persistent feelings of sadness and hopelessness, 28.5% experienced poor mental health, 20.4% seriously considered attempting suicide, and 9.5% had attempted suicide. Mental health and suicide risk indicators differed by sex, sexual identity, grade, and race and ethnicity. All protective factors were associated with lower prevalence of one or more risk indicators. Findings from this report can serve as a foundation for the advancement of research on protective factors and for the development and implementation of programs, practices, and policies that protect and promote mental health and emotional well-being among youth. Poor mental and behavioral health among adolescents remains a substantial public health concern. High pre-COVID rates of poor mental health and suicide-related behaviors have continued to rise, particularly among certain subgroups of youth such as female and lesbian, gay, bisexual, and questioning (LGBQ+) students (13). In 2021, suicide was the third leading cause of death among U.S. high school youth aged 14-18 years with 1,952 suicide-related deaths resulting in a rate of 9.0 per 100,000 youths (2). However, suicide attempts and suicidal thoughts among youth exceed deaths by suicide. The 2021 Youth Risk Behavior Survey (YRBS) found that approximately one third (30.0%) of female high school students and 14.3% of male high school students had seriously considered attempting suicide during the 12 months before the survey (1). YRBS data from 2021 also revealed that over 42% of high school students experienced persistent feelings of sadness or hopelessness during the past year, and 29% of high school students reported their mental health in the past 30 days was not good most of the time or always (1). In addition, data collected during July 2021-December 2022 on the Teen National Health Interview Survey of adolescents aged 12-17 years estimated that 21% of adolescents reported experiencing symptoms of anxiety in the past 2 weeks and 17% reported experiencing symptoms of depression (3). Healthy People 2030 highlights the need for prevention and health promotion strategies to reduce suicide-related behaviors and improve mental health outcomes at the population level (4). YRBS monitors priority health behaviors and experiences and includes questions related to mental health and exposures to positive experiences and behaviors that might serve as protective factors. Protective factors are broadly defined as behaviors and characteristics of the adolescents' environment that are associated with decreased likelihood for experiencing negative outcomes or found to mitigate the negative effects of risk factors such as exposure to adversity (5). For example, physical activity, positive coping skills, and supportive social networks have been identified as protective factors that can reduce stress and enhance health (4,5). This report summarizes 2023 YRBS data regarding mental health and suicide risk and examines associations with individual-, family-, and school- or community-level health-promoting behaviors and experiences (i.e., protective factors). Understanding the association between protective factors and mental health and suicide-related indicators is important for identifying pathways to resiliency and guiding prevention efforts (4,5). Findings can be used to guide the design of interventions that promote and protect the mental health and well-being of youth and to inform decision-making among public health and educational leaders. This report includes data from the 2023 YRBS (N = 20,103), a cross-sectional, school-based survey conducted biennially since 1991. Each survey year, CDC collects data from a nationally representative sample of public and private school students in grades 9-12 in the 50 U.S. states and the District of Columbia. Additional information about YRBS sampling, data collection, response rates, and processing is available in the overview report of this supplement (6). The prevalence estimates for all variables for the surveillance population overall and stratified by demographic characteristics are available at . The full YRBS questionnaire, data sets, and documentation are available at . This activity was reviewed by CDC and was conducted consistent with applicable Federal law and CDC policy.\*MeasuresThis analysis examined two indicators of mental health and two indicators of suicide risk. Mental health indicators included 1) persistent feelings of sadness or hopelessness (past 12 months) and 2) poor mental health (always or most of the time, past 30 days). Suicide risk indicators included 1) seriously considered attempting suicide (past 12 months) and 2) attempted suicide (past 12 months). Six protective factors also were examined, including 1) physically active for 60 minutes/day 5 days, 2) getting 8 hours of sleep; 3) household adult tried to meet their basic needs (always), 4) parental monitoring (high), 5) school connectedness (high), and 6) played on 1 sports teams (Table 1). All variables were dichotomized and coded with the absence or lower exposure as the reference category. Demographic variables included the following: sex (female and male), sexual identity (heterosexual, gay or lesbian, bisexual, questioning [I am not sure about my sexual identity/questioning], and students who describe their sexual identity in some other way [I describe my identity some other way]), grade in school (9, 10, 11, and 12), and race and ethnicity (American Indian or Alaska Native [AI/AN], Asian, Black or African American [Black], Native Hawaiian or other Pacific Islander [NH/OPI], White, Hispanic or Latino [Hispanic], and Multiracial). (Persons of Hispanic origin might be of any race but are categorized as Hispanic; all racial groups are non-Hispanic.)AnalysisDescriptive analyses were conducted to determine the prevalence estimates and corresponding 95% CIs for each of the mental health and suicide risk indicators and each of the mental health and suicide risk indicators by each protective factor. Pairwise t-tests compared the prevalence of mental health and suicide indicators by demographic characteristic and by each protective factor. All prevalence estimates and measures of association used Taylor Series Linearization. Tests were considered statistically significant at the p