


Our Kids aren't Alright

Finding Solutions to Virginia's Youth Mental Health Crisis



THE
community
foundation
FOR NORTHERN VIRGINIA

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Community Foundation for Northern Virginia

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cfnova.org/youthmentalhealth



insight >
> region®

the center for
community research


AT THE COMMUNITY FOUNDATION
FOR NORTHERN VIRGINIA

- Launched in 2020 as hub for well-researched, actionable data and analysis to help the region better understand its greatest opportunities and challenges
- Focus on Inclusive Prosperity, the expectation that **every resident**—regardless of gender, race-ethnicity, income, or family structure—can thrive in Northern Virginia
- One of my goals is to augment what we know about our community from stories and personal experience with data—to *quantify* need




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I. What do we know about youth mental health?



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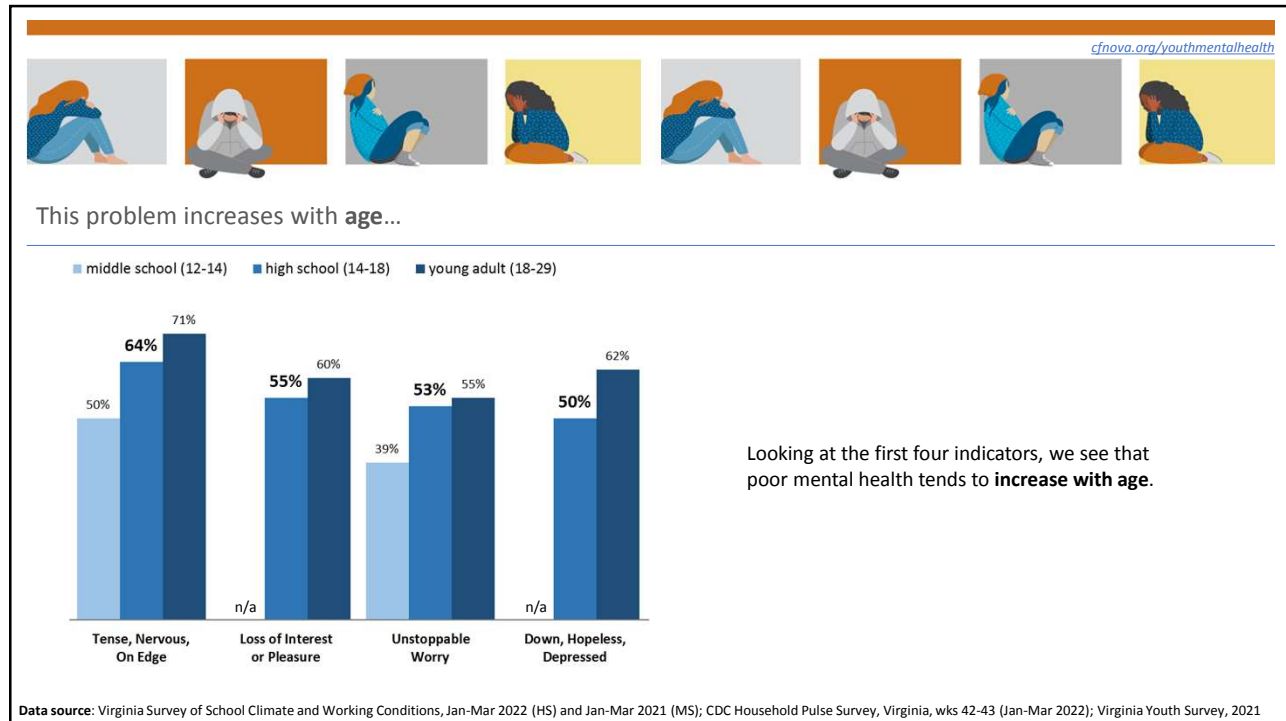


Virginia's youth are telling us **there is a problem.** *public HS students in Virginia*

Low Self-Esteem	I don't feel good about myself...	24%
Anxiety	Tension: I feel nervous, tense, on edge... + Worry: I cannot control or stop worrying...	64% 53%
Depression	Depletion: I feel down, depressed, hopeless... + Loss of Interest: I feel little interest or pleasure...	50% 55%
Persistent Sadness	I have felt so sad it interfered with activities...	38%
Self-Harm	I have hurt myself on purpose (cutting, burning)...	21%
Suicidal thinking	I have seriously considered ending my life...	13%

Data source: Virginia Survey of School Climate and Working Conditions, Jan-Mar 2022 (HS) and Jan-Mar 2021 (MS); CDC Household Pulse Survey, Virginia, wks 42-43 (Jan-Mar 2022); Virginia Youth Survey, 2021

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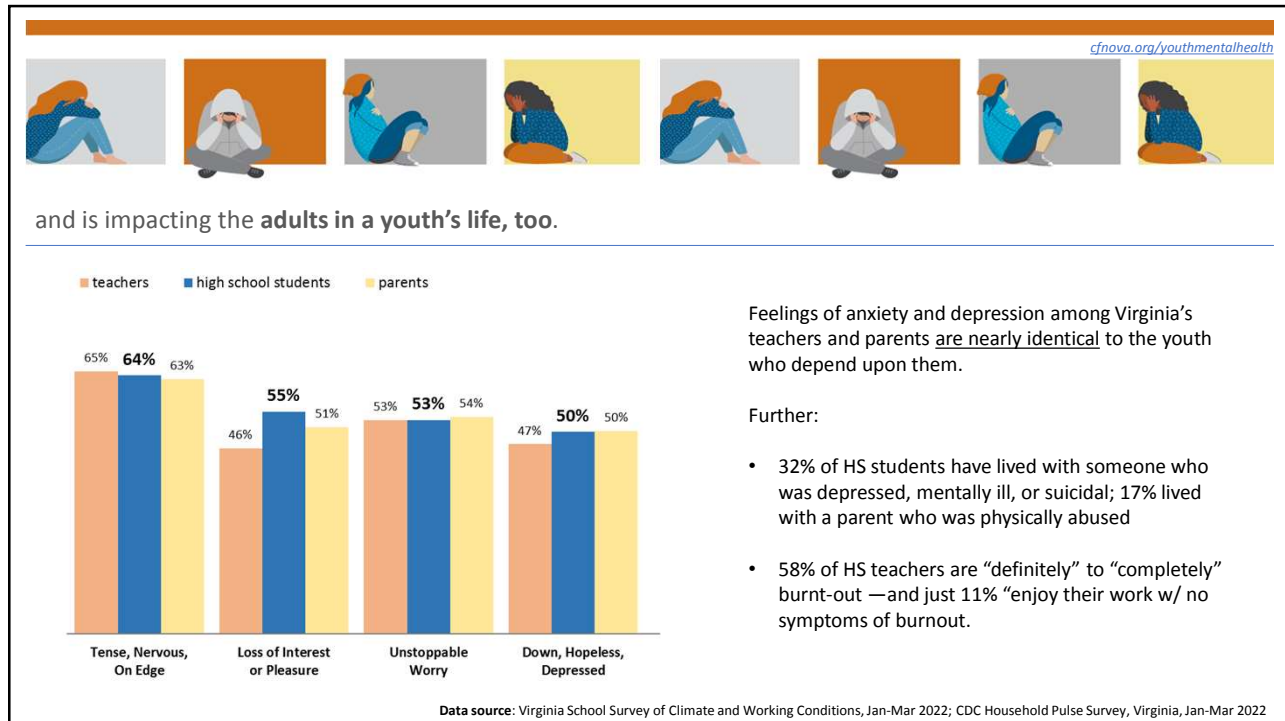
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Young Virginians by Age

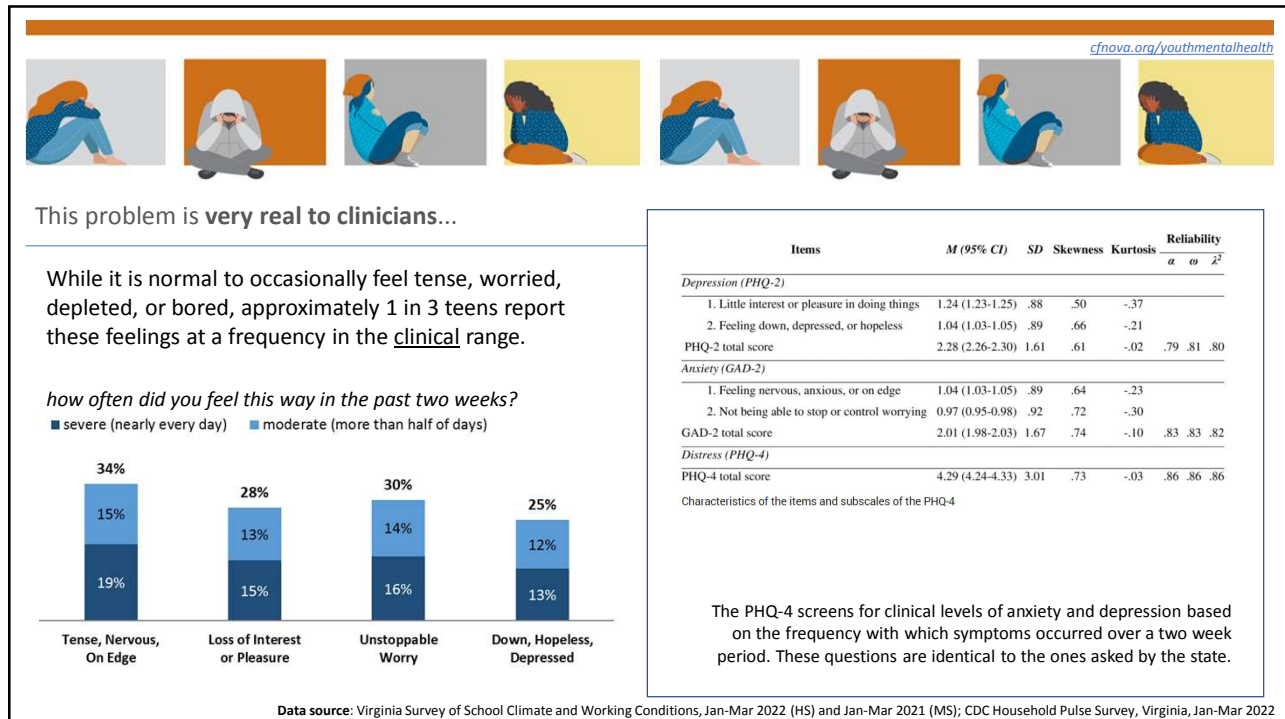
		middle school	high school	young adult
Low Self-Esteem	I don't feel good about myself...	21%	24%	----
Anxiety	Tension: I feel nervous, tense, on edge...	50%	64%	71%
	+ Worry: I cannot control or stop worrying...	39%	53%	55%
Depression	Depletion: I feel down, depressed, hopeless...	----	50%	62%
	+ Ennui: I feel little interest or pleasure...	----	55%	60%
Persistent Sadness	I have felt so sad it interfered with activities...	29%	38%	----
Self-Harm	I have hurt myself on purpose (cutting, burning)...	----	21%	----
Suicidal thinking	I have seriously considered ending my life...	10%	13%	----

Data source: Virginia Survey of School Climate and Working Conditions, Jan-Mar 2022 (HS) and Jan-Mar 2021 (MS); CDC Household Pulse Survey, Virginia, wks 42-43 (Jan-Mar 2022); Virginia Youth Survey, 2021

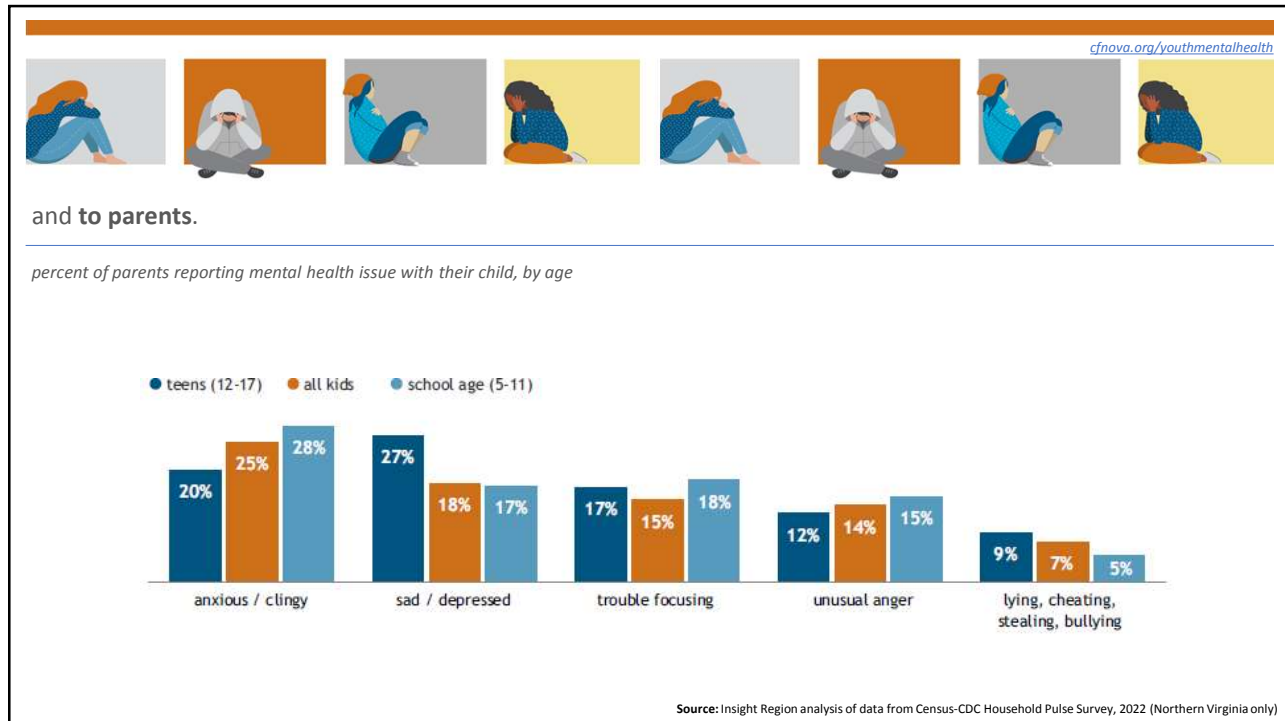
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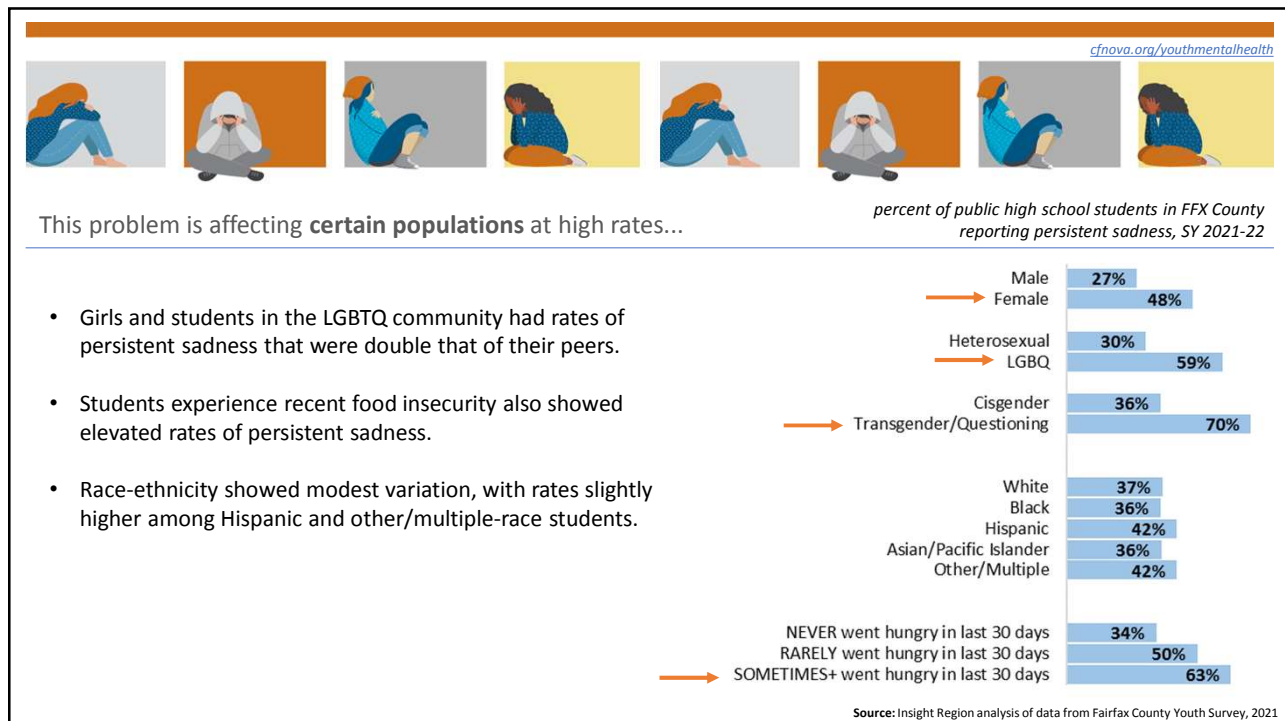
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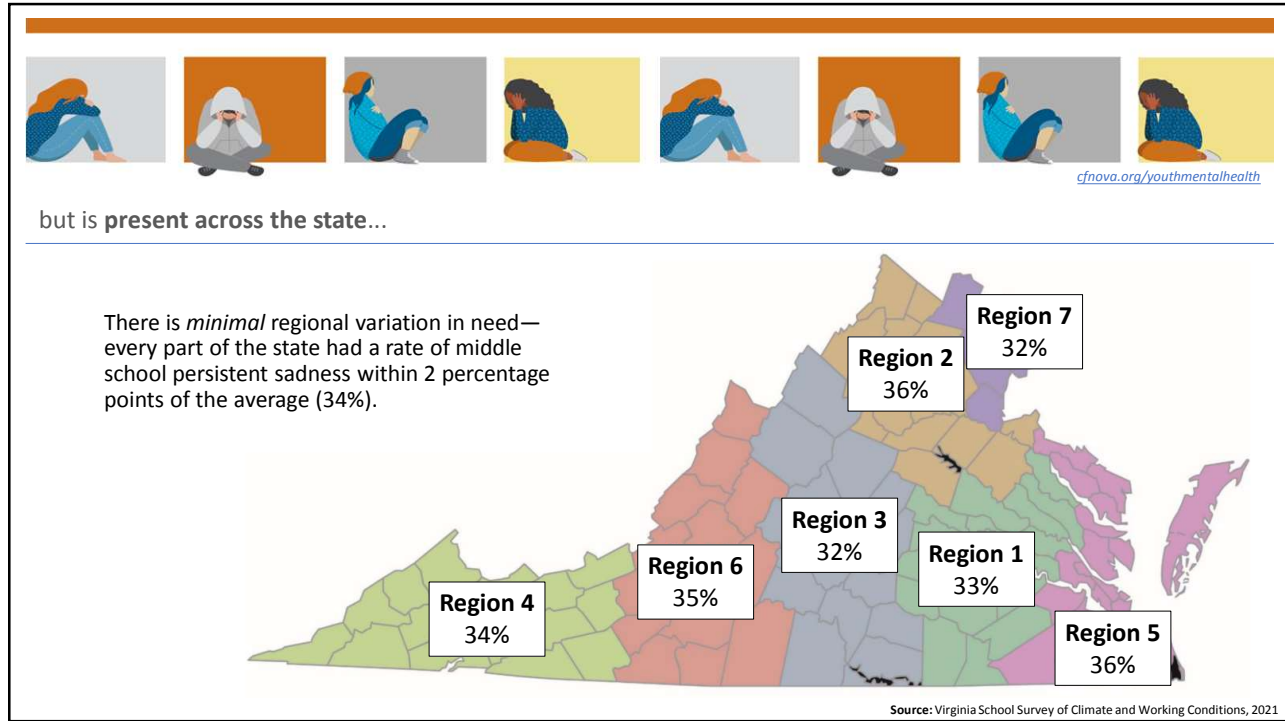
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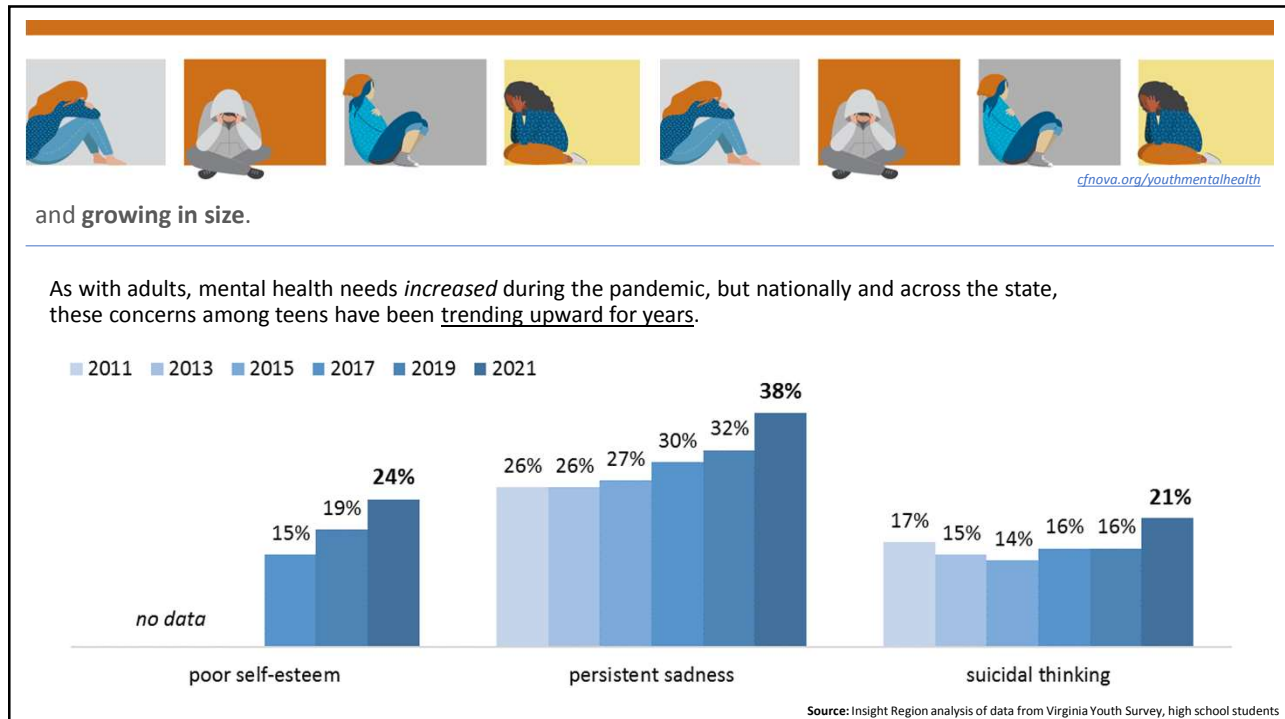
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II. WHY ARE YOUTH STRUGGLING?



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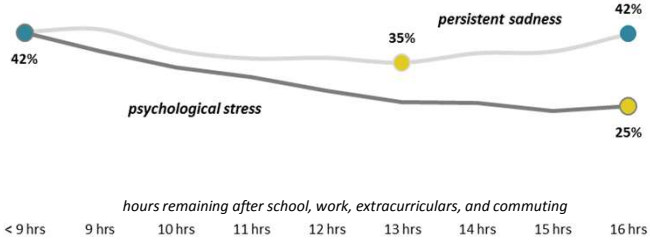
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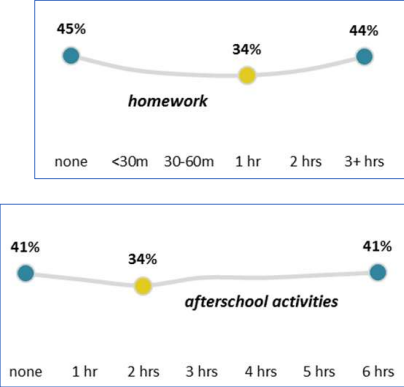
1. too little (or too much) downtime

Local and national surveys suggests that “lack of downtime” represents one of the top causes of teenage stress/sadness.

The reality is more complex. While stress declines with downtime, **sadness is lowest among those with a *balanced* schedule**: students with a moderate amount of homework (1 hr/day) and activities (2 hrs/day) had the lowest rates.




Hours Remaining	Psychological Stress (%)	Persistent Sadness (%)
< 9 hrs	42%	42%
9 hrs	~38%	~38%
10 hrs	~35%	~35%
11 hrs	~32%	~32%
12 hrs	~30%	~30%
13 hrs	25%	35%
14 hrs	~28%	~28%
15 hrs	~26%	~26%
16 hrs	25%	42%



Category	Amount	Percentage (%)
Homework	none	45%
	<30m	~42%
	30-60m	~38%
	1 hr	34%
	2 hrs	~38%
	3+ hrs	44%
Afterschool Activities	none	41%
	1 hr	~38%
	2 hrs	34%
	3 hrs	~38%
	4 hrs	~38%
	5 hrs	~38%
	6 hrs	41%

Source: Insight Region analysis of data from Fairfax County Youth Survey, 2021

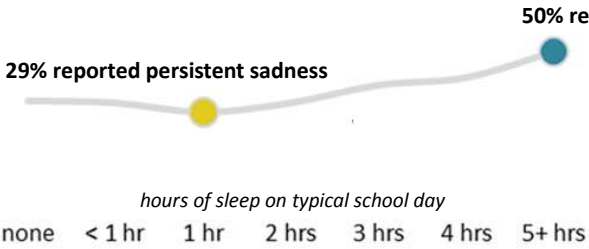
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2. heavy screen use

39% of high school students in Virginia spend 5 or more hours on a screen, not including for school or homework.


Screentime has a strong, negative, and bi-directional relationship with mental health; students with better mental health tend to spend fewer hours on a screen, and those who spend less time on a screen tend to have better mental health. In one national poll, 29% of youth felt social media has a negative effect on their mental health, and 40% struggle to stay off.



hours of sleep on typical school day	Reported persistent sadness
1 hr	29%
5+ hrs	50%

Source: Insight Region analysis of data from Fairfax County Youth Survey, 2021

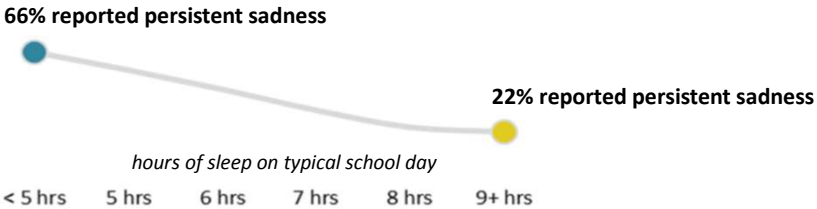
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3. not enough sleep

Half of high school students in Virginia sleep 6 hours or less each night, and only a quarter get the recommended 8+ hours.

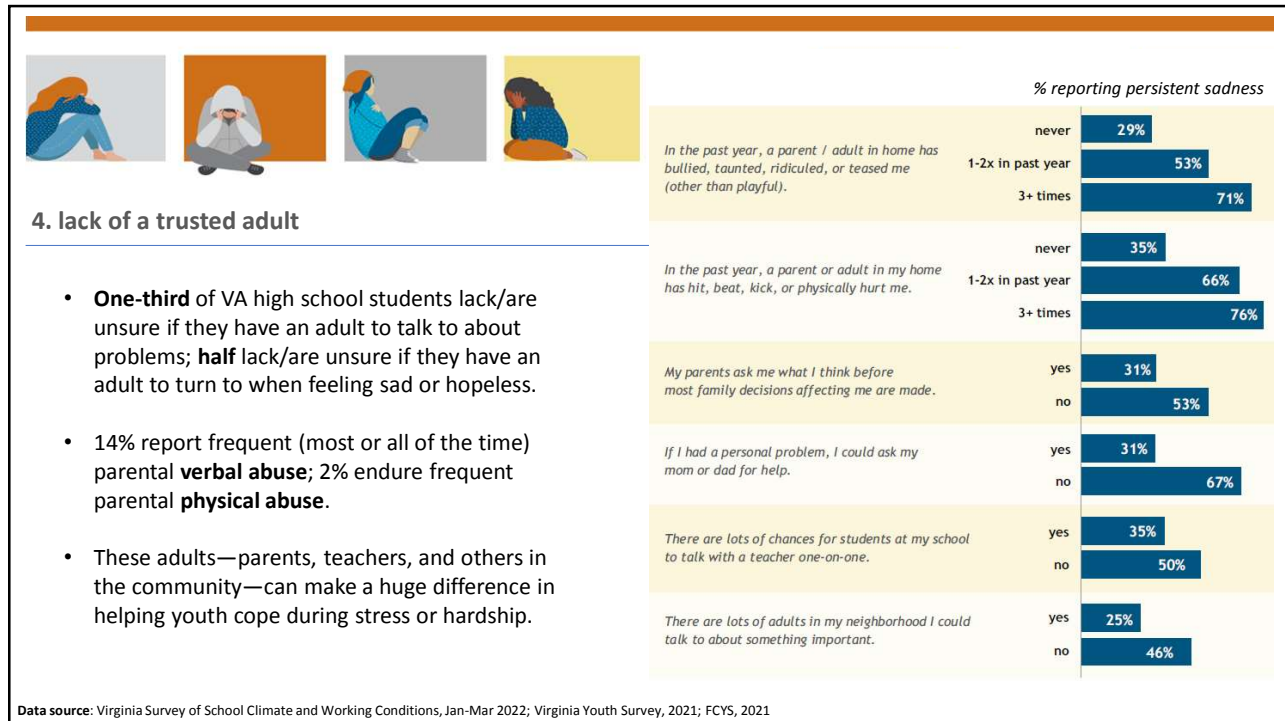
Sleep has a strong, positive, and bi-directional relationship with mental health; students with better mental health tend to get more sleep, and those who sleep more tend to have better mental health. It also competes with homework, activities, and screentime, and may be the easiest to give up.



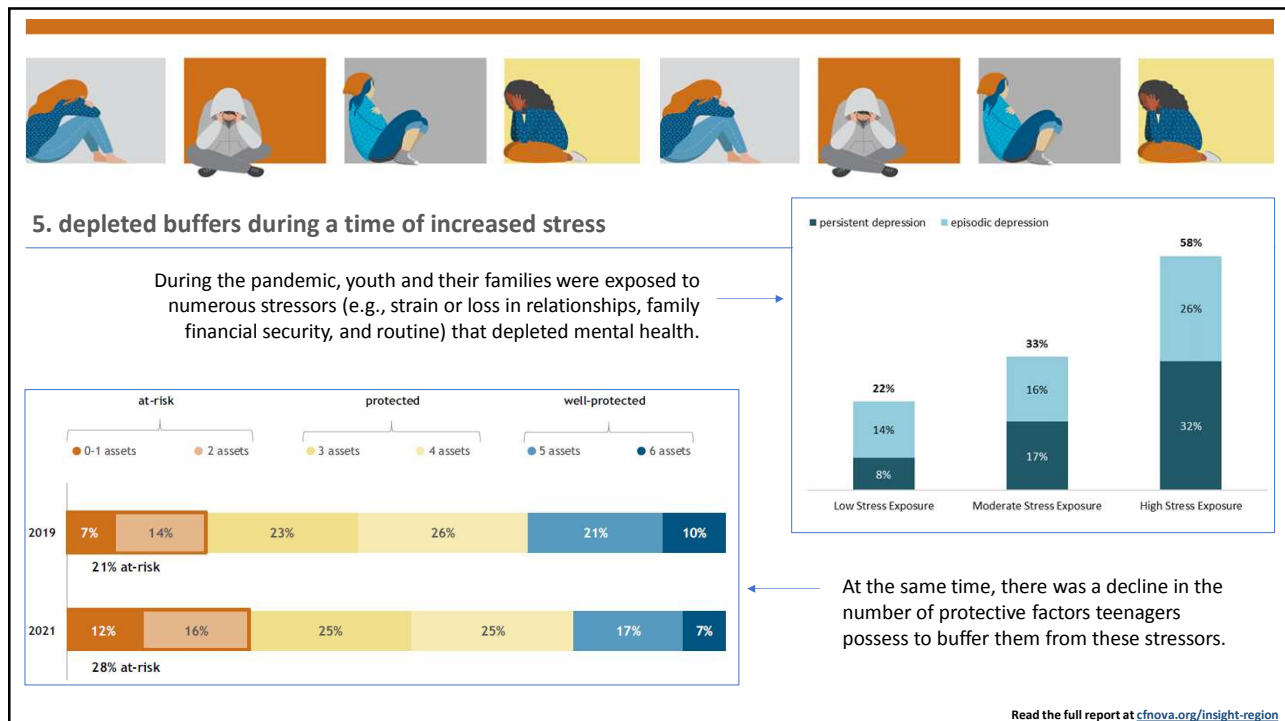
hours of sleep on typical school day	Reported persistent sadness
< 5 hrs	66%
9+ hrs	22%

Source: Insight Region analysis of data from Fairfax County Youth Survey, 2021

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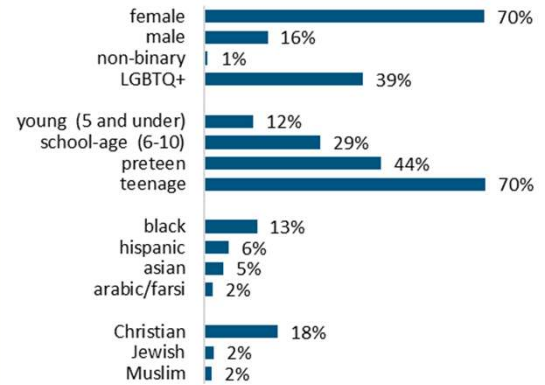


6. trouble finding a therapist

Youth may struggle to find a therapist with experience treating their specific conditions or working with their specific identity group. For younger patients, this search may be further complicated by the fact that most do not specialize or treat patients under the age of 13.

Fit also relates to cost and insurance coverage. In Northern Virginia, one 45-minute session of talk therapy costs \$70 with insurance and \$215 through self-pay, an amount that quickly adds up if one hopes to get the “full” dosage of 13 sessions. Half of therapists in NOVA do not accept insurance.

% of therapists in NOVA who identify as / focus on client who are ...



Read the full report at cfnova.org/insight-region

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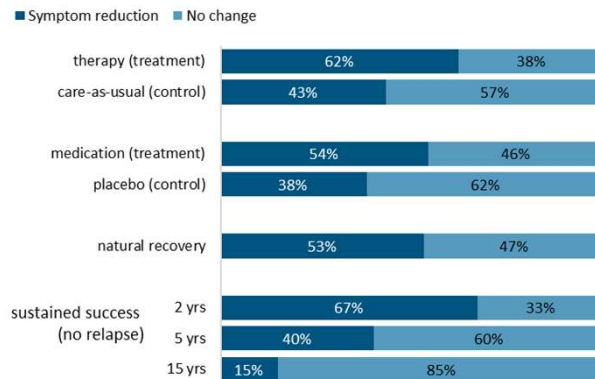


7. formal treatment does not work—or last—for everyone

Among adults, therapy + medication work but depend heavily on treatment compatibility, patient adherence, and provider adequacy. For young patients, treatments are often untested or carry additional risks; pediatricians may be unwilling to refer patients or to prescribe medication.


And, effects may not last: a recent meta-analysis found that CBT and certain medications reduce *short-term* symptoms among youth with major depression (MDD) but “long-term outcomes remain largely unknown,” in part because many youth recover without treatment and/or see recurrence even when successfully treated (40% see symptoms recur in 2 yrs, v. 60% of untreated youth in 3 yrs).

clinical and real-world outcomes for adults with major depression (MDD)




Read the full report at cfnova.org/insight-region

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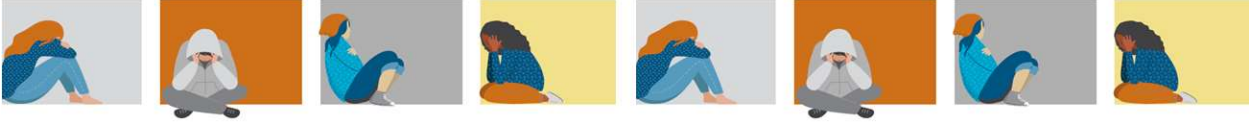


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III. WHERE DO WE GO FROM HERE?




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1. How can we target mental health outreach to youth at heightened risk of mental health need?
2. How can we help youth make better use of their leisure time?
3. How can we expand the number of trusting, supportive adults in a teenager's life, at a time when so many adults are struggling themselves?



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the shape of youth MENTAL HEALTH

*Finding a way back from sadness and stress
for Northern Virginia's teens*

A Shape of the Region™ Special Report
January 2023

Learn more on our website

www.cfnova.org/youth-mental-health

