

Building Better Responses to Youth Mental Health and Addiction

Solutions to safeguard youth against evolving challenges in the digital age

Policy Issue Brief

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About

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Co-founded by former Congressman Patrick J. Kennedy and his wife, Amy L. Kennedy, The Kennedy Forum (TKF) is creating a future where all people can access effective prevention and treatment of mental health and substance use disorders (MH/SUD).

TKF uniquely cultivates relationships with key leaders to advance sweeping change for major MH/SUD issues, including inequity in insurance coverage and the escalating youth mental health crisis.

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Ten-Year Goal: 90-90-90 by 2033

The Kennedy Forum's strategic initiative, [Alignment for Progress](#), sets forth a [ten-year 90-90-90 goal by 2033](#):

90%

of individuals screened for MH/SUDs

90%

receiving evidence-based treatment

90%

managing symptoms and achieving recovery

One element of the Alignment for Progress is its [National Strategy](#) for Mental Health and Substance Use Disorders, a reference for federal policymakers to attain better access to MH/SUD care for all.



Introduction

Adolescents in the United States are facing an escalating mental health and addiction crisis.¹ This crisis now encompasses not only traditional mental health and substance use disorders, including those involving vaping, but also novel addictions like social media, online gaming, and gambling.

Despite the growing prevalence of these issues, prevention and treatment efforts have not evolved rapidly enough to meet the emerging needs of youth. This lag in response is leaving many adolescents with unmet needs, exacerbating their mental health and substance use disorders (MH/SUD) and other addictions, while increasing their overall health risks.

Policymakers need more effective tools to respond to these emerging challenges. On March 12, 2024, The Kennedy Forum convened key stakeholders to discuss strategies for improving mental health and addiction prevention and treatment for adolescents.

This report offers insights from that convening, reviewing lessons learned from decades of MH/SUD work, examining shifts in the field due to emerging trends, reviewing the efficacy of the Alignment for Progress National Strategy recommendations in accomplishing this task², identifying gaps that remain, and highlighting the urgent need for action in areas such as social media, gambling, gaming, and substance use disorders. Policymakers and advocates must respond proactively to these emerging trends to protect and support the mental health of our youth.

This brief covers several developing challenges facing young people, including (1) health and substance use, (2) social media; and (3) gaming and gambling. To build a responsive system that can address these types of emerging challenges facing young people, this brief supports policymakers to:

- Build a youth mental health and addiction observatory to identify threats;
- Create translational machinery to respond to threats identified adaptively; and
- Develop youth-engaged learning systems to evaluate intervention strategies.

Responding to Major Areas of Mental Health and Addiction

Mental Health and Substance Use

Social Media

Gaming and Gambling

Emerging Areas of Addiction



Mental Health and Substance Use

Addressing the escalating crisis of youth mental health and addiction demands urgent enhancement of prevention strategies and treatment accessibility, tailored to both traditional and emerging challenges.

Over the past decade, traditional substance use among adolescents in the United States has shown a somewhat encouraging trend, with a decrease in the use of substances such as alcohol, marijuana, and certain illicit drugs.³ However, these surveys only recently began to include emerging substances like electronic vapor products and prescription opioids, with vaping surveyed beginning in 2015 and opioid misuse in 2017. This lag in surveying new trends suggests that our understanding of youth substance use may be incomplete and highlights a concerning gap in addressing and mitigating the impact of these emerging substances on youth and adolescents.

Further, changing laws around previously illicit drugs may change youth substance use behaviors over time. An increasing number of states have legalized adult use of cannabis and some other substances. While use remains illicit for minors in all states, the changes in norms and availability may impact youth addiction and must be anticipated and closely monitored.

Evidence-based models for treating youth mental health and addiction provide a foundational framework for effective prevention and care. These models, grounded in years of clinical research and practice, address various mental health issues and substance abuse problems among youth and adolescents.

Effective programs typically involve comprehensive, targeted approaches, including early identification and intervention, family education and therapy, cognitive-behavioral techniques, and school-based mental health services.

Prevention programs aim to build resilience, improve coping skills, and support healthy development. They address both individual and environmental risk factors while targeted interventions can be employed upstream when needs move from prevention to employing targeted interventions when needs shift from prevention to intervention.

Multi-Tiered Systems of Support models have transformed how targeted interventions are delivered, offering varying intensity levels based on individual needs.⁴ Clinical

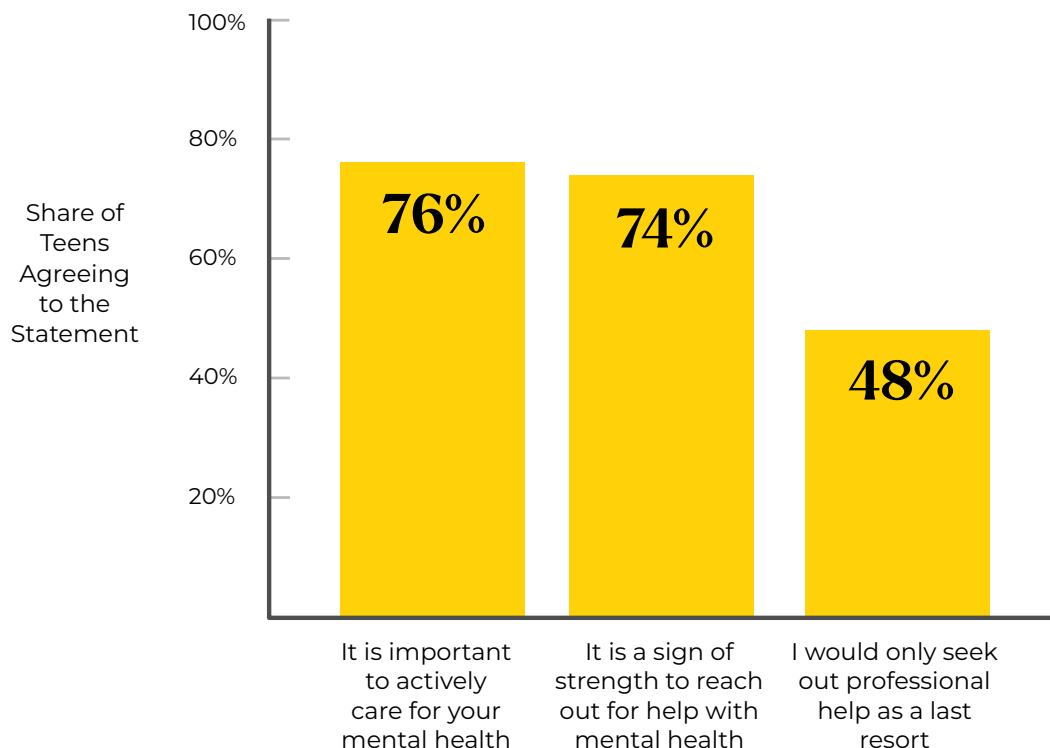
models of care, such as wraparound and whole-person care, have proven effective interventions for youth MH/SUD care.

However, with the emergence of new forms of substance use like vaping and other addictive behaviors such as social media and gaming, traditional approaches alone are insufficient.⁵ The rapidly changing social, technological, and cultural landscapes present new challenges that require adaptive and more targeted prevention and intervention strategies. Youth today face evolving issues, such as cyberbullying, social media addiction, and the pressures of a highly competitive academic environment, which necessitate innovative approaches to MH/SUD care.

Further, recent surveys continue to find that most youth do not feel comfortable reaching out for help, so ongoing attention is needed to support engagement in an evolving environment. For example, a recent study from the JED Foundation identified that while “76% of teens believe it is important to actively care for their mental health and 74% of teens say it is a sign of strength to reach out for help with mental health . . . 48% say they would only seek out professional help as a last resort.”

It is crucial to continue supporting evidence-based prevention programs, as they have consistently demonstrated positive effects on the health of children and families, but also to build on them with new strategies that adapt to the emerging issues youth are facing. With a more proactive approach, we can better address the complex and dynamic nature of youth mental health and addiction, ultimately fostering a more resilient and healthier generation.

Teens' Views of Receiving Mental Health Support



Source: The Jed Foundation: Unraveling the Stigma: Exploring Barriers to Mental Health Support Among U.S. Teens. May 2024. <https://jedfoundation.org/wp-content/uploads/2024/05/Unraveling-Stigma-JED-Research-Report.pdf>

Social Media

The pervasive influence of social media demands immediate action to mitigate its detrimental effects on adolescent mental health, emphasizing the critical role of parental engagement and legislative protections.

Social media has become an integral part of adolescence, with over 90% of children aged 13-17 in the U.S. having an active presence on social media, and roughly 60% having nearly constant access through a mobile device.⁶ While social media offers some benefits, such as providing support networks, particularly for marginalized teens, it also presents significant risks to mental health and well-being.^{7, 8} Cyberbullying is widely prevalent, with studies indicating that 60% of youth have experienced online harassment.⁹ These exposures can be particularly harmful to adolescents who already face prejudice and marginalization, leading to increased risks of self-harm, suicidality, depression, and post-traumatic stress disorders, especially among Black and Hispanic youth.¹⁰

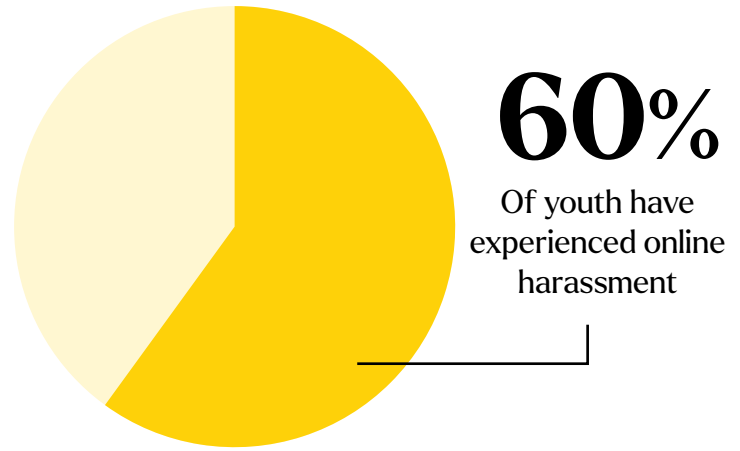
Additionally, time spent on social media is strongly correlated with body dissatisfaction and disordered eating, trends that worsened during the COVID-19 pandemic as reliance on social media increased.^{11, 12} A recent Child Mind Institute report found that parents view teen internet addiction as a greater concern than drug addiction.¹³ Despite the benefits perceived by some parents, many express concerns about the negative impacts of Internet use on their children's development.

Addressing social media addiction presents new challenges that differ significantly from traditional MH/SUD treatment and prevention models. As opposed to substances, social media technologies are woven into the fabric of daily communication, and limiting exposure is much more difficult.

Also, substances are highly regulated or even illegal, whereas social media technologies are currently almost completely unregulated from a mental health and addiction safety standpoint. Addressing the safety of a novel and evolving consumer technology poses a new but urgent policy challenge, which should be balanced with additional resources for young people, families, and communities to support healthy use.

Numerous pieces of federal and state legislation have been introduced in Congress and across the country to enhance social media privacy for adolescents, aiming to empower

parents, institute age restrictions, and prevent algorithm-driven content targeting minors. Each of these policies contains different provisions, which target the core issues to different extents. Core principles for effective legislation offer a helpful guide for policymakers when deciding which approaches to prioritize.



Efforts to combat social media harms should include:

- **Complying with evidence-based safety standards** from an independent scientific or governmental entity.
- **Conducting audits** of platform impacts on youth mental health with transparency and independent review of processes and findings.
- **Improve youth control** over their experience, with safe default settings and information about potential mental health impacts.
- **Implementing age restrictions** on social media platforms to mitigate early exposure and addiction risks for users under the age of 13.
- **Regulating algorithmic content delivery** to minors, reducing exposure to harmful or addictive content.
- **Empowering parents** with educational resources and tools for monitoring and limiting screen time in partnership with youth.
- **Funding research** to better understand the impacts of social media on adolescent mental health and develop effective intervention strategies.
- **Enhancing school-based education** on digital literacy and responsible social media use.

Gambling and Gaming

As gaming and gambling addiction among adolescents intensifies with digital accessibility, **proactive policy measures are essential to curb these escalating trends.**

The pervasive gamification of many aspects of children's lives has contributed significantly to the rise in gaming and gambling addictions among adolescents.^{14,15} From educational apps to recreational games, the seamless integration of game-like features into everyday activities has made these behaviors particularly enticing. This trend is further exacerbated by the constant availability of digital platforms, putting potentially addictive activities right at adolescents' fingertips.

Dr. Timothy Fong from the University of California, Los Angeles Gambling Studies Program highlights both gaming and gambling as rapidly growing areas of addiction for youth and young adults. With 38 states plus the District of Columbia legalizing sports betting and three additional states considering similar legislation, traditional forms of gambling, such as sports betting, casino gambling, and internet gambling, are becoming increasingly accessible to adolescents.¹⁶

Online access to gambling and gaming, particularly through in-app purchases, has expanded among adolescents, who are at a vulnerable developmental stage for developing these types of addictions. The prevalence of internet gaming disorder among adolescents is estimated to be [up to 4.6%](#), a rate higher among males. As gambling becomes more accessible online, the line between gaming and gambling continues to blur, making it challenging to fully understand the overall impact at this stage.

Gambling and gaming are relatively novel areas of addiction for youth and adolescents, and the lack of discussion and resources about policy solutions to address these areas highlights the need for the field to quicken its response times to emerging areas of impact on youth's mental health and addiction.

Policymakers and leaders must turn their attention toward emerging areas of harm for youth and adolescents. Without a proactive approach, the window for effective intervention will narrow or close entirely, leaving adolescents to grapple with the detrimental effects of addiction during their formative years.

POLICY RECOMMENDATIONS FOR BETTER RESPONSES TO EMERGING AREAS OF MENTAL HEALTH AND ADDICTION

The mental health and addiction challenges facing young people will continue to evolve with changing technological, social, economic, environmental, demographic, and political conditions. For the areas examined in this report, the lag between the emergence of the threat, whether it be gaming or social media, has been years, allowing for the generation of peer-reviewed studies detailing the issue and subsequent calls for policymaker action. We cannot allow young people to suffer while adults catch up - we need public health systems that learn from young people and respond to threats as they emerge.

To realize a responsive system that addresses emerging challenges in mental health and addiction facing young people, policymakers must:

Build a youth mental health and addiction observatory to identify threats;

Facilitate cross-agency rapid response to threats identified adaptively;

Develop youth-engaged learning systems to evaluate intervention strategies.

Building a Youth Mental Health and Addiction Observatory

The federal government has long invested in understanding the health of young people. This includes strategies such as surveys, such as the Youth Risk Behavior Survey, and pooled data systems, such as the National Syndromic Surveillance System. Learning from the COVID-19 pandemic, the federal government has also invested more heavily in data science to forecast emerging health risks, such as the spread of new infectious diseases.

Governments are also increasingly engaging young people. For example, many federal agencies now convene youth advisory councils, collaborate with young people in the development of new programs, or host summits with young people to identify priority areas. This ensures that initiatives most effectively respond to current needs and reflect the perspectives of those they serve.

Policymakers should invest in a Youth Mental Health and Addiction Observatory, which engages young people and brings together forecasting capabilities to identify emerging mental health and addiction challenges. This initiative could employ tools such as:

- **Focus groups** and other qualitative approaches;
- **Social listening** to identify emerging trends based on online interactions;
- **Pulse surveys** to quickly assess potential new threats; and
- **Advanced data science** methods.

With the Observatory in place, the government would be able to identify emerging issues in youth mental health and addiction as soon as young people experience them. This would set the government up to respond quickly and address challenges before they exacerbate.



Facilitating Cross-Agency Rapid Response

Once a threat is identified, the government will need to act quickly to test different strategies for addressing it. This requires bringing together experts and young people to mobilize rapid responses at three levels: (1) clinical and social services, (2) public health, and (3) regulatory oversight.

1. **Clinical and social services.** Agencies will need to propose initial approaches for healthcare and social service providers to identify and address or mitigate emerging threats, align financing and funding incentives to ensure necessary flexibility, and provide training and technical assistance to promote implementation at scale.
2. **Public health.** Agencies will need to address new risk and protective factors in communities to best support young people, collaborating across sectors and at multiple levels to build out new or enhanced programming at the state and local levels.
3. **Regulatory oversight.** Threats like social media can be mitigated through consumer protections that recognize the potential harm to young people. Agencies will need to have the capability to identify new threats and then update regulations accordingly to protect young people.

Policymakers will need to invest in a coordinating body that supports multi-agency responses to emerging threats in collaboration with young people. Entities such as the Office of National Drug Control Policy and related inter-agency work set the foundation, which can be expanded to initiate a whole-of-government approach to comprehensively addressing youth mental health and addiction issues.

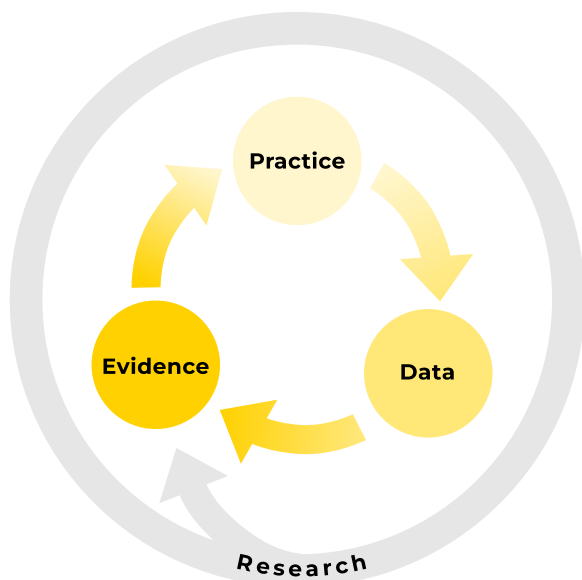


Developing Youth-Engaged Learning Systems

Emerging threats to youth demand urgent action, but also rapid evaluation to learn, improve, and iterate. Several sectors are implementing “learning system” approaches that try to institutionalize processes of rapid-cycle innovation and shared learning.¹⁷ For example, PEDSnet is a learning system focused on children to try to build knowledge together that leads to more effective approaches to clinical care.¹⁸ By building on learning system approaches, the government can more quickly identify best practices and effective interventions.

Policymakers should continue to build on existing learning systems in different sectors and create the capacity to quickly adapt to emerging challenges. Currently, many learning systems are focused on a particular issue, such as first-episode psychosis, and may not be able to respond to new threats. Many mental health, substance use, and social services providers also may not have the data systems in place to effectively enable learning systems approaches, requiring additional investment in capacity.

By building cross-cutting capabilities for learning systems to take on new issues, existing infrastructure can be expanded and become a critical part of the response to protect youth against nascent mental health and addiction challenges. Engaging young people throughout these systems ensures that they integrate their insights and achieve outcomes that are meaningful for them.



Learning System Model of Innovation

Systematically gather and apply evidence

Create a feedback cycle for learning and improvement

Alignment for Progress: National Strategy Policy Recommendations

PREVENTION

Ensure collaboration on student SUD assessment programs

The U.S. Department of Education (DOE) should collaborate with states on student assessment programs such as Screening, Brief Intervention, and Referral to Treatment (SBIRT). SBIRT should be deployed for adolescents in middle school, high school, and college levels.

[Source](#)

Require foster care mental health screenings

The Department of Health and Human Services (HHS) should require mental health screenings when a child enters foster care and comprehensive assessments when a mental health challenge is identified; improve and invest in the availability and provision of mental health and substance use disorder (MH/SUD) services for youth in foster care; and provide technical assistance for states to cover certain specialized services for foster youth enrolled in Medicaid who have intensive MH/SUD needs with guidance from the Centers for Medicare and Medicaid Services (CMS).

[Source](#)

Support educator mental health awareness training

Congress should amend the Elementary and Secondary Education Act to fund teacher and principal training and professional development on mental health and substance use challenges in children and adolescents.

[Source](#)

Sustain funding for the youth fentanyl campaign

The Biden-Harris Administration launched a campaign for youth on the dangers of fentanyl. Funding and support for this campaign should be sustained as fentanyl continues to be involved in more deaths of Americans under 50 than any cause of death, including heart disease, cancer, homicide, suicide, and other accidents.

[Source](#)

Increase access to Naloxone

Federal agencies and Congress should dramatically expand the distribution of Naloxone, the lifesaving opioid overdose reversal medication, utilizing the widespread distribution of Automated External Defibrillators (AEDs) for heart attacks as a possible model. Policymakers should ensure that no-cost naloxone is available to respond to opioid overdoses.

[Source](#)

Pass the RISE from Trauma Act

Congress should pass legislation to increase investments to support infants, children, youth, and families who have experienced or may experience, trauma such as the Rise from Trauma Act.)

[Source](#)

Develop an early identification campaign for developmental delays

The Centers for Disease Control and Prevention (CDC) should develop an early identification campaign for mental health and substance use disorders (MH/SUDs) that is similar to the agency's "Learn the Signs. Act Early. Program," which focuses on learning and knowing the signs of developmental delays in children.

[Source](#)

TREATMENT

Ensure schools can receive youth peer support services

The Centers for Medicaid & Medicare Services (CMS) and the Department of Education (DOE) should ensure schools are eligible entities for receiving youth peer support services by issuing clarifying guidance and updating its administrative claiming guide to ensure youth peer support models are a permissible school-based service. CMS and the Substance Abuse and Mental Health Services Administration (SAMHSA) should offer learning collaboratives and technical assistance to states on peer support and billing best practices.

[Source](#)

Pass the ASSIST Act

Congress should pass the Advancing Student Services in Schools Today (ASSIST) Act, which would increase school-based provider rates and expand the availability of mental health and substance use disorder (MH/SUD) care in schools.

[Source](#)

Improve adolescents' access to MH/SUD medications

The U.S. Food and Drug Administration (FDA) should work to improve adolescents' access to the best mental health and substance use disorder (MH/SUD) medications by bridging available adult data with bioequivalence studies and an open-label safety study.

[Source](#)

Expand parity compliance analysis requirements

The Consolidated Appropriations Act, 2021 (CAA 2021) amended the Federal Parity Law to explicitly require group health plans and issuers to conduct parity compliance analyses. Congress should apply these requirements to Medicaid managed care, Children's Health Insurance Program (CHIP), and alternative benefit plans.

[Source](#)

Require the use of diagnostic classification systems

The Centers for Medicare and Medicaid (CMS) should require Medicaid and the Children's Health Insurance Program (CHIP) to use the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-3R or DC:0-5) for diagnosis payment and utilization review purposes.

[Source](#)

RECOVERY AND ONGOING SUPPORTS

Ensure social media safety for minors. Congress should pass legislation that requires platforms to ensure that platform design elements do not harm youth mental health, including age verification, transparency measures, content controls, reporting mechanisms, and personal data sharing protections, as outlined in the Children and Teen's Online Privacy and Protection Act, the Kids Online Safety Act, and Protecting Kids on Social Media Act. Additionally, the Department of Commerce should create a program for researchers to access data from platforms for research on harms, the National Institute of Standards and Technology should conduct a study on methods to verify age of platform users, and the Federal Trade Commission should establish a Youth Privacy and Marketing Division to research and provide guidance on privacy and marketing directed toward children and teens.

[Source](#)

Fund research on social media's impact on youth mental health

Congress should increase funding for research on the impact of social media and technology on youth mental health and for consumer education about potential mental health risks online.

[Source](#)

Support college recovery programs

The Office of National Drug Control Policy (ONDCP), The Substance Abuse and Mental Health Services Administration (SAMHSA), and the U.S. Department of Education (DOE) should identify successful college recovery programs, including "recovery housing" on college campuses, and provide support and technical assistance to increase the number and capacity of high-quality programs to help students in recovery.

[Source](#)

Reauthorize WIOA for youth employment

Congress should reauthorize the Workforce Innovation and Opportunity Act (WIOA) and expand funding for youth employment programs that serve low-income and disadvantaged youth. Funding should be allocated to provide dedicated mental health resources to programs to help identify and meet youth's mental health needs.

[Source](#)



Explore more of the National Strategy recommendations:

strategy.alignmentforprogress.org



End Notes

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About

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