OP ED: "[The Kids Are Not All Right.](#)" **From** *City & State New York,* **Feb. 27, 2024.** *Written by Mikola De Roo & Gabriella Sperduto for The Door CEO Kelsey Louie.*

We hear a lot about youth mental health these days. The fact that poor mental health is a complex, silent killer crippling our young people is well documented. That it has reached epidemic levels in scope and severity isn't news either. But because mental health signs are highly individual and nuanced, it's easy to shelve them in favor of less complicated issues. Sometimes we need a concrete metaphor to focus our attention on a crisis – especially when we face so many crises every day. How's this for a metaphor: If youth mental health were a physical problem, countless critical patients would be entering the emergency room with minutes to live. If it were a natural disaster, the levees would be on the brink of collapsing. That is the urgent state of youth mental health in the U.S. today – and it demands collective attention and a comprehensive societal response.

In the wake of COVID-19, intensified race-based violence, and increased homelessness and economic instability, the demand for mental health services is growing exponentially. According to *The New York Times*, mental health professionals in every state cannot keep up with the demand for services. In New York City specifically, non-white racial and ethnic groups have higher behavioral health needs and lower access to care, and young adults have above-average levels of mental distress. While COVID-19's physical threat has lessened, we are just beginning to see the long-term emotional aftermath. Point being: We have only reached the tip of the youth mental health iceberg. Rates of depression, anxiety, and suicide among youth have already reached unprecedented levels and show no sign of slowing. According to the CDC, 44% of U.S. high school students experienced persistent feelings of sadness or hopelessness and nearly 20% seriously considered suicide. These figures skyrocket in the LGBTQIA+ community, with 47% reporting that they seriously considered suicide. Such inequities have long persisted within LGBTQIA+ communities and among youth of color but have been further illuminated and exacerbated over the last four years.

At [The Door](#)—the multi-service youth development organization that I run—we see the magnitude of this crisis with our own eyes. While the statistics are staggering, we also recognize that behind each of these numbers is a human being with hopes, dreams, and needs. These individuals walk through our doors every day and we witness this crisis manifest in many ways: more unstably housed youth accessing our Runaway and Homeless Youth Center; more youth who are unable to maintain employment accessing our Career and Education Department; more youth who need immigration assistance while also navigating severe trauma; and more youth accessing our mental health services with severe symptoms of distress, including suicidal ideation, substance misuse, psychosis, and other acute states that prompt hospitalization.

We also know that many people, particularly LGBTQIA+ youth and youth of color, never connect to appropriate or sufficient support due to stigma, cultural differences, intimidating practices, and lack of validation. These barriers to care are exacerbated by citywide waitlists for mental health services and a shortage of culturally competent practitioners in the field—a problem severe enough to warrant being called the second mental health crisis.

This "dual mental health crisis" means young people are not receiving adequate care and are coming to The Door and other organizations in urgent states of crisis. This alarming mental health epidemic among youth is escalating to disastrous levels, and it is our moral imperative to address it head-on. We need to find real solutions. We are the architects of change, not bystanders in this crisis, and we must tackle it on multiple fronts.

First, we need to dismantle the stigma surrounding mental health and create a culture in which it is okay to not be okay. Our role models should be individuals like Simone Biles, who bravely withdrew from the 2020 Tokyo Olympics, citing her need to prioritize her own mental health. This unprecedented announcement sparked a critical conversation on the pervasiveness of mental health struggles and our dire need to cultivate a culture of candor and vulnerability. Since then, numerous high-profile figures—from celebrities like Lady Gaga and Selena Gomez to elected officials like [Rep. Ritchie Torres](#) and New York City Council Member [Erik Bottcher](#)—have publicly noted mental health as a personal issue. I applaud these influential voices for brightening the spotlight on the topic and for proving that no amount of success can protect you from its harm. Yet, we also know that for every person who speaks out, hundreds of youth remain afraid or unable to access care. We must model and encourage conversations about mental health from an early age, at home and in educational institutions, to pave the way for open and empathetic dialogue. Teaching our children that seeking help is a sign of strength, not weakness, is key to breaking down stigma and promoting their future stability.

But reassuring words are not enough. We must take action, ensuring that every young person can access high-quality mental health care, regardless of background or economic status. Government and philanthropic support are paramount to this endeavor, guaranteeing that adequate funding, accessible counseling services, and robust wellness initiatives are woven into the fabric of our social infrastructure. This complex epidemic requires the immediate expansion of available mental health offerings and, perhaps more importantly, innovation in *how* we provide those services.

Desmond Tutu said, "There comes a point where we need to stop just pulling people out of the river. We need to go upstream and find out why they're falling in." We have reached this point. We need to invest in

systemic solutions to the youth mental health crisis by addressing its root causes. We must prioritize prevention rather than focus solely on crisis intervention, build on strengths instead of focus on deficits, and promote resilience as key to long-term wellbeing. It is time to move upstream so we can prevent our young people from falling into the churning rapids of mental health's flooded river.

To accomplish this, the field needs to change. I have specific ideas on how to implement some of these systemic solutions, such as: building a higher education pipeline that promotes a more diverse mental health workforce; expanding the definition of 'mental health service' within state and federal reimbursement programs; and breaking down barriers to securing mental health licensure for nonprofit organizations—more to come on those soon. But The Door cannot accomplish this alone; collaboration is essential to finding effective solutions. No single organization or sector can solve this crisis in a silo. We must forge partnerships with other mental health professionals, educators, parents, government agencies, and philanthropy to ensure the long-term health and mobility of our youth.

We stand at a crossroads, where our collective decisions will shape the mental health landscape for generations to come. By recognizing the gravity of the youth mental health crisis and sparking systemic change, we can create a nurturing society that empowers youth to grow into stable, successful adults. We have an opportunity to show our young people that we believe in them—through actions as well as words—by investing in their potential, standing with them through their struggles, and committing to building a future in which they can thrive.

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