



# Addressing the Youth Mental Health Crisis

**Last year, as the pandemic was at its peak, Michelle Obama disclosed that she had been experiencing low-grade depression, largely in response to events that were consuming all of us — COVID-19 and racial unrest.**

One positive thing that has come out of this time is that people have begun talking more about their mental and emotional health.

Mental health has never been a binary phenomenon, where people either have a mental disorder or they don't. Over these past two years, everyone's mental health has been strained.

In addition to being confined and disconnected socially, people have had to deal with anxiety about, and the reality of, illness and death. Then there has been the "vicarious trauma" that happens when people witness violence or the demise of others, which have been regular staples in both the news and social media. Add to that the economic hardships that many have had to face.

For many young people who haven't had years to build up emotional coping skills or resources, these challenges have been devastating. Youth depression, anxiety, and suicide attempts are at all-time highs. BIPOC (Black, Indigenous, and People of Color) youth have had to face enormous stressors. This is especially true for many Black youth

who, as part of the burden of racial trauma, have witnessed others who look like them being killed.

Discrimination, racial bias, and experiencing or witnessing violence — even if not in person — can trigger a host of

symptoms. Adding to these challenges is the fear in many that little has changed; much like their parents and grandparents before them, they continue to face and fight racism. Hopelessness and anger are not uncommon feelings.

#### Adding resources

Mental Health America of Los Angeles' Transition-Age Youth programs — which serve young people between the ages of 18 and 25 who are experiencing mental health challenges

— are seeing a host of challenges: increases in substance use to address mental health problems; increased conflict and aggression in families; numerous mental health crises; more panic attacks among youth who are afraid of being profiled or being the target of violence; more homeless young adults; financial hardships, especially for young parents who cannot afford or find childcare for their young children; and, sadly, an increase in young people feeling they need to bear arms because they are afraid.

Fortunately, there are a variety of funding streams and new measures targeting some of these needs: new crisis response teams, online and telephone mental health lines, and peer-support programs with trained peers. But the need is far greater than the resources, and a shortage in the mental health workforce exacerbates the problem.

Community agencies are finding ways to serve more people than ever before, and individuals and community groups are stepping forward to help. But as a society, we need to recognize that this is one of the largest crises of our day, and it is likely to get worse if we don't see it as the great need that it is. ■

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