

What do young people in crisis need from their communities?

Solutions to the epidemic of depression and
suicide among adolescents in the United States

CRISIS TEXT LINE |

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About Crisis Text Line

Crisis Text Line is a nonprofit organization that provides free, confidential, 24/7, high-quality text-based mental health support and crisis intervention in English and Spanish. Since its launch in 2013, Crisis Text Line has trained over 65,000 volunteers who have collectively supported more than nine million crisis conversations initiated by people in their moments of need.

We are committed to creating an empathetic world where nobody feels alone. During those conversations, people shared their deepest, sometimes scary and difficult feelings with us. We've asked about suicidal thoughts, and most importantly, supported texters in moving from a hot moment of crisis to a place of calm.

About Common Good Labs

Common Good Labs is a research organization that designs actionable solutions to improve communities.

We use data science tools to empower leaders at foundations, non-profit organizations, and in government.

Our work focuses on reducing poverty without displacement, enhancing public safety and health outcomes, improving education, supporting small businesses, and other related topics. For more information, visit commongoodlabs.com.

Executive Summary

Depression and suicide among young people have increased significantly since 2010.

Over five million adolescents experienced depression in 2022, up from two million in 2010. More than 1,500 died by suicide in the same year, compared to less than 1,000 in 2010.

Many experts agree that there is a connection between these increases and the rise of new challenges facing youth, such as social media, mass shootings, and opioid use. Unfortunately, these challenges are unlikely to change in the near future. Communities need solutions to improve youth mental health in the midst of these new realities.

Adolescents say there are six resources communities can provide to help them cope with mental health crises.

Each year, counselors at Crisis Text Line work with hundreds of thousands of young people in need of mental health support. Our counselors help teens navigate through their immediate crisis and then make a plan to deal with similar crises in the future by identifying specific resources that help them cope with mental health distress.

We partnered with Common Good Labs to analyze the resources mentioned by young people in over 87,000 anonymized conversations. **This revealed six resources that youth in crisis say they need from their communities to help them cope:**

- **Opportunities for social connection**
- **Engagement in music, writing, visual, and performing arts**
- **Mental health services**
- **Exercise and sports programs**
- **Books and audiobooks**
- **Outdoor spaces and nature**

Reviews of medical studies also confirm that all six are associated with improved mental health.

Unfortunately, communities have been cutting programs that provide the resources youth in crisis need.

Local governments cut funding for parks by more than \$2.5 billion dollars from 2010 to 2021. Opportunities for social connection and playing sports also shrank considerably during this time — even though the youth population increased. The number of children participating in clubs fell by 1.8 million and the number playing high school sports dropped by 1.4 million. Data indicates the availability of arts education decreased as well.

This means many young people are not accessing the resources that can help them cope with crises. We can see this in a number of examples.

- Seven in ten children do not participate in clubs.
- Five in ten adolescents with depression do not receive treatment.
- Five in ten high schoolers do not play sports.
- Four in ten children do not live near a library.

The number of young people who lack access to resources for coping with crisis is often quite large. For instance, over 32 million children live in areas where there are not enough providers to address their mental health needs. Many of these resources are even more limited in rural counties and underserved ZIP codes within cities.

Depression and suicide among young people have increased significantly since 2010.

Young people in the United States continue to face a mental health epidemic. More than 40 percent of high school students reported persistent feelings of [sadness or hopelessness](#) in 2021, and suicide is now the [second leading cause of death](#) among adolescents.

Data indicates mental health challenges affect different groups of young people in distinct ways.

Girls in high school experience persistent feelings of [sadness or hopelessness](#) at greater rates than boys and are more likely to [make a suicide plan](#).

Boys in high school report lower levels of persistent [sadness](#) and [suicidal planning](#) than girls, but they are more than twice as likely to [die by suicide](#).

Approximately 78 percent of **high schoolers identifying as gay, lesbian, or bisexual** experience persistent [sadness or](#)

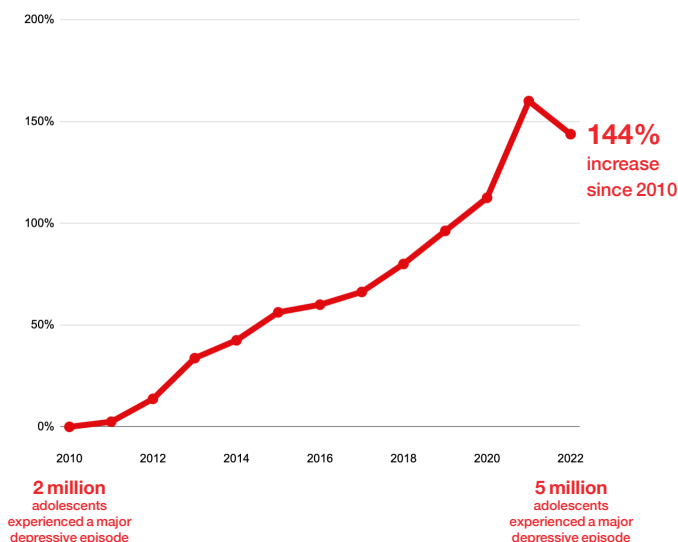
[hopelessness](#). These students also report [attempting suicide](#) at a rate nearly three times higher than their heterosexual peers.

The mental health problems facing young people have grown significantly since 2010. **The number of adolescents experiencing depression increased from around [two million in 2010](#) to over [five million in 2022](#). Deaths by suicide increased dramatically from [2010 to 2017](#) and have since remained [above 1,500](#) per year.**

Though depression and suicides fell in 2022, both are still far above the levels seen twelve years earlier. Suicides have grown in communities [across every geographic region](#) in the United States. [These increases](#) can be seen in more rural states, such as Alabama and Idaho, as well as those that are primarily urban, like California and New York.

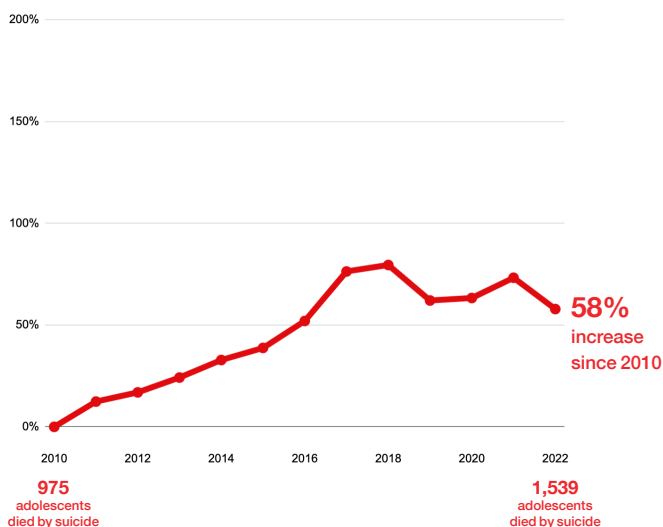
Depression

Youth ages 12 to 17 with a major depressive episode in the United States
Percent change since 2010



Suicide

Youth ages 12 to 17 who died by suicide in the United States
Percent change since 2010



Source: Crisis Text Line and Common Good Labs analyses of data from the National Survey on Drug Use and Health and the Centers for Disease Control & Prevention.

Leaders need solutions to help young people cope with new challenges that threaten their mental health.

Many commentators have linked the increases in depression and suicide since 2010 to the [adoption of smartphones](#) and the use of [social media platforms](#) among teens. Smartphone use has [more than doubled](#) during this time in the United States and many more teens now use social media platforms, such as TikTok, Discord, and Instagram.

Researchers have also pointed out that other challenges increased since 2010 that could be connected to the growth of youth depression and suicide. This includes the rise of the [opioid epidemic](#), increases in [mass shootings](#), and declines in the average number of hours [teens sleep each night](#).

Experts continue [to debate](#) which of these challenges deserves the most blame for the youth mental health epidemic. However, their debates tend to overlook a critical fact: all of these new challenges young people face are unlikely to change for the better in the near future. Government leaders have not been able to halt the opioid epidemic or stop mass shootings, and it is difficult to imagine that they will be able to prevent teens from using smartphones and social media.

Communities need to help young people cope with mental health distress in the midst of the new realities they face. Local schools, community organizations, and governmental departments have tremendous influence over the lives of youth. Leaders need solutions that explain how to use their resources and capabilities to reduce depression and suicide among adolescents.

Adolescents say they need six resources from their communities to cope with mental health crises.

If we wish to find solutions to the youth mental health epidemic, one of the best places to start is by listening to young people who are struggling. Crisis Text Line has unique insight into what young people say can help them cope with mental health crises. As a 24/7 text-based mental health support organization, we have provided crisis counseling in millions of text message conversations across the United States since 2013. Though we support people of all ages, nearly half of our texters are under 18.

During each Crisis Text Line conversation, our counselors help texters navigate through their immediate crisis and then make a plan for dealing with similar challenges in the future. As part of the safety planning process, counselors work with texters to identify resources that help them cope with mental health difficulties. Counselors track the resources texters mention in their conversation notes.

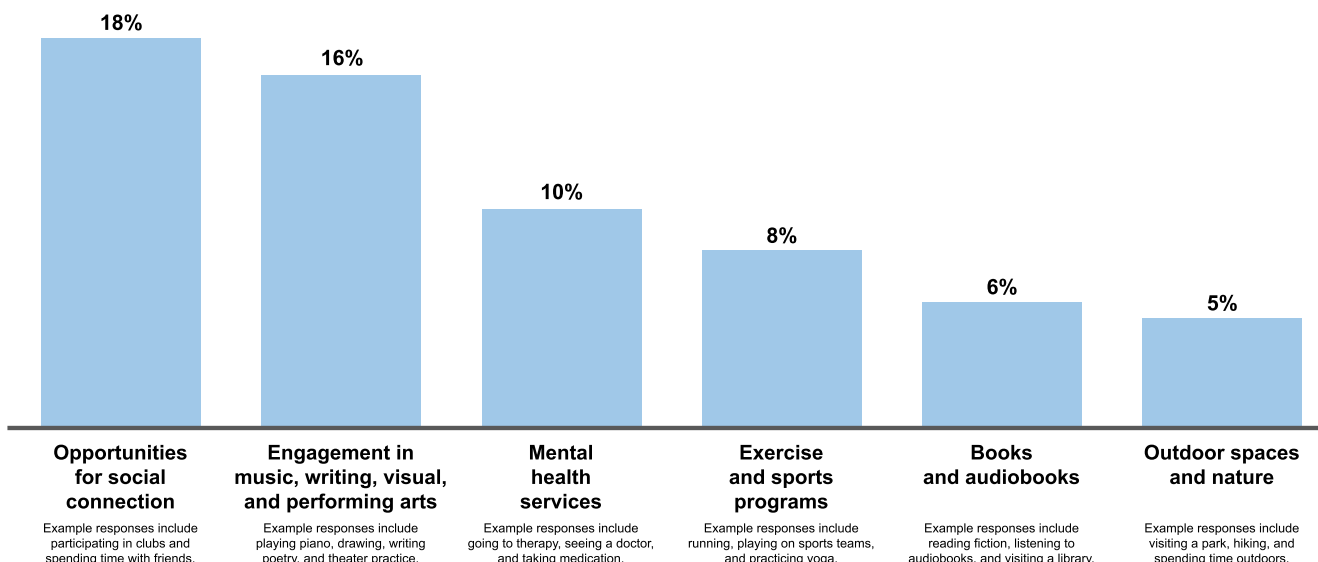
When collected together, these notes represent one of the largest datasets revealing what young people look to for support and relief when coping with mental health crises.

We partnered with Common Good Labs to analyze the resources mentioned by young people in 87,000 anonymized conversations that occurred from 2019 to 2022. **This analysis revealed that youth in crisis say they need six resources from their communities to help them cope:**

- **Opportunities for social connection**
- **Engagement in music, writing, visual, and performing arts**
- **Mental health services**
- **Exercise and sports programs**
- **Books and audiobooks**
- **Outdoor spaces and nature**

What resources do young people use to cope with mental health crises?

Percentage of crisis-intervention conversations in which each resource was mentioned as a source of support or relief



Source: Crisis Text Line and Common Good Labs analyses of 87,623 anonymized, crisis-intervention conversations with texters 17 years and younger from 2019 to 2022 in which at least one resource for coping and finding support or relief was recorded by the counselor.

The community resources young people say they need are supported by existing research.

Adolescents are not the only ones noting the importance of these resources. We reviewed research trials and medical studies and found significant complementary evidence supporting what young people reported. The table below describes specific factors mentioned by young people in crisis and summarizes examples of research evidence.

Resource	Description	Supporting research evidence
Opportunities for social connection	Almost one in five young people mentioned connections to others as a resource for coping with crises. This included talking to others and spending time with non-family connections, such as friends, teachers, and coaches.	Connections to others are an important source of mental health among young people and have been proven to prevent depressive symptoms . In addition, loneliness can lead to depression, substance use, and sleep problems.
Engagement in music, writing, visual, and performing arts	About one in six young people in crisis listed creating or performing art as a source of support or relief. Singing and playing musical instruments was most common activity reported. Other types of art mentioned included drawing, painting, writing poetry, dance and theater.	Creating and performing art can reduce depression and stress . Creating art helps young people process and interpret difficult events; offers increased self esteem and distraction from stress; and many art forms can also help foster social connections and reduce loneliness.
Mental health services	Mental health professionals, health providers, and medication were the third most common resource young people mentioned for coping with crises. Nearly one in ten mentioned activities such as therapy and support groups, visiting a doctor, and taking medications.	There is significant evidence to indicate that therapy and medications work to improve mental health outcomes. Examples include research on the effects of cognitive behavioral therapy, antidepressants, or the combination of the two , in treating depression.
Exercise and sports programs	Sports and exercise were also called out by young people as important resources for dealing with crises. The activities mentioned in this area included examples such as running, team sports like basketball and volleyball, weightlifting, and yoga.	The mental health benefits of exercise are vast and well researched . Even a small number of short exercise sessions a week can improve depression. Some studies suggest that exercise is as effective as medication in reducing depression and anxiety, and it can also provide benefits through social interaction.
Books and audiobooks	Books and audiobooks were mentioned by a large number of young people with mental health crises as sources of support and relief. In addition to these two forms of media, young people also listed visiting libraries and specific types of literature.	While research on reading as a mental health intervention is less developed, it may help teens through multiple mechanisms, including making them feel less alone and allowing an imaginative escape from daily struggles. There is also evidence that distracting people with suicidal ideation can be a helpful strategy .
Outdoor spaces and nature	Spending time in nature was also reported as a source of support by young people in crisis. They mentioned specific activities including visiting parks, hiking, stargazing, watching the sunset, and spending time outside.	Walking and spending time in nature can improve mood and memory function . These activities also provide independence to young people , which is a crucial protective factor for their mental health.

Unfortunately, communities have been cutting programs that provide the resources youth in crisis need.

In the years following the 2008 Financial Crisis, many local governments reduced funding for programs that were deemed less essential. Philadelphia’s school system attempted to eliminate [art and music education](#). New York proposed the [largest cut to libraries](#) in local history, and Los Angeles moved to close after-school programs at [more than 500 schools](#).

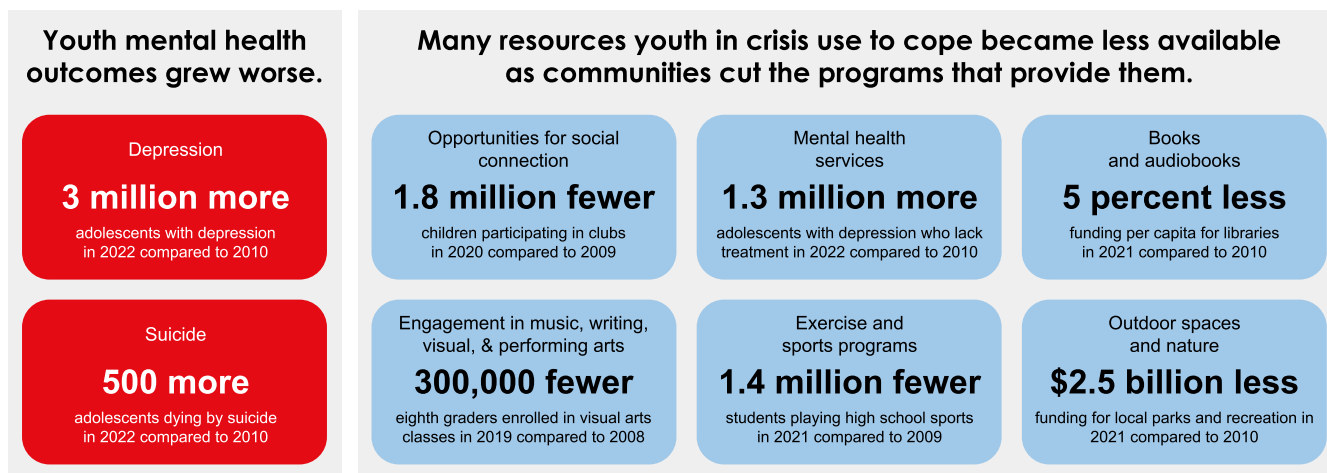
A number of the community resources that young people in crisis use to cope have never recovered from these budget cuts. Local funding for parks was [\\$2.5 billion lower](#) in 2021 compared to 2010, adjusted for inflation. Spending on local libraries was [5 percent lower](#) in 2021 than in 2010, on a per capita basis.

National data on funding for high school sports and extra-curricular opportunities for social connection is not available, but participation in these activities has declined significantly — *even though the [youth population has increased](#)*. The number of students playing high

school sports dropped by around 1.4 million [between 2009 and 2021](#), and the number of children participating in clubs fell by 1.8 million [between 2009 and 2020](#). Enrollment figures for visual art — the most popular form of arts education — show a similar trend. Eighth grade visual art enrollment fell by approximately 300,000 students between [2008](#) and [2019](#).

Evidence is mixed on the availability of mental healthcare services. In 2010, [38 percent](#) of young people with a major depressive episode received treatment, compared to [48 percent](#) in 2022. However, the prevalence of depression in adolescents more than doubled during this period, which means that the total number of youth not receiving treatment also increased. **The number of adolescents with a major depressive episode who were untreated jumped from an estimate of [1.3 million in 2010](#) to [2.6 million in 2022](#).**

Changes during the last ten to twelve years in the United States



Source: Crisis Text Line and Common Good Labs analyses of data from the sources cited on pages two, six, and seven.

Many young people now lack access to community resources that support their mental health.

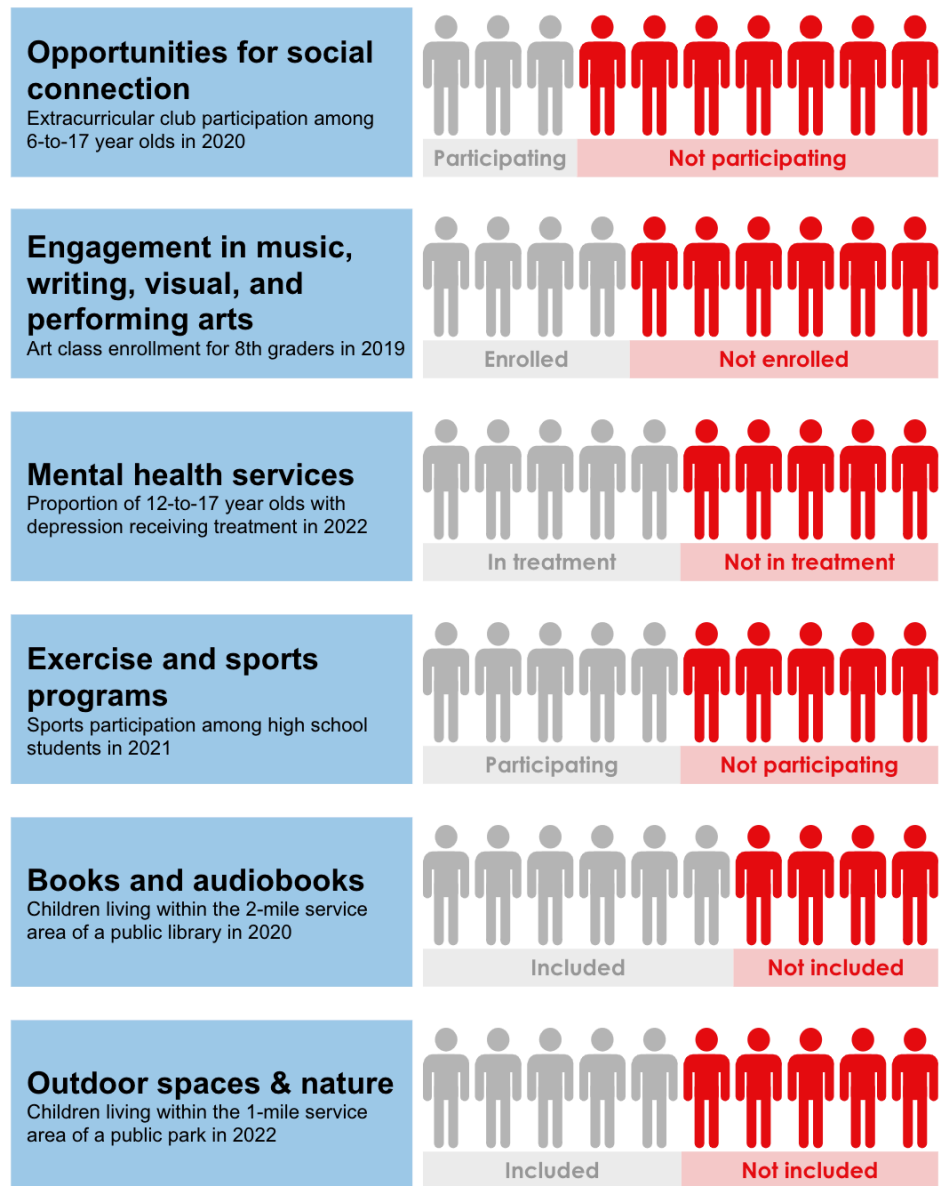
The changes outlined in the previous section have significant consequences. When young people struggle with mental health distress, large numbers of them do not have access to many of the resources that can help them cope.

The table on the right shares data that offer perspective on the availability of each resource identified in our analyses. The results are striking.

Five in ten depressed adolescents do not have [access to mental health treatment](#). Seven in ten children do not participate in [extracurricular clubs](#), and five in ten high schoolers do not participate in [sports programs](#). Even the most widely available measure we identified — access to [public libraries](#) — fails to reach four in ten children.

Additional data sources tell a similar story. For example, four in ten children living in metropolitan areas live in neighborhoods rated to have [low walkability](#), and half of U.S. children do not live near a [public park](#).

Examples of access to community resources that support youth mental health in the United States



Source: Crisis Text Line and Common Good Labs analyses of data from the sources cited on pages six and seven.

Access to the resources young people in crisis say they need also varies by geography.

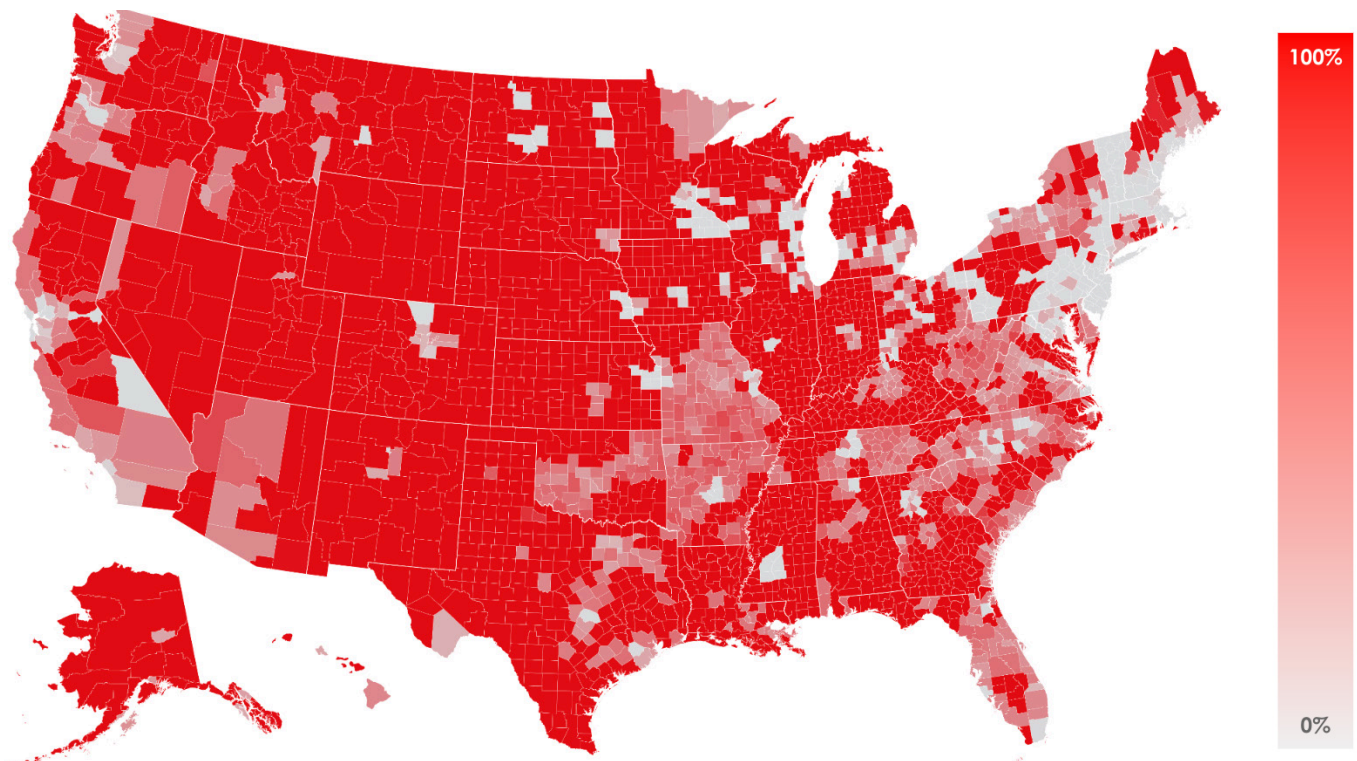
Access to the six resources young people use to cope with mental health crises also varies enormously depending on where they live. An example of this can be seen in data on access to mental health professionals in counties across the United States.

We analyzed the proportion of young people living in [mental health shortage areas](#). These are places where there are not enough mental health workers for the size of the entire population or where large numbers of people in specific populations, such as those with low income or identifying with a common ethnic or racial group, lack access to mental health services.

These analyses indicate that over 32 million children live in an area where there are not enough providers to address their mental health needs. As the map below illustrates, this varies significantly county-by-county — with adjacent jurisdictions sometimes having dramatically different levels of access. As the map makes clear, rural areas are particularly affected by the lack of mental health providers. Among rural counties, an average of nearly 90 percent of children are in mental health shortage areas, compared to around 60 percent of children for counties in metropolitan areas.

Percent of children who lack adequate access to mental health workers

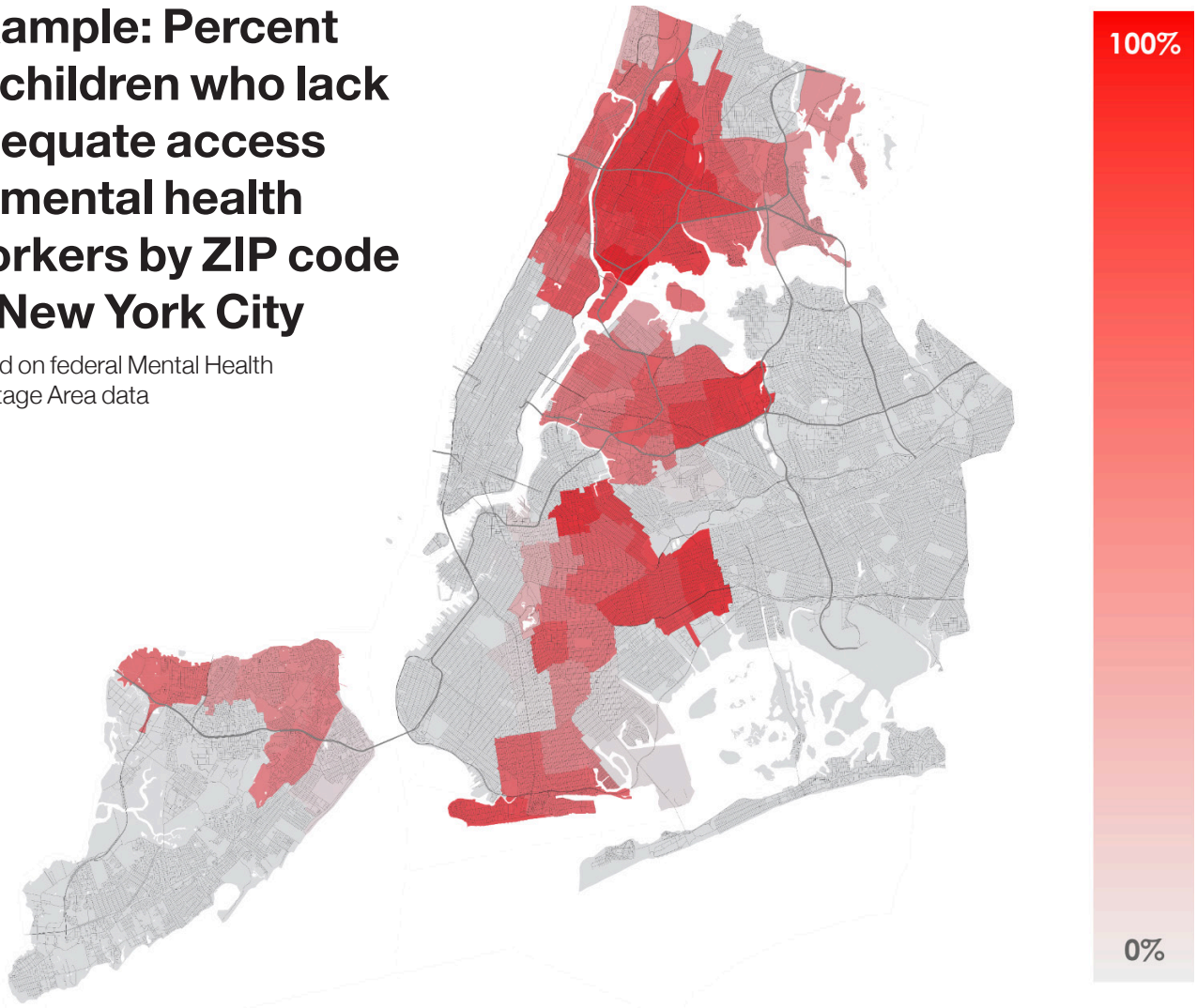
Based on federal Mental Health Shortage Area data for each county



Source: Crisis Text Line and Common Good Labs analyses of data from the Health Resources and Services Administration, 2021.

Example: Percent of children who lack adequate access to mental health workers by ZIP code in New York City

Based on federal Mental Health Shortage Area data



Source: Crisis Text Line and Common Good Labs analyses of data from the Health Resources and Services Administration, 2021.

There is similar variation across other measures that assess the availability of many of the other resources, including arts programming, high school sports participation, and library access. Several of these additional measures are also particularly low in rural areas. The average rural county has much lower access to arts organizations and park space for local children, compared to urban counties in metropolitan areas.

Even within the same city or county, access to the resources that help young people in crisis to cope varies significantly by ZIP code. We can see a clear example of this in New York City in the map above. If a young person is depressed in lower Manhattan or the Upper East Side, they are likely to have mental health professionals to turn to, but not if they move to many parts of Queens or the Bronx, where the majority of children are in mental health shortage areas.

Conclusion: Communities should reframe their approach to mental health support and reinvest in providing the resources young people need.

Young people have faced a number of new challenges that can affect their mental health since 2010. Sadly, as these stressors increased, many communities cut access to programs that provide resources to help young people cope.

The analyses shared in this report suggest that leaders would benefit from reframing the way they think about mental health support for youth. Extracurricular clubs, arts education, sports activities, libraries, and outdoor spaces are important services and programs for supporting young people's mental health in addition to the intrinsic value that each brings to local communities.

This is ultimately a hopeful message. Communities already have the knowledge and expertise needed to run clubs after school, to teach young people music and art, to coach sports teams, and build libraries and parks. **However, leaders across the country need to reinvest in these resources so that today's young people have similar levels of access as previous generations.**

Methodology

Scope

For the purposes of this study, we pulled a dataset of anonymized and de-identified Crisis Text Line conversations that met the following criteria.

They took place in the United States between 2019 and 2022.

The texter engaged with the counselor (as opposed to dropping off after initiating outreach).

They were not pranks or tests.

The texter mentioned at least one resource for finding support or relief from crisis that was collected in the counselor's notes.

The texter self-identified as 17 years or younger in an optional post-conversation survey that approximately 20% of texters complete.

Analysis of anonymized Crisis Text Line conversations

This yielded 87,623 conversations with freeform entries where Crisis Counselors logged coping mechanisms. Our partners at Common Good Labs conducted a qualitative review of over 60,000 entries to identify top coping strategies related to public policies and investments. The two teams then collaborated on a list of search words to use natural language processing (NLP) in order to programmatically categorize the freeform entries into the six categories of

Opportunities for social connection;

Engagement in music, writing, visual, and performing arts;

Mental health services;

Exercise and sports programs;

Books and audiobooks;

Outdoor spaces and nature.

For a full list of the search words, please email the Crisis Text Line Research and Impact team at research@crisistextline.org. We then iterated on the keyword lists to minimize false positives, but still identify as many instances of true mentions of these resources as possible.

Analysis of publicly available data sources

Common Good Labs analyzed the following publicly available datasets to assess the national availability of coping resources.

Opportunities for social connection

To measure opportunities for social connection, we used data on club participation, which has been collected by the U.S. Census Bureau.

Engagement in music, writing, visual, and performing arts

For measures on engagement in making art over time, we used 8th grade enrollment in visual art classes in 2019 and 2008, which is collected by the National Assessment of Educational Progress.

Mental health services

The number of adolescents with a major depressive episode as well as the proportion of those young people who were untreated is collected by the National Survey on Drug Use and Health.

Exercise and sports programs

To track participation in exercise and sports programming, we used data on students playing high school sports in 2021 and 2009. This is collected by the Youth Risk Behavior Surveillance System.

Books and audiobooks

When we discussed access to books and audiobooks, we relied on measures of the under 18 population within two miles of a public library, using data on the location of all public libraries in the nation collected by the Public Libraries Survey. Based on the consensus use of a two-mile library service area in many academic studies, we mapped a radius of two miles from each library address and identified which census block's centroids fell within the circle. Based on this we were able to determine the population of children who lived within and outside each library's service area.

Data on funding for local libraries is drawn from State and Local Finance Data collected by the Census Bureau and analyzed by the Urban Institute.

Outdoor spaces and nature

When we discussed access to outdoor space, we used a measure of the under 18 population within a one-mile radius of a public park, which is based on the ParkServe database from Trust for Public Land. A one-mile radius is generally equivalent to a 20 minute walk in U.S. cities.

Data on funding for local parks and recreation is drawn from State and Local Finance Data collected by the Census Bureau and analyzed by the Urban Institute.

Walkability

To calculate the percentage of children living in neighborhoods with poor walkability, we calculated the number under 18 population (based on Census data) living in ZIP codes with poor walkability based on the EPA's National Walkability Index. This data is available at the block group level, which we then allocated down to blocks. And blocks can be built up to ZIP Code Tabulation Areas (ZCTAs), which are the census representation of ZIP codes.

Mental health shortage areas and access to mental health providers

For analysis of Mental Health Shortage Areas (MHSs), the Health Resources and Services Administration designated shortage areas either geographically (meaning everyone living in a certain area) or by population (meaning certain populations living within an area). These populations include designations such as low-income, Medicaid-eligible, or Native Americans. In our data, we consider both geographic designation and population designation.

The methodology is as follows:

Include all under 18 for geographically designated MHSs.

If the designation is "Low-income" population for a particular area, estimate the under 18 populations that are living below 200% of the ratio of income to poverty for that area (ACS5Yr 2021).

If the designation is "Medicaid-eligible", estimate the under 18 populations that have Medicaid or other means-tests coverage living in that area (ACS5Yr 2021).

If the designation is "Native American", estimate the under 18 populations that are Native American living in that area (ACS5Yr 2021).

Limitations

This study has a number of limitations. First, Crisis Text Line texters are not representative of the U.S. population. Second, age is collected in a post-conversation survey that is optional, and does not include texters who needed an active rescue by engaging emergency services.

Third, while keyword searches are a reliable method to identify conversations about a certain topic, they can be misleading and might include false positives (for example: where a texter talked about "star wars" instead of "looking at the stars"). We worked to eliminate these false positives.

Finally, our analysis of resources for finding support or relief from crisis comes with its own set of limitations:

Strategies were discussed between the texter and crisis counselor, and then entered into a freeform field by the counselor. The accuracy with which counselors identify and report the texters' coping strategies is unknown.

We analyzed the strategies that texters reported using. Further research would need to be done in order to validate texters' real-world utilization of these strategies.

Some of these strategies may be more effective for some groups of texters than others, and some may be more effective for particular types of problems. Further work could evaluate subgroup differences in strategy effectiveness.

Texters who did not mention a strategy are not included. As noted above, texters who needed emergency services intervention also are not included. Therefore, the group evaluated here may reflect a milder/less distressed subpopulation of the complete Crisis Text Line sample.

