STATEMENT OF

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SURGEON GENERAL OF THE UNITED STATES OF AMERICA

BEFORE THE

COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS
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Chairman Sanders, Ranking Member Cassidy, members of the committee – I'm Dr. Vivek Murthy, and I have the privilege of serving as Surgeon General of the United States; as Vice Admiral in the United States Public Health Service Commissioned Corps; and, most importantly, as the father of two young children, a five-year-old girl and a six-year-old boy. They are the primary reason I am grateful for this opportunity to speak with you today.

Over the next few years, both of my children will enter an important stage of their education and development, where they'll learn how to build friendships, deal with adversity, and develop the values that will guide them throughout their lives. They and millions of their peers will start down the path to adulthood. Each path will be different. All will be filled with challenges along the way.

It's these challenges that I want to talk about today. I'm deeply concerned, as a parent and as a doctor, that many of the obstacles that this generation of young people face are unprecedented, and uniquely hard to navigate. The resulting impact on the mental health of millions of our children has been devastating.

In 2021, more than 2 in 5 high school students reported feeling persistently sad or hopeless almost every day for at least two weeks in a row – so much so that they stopped their regular activities.[1] This is an increase of 14% from 2019 and 50% from the previous decade. We also know that, in 2021, nearly 1 in 5 high school students reported making a suicide plan, a 13% increase from 2019.[2] And, within these numbers, we know that disparities exist. For example, nearly 60% of high school girls reported persistent feelings of sadness or hopelessness – a figure that was double the share of boys and the highest in a decade.[3] Students who identified as lesbian, gay, bisexual, questioning, or another non-heterosexual identity were approximately two times more likely than their heterosexual peers to experience persistent feelings of sadness or hopelessness too (69% vs 35%).[4] And also, in 2021, 3.7% of youth ages 12-17 had both a Major Depressive Episode (MDE) and a substance use disorder (SUD).[5]

The pandemic exacerbated this problem, but these challenges started well before the pandemic began and have many other contributing factors. From 2011 to 2015, youth psychiatric visits to

[1] Centers for Disease Control and Prevention. (2023). Youth Risk Behavior Surveillance Data Summary & Trends Report: 2011-2021. Retrieved from https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBS_Data-Summary-Trends_Report2023_508.pdf

[2] *Id.*

[3] *Id.* at 1.

[4] *Id.* at 1.

[5] Substance Abuse and Mental Health Services Administration. (2022). Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health (HHS Publication No. PEP22-07-01-005, NSDUH Series H-57). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/2021-nsduh-annual-national-report

emergency departments for depression, anxiety, and behavioral challenges increased by 28%.[6] And between 2007 and 2018, suicide rates among youth ages 10-24 increased by 57% – a total of 65,026 young people lost.[7]

Many mental health challenges first emerge early in life – half of all lifetime mental health issues begin by age 14, and 75% begin by age 24.[8] We need to do more to give young people and their families the tools to prevent and treat these mental health challenges. The average delay between the onset of mental health symptoms and treatment is 11 years – 11 long, isolating, confusing, and painful years.[9]

We have the opportunity, the responsibility, and – as evidenced through my travels across the country and my conversations with many of you – the desire to address the youth mental health crisis in America. In 2021, I released The Surgeon General's Advisory on Protecting Youth Mental Health, which outlines the policy, institutional, and individual changes it will take to treat and prevent mental health challenges. Just last month, my office released two new advisories. First on Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community. And second, The U.S. Surgeon General's Advisory on Social Media and Youth Mental Health. Together, these Advisories explore what's contributing to the mental health crisis among youth and how to address it.

One of the key barriers to addressing mental health is the stubborn and pervasive stigmatization of mental health that tells people they should be ashamed if they are struggling with depression, anxiety, stress, or loneliness. It's isolating and further separates people experiencing mental health challenges from their loved ones and from sources of support. This stigmatization prevents kids from seeking help and receiving the long-term recovery supports they need.

I felt that stigma myself, growing up in Miami as a child who didn't look the same as the other kids, and who too often was bullied and called racial slurs by classmates who told me I didn't belong. Not surprisingly, that left me feeling lonely and anxious about going to school – and I felt a deep sense of shame as well. Like it was somehow entirely my fault that I was hurting. Even though I knew my family loved me unconditionally, the embarrassment I felt prevented me from asking them for help.

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[6] Kalb, L. G., Stapp, E. K., Ballard, E. D., Holingue, C., Keefer, A., & Riley, A. (2019). Trends in Psychiatric Emergency Department Visits Among Youth and Young Adults in the US. Pediatrics, 143(4), e20182192. https://doi.org/10.1542/peds.2018-2192

[7] Curtin, S. C. (2020). State suicide rates among adolescents and young adults aged 10–24: United States, 2000–2018. National Vital Statistics Reports; 69:11. Hyattsville, MD: National Center for Health Statistics.

[8] Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. Archives of general psychiatry, 62(6), 593–602. https://doi.org/10.1001/archpsyc.62.6.593

[9] Wang, P. S., Berglund, P. A., Olfson, M., & Kessler, R. C. (2004). Delays in initial treatment contact after first onset of a mental disorder. Health services research, 39(2), 393–415. https://doi.org/10.1111/j.1475-6773.2004.00234.x

Even when children are able to summon the courage to ask for help, we do not always have sufficient resources to meet their needs. I am grateful that, in recent years, Congress and the Biden Administration have made unprecedented investments in expanding access to mental health care and treatment for kids. In 2022, President Biden announced his Unity Agenda for the nation – calling on us all to work together to tackle the mental health crisis, particularly for our youth. He released a comprehensive strategy to transform how we understand, treat and integrate mental health in America. And, already several actions have been taken to strengthen system capacity and connect more youth to care, including unprecedented investments to increase access to school-based mental health services with a focus on high-need school districts; to harness technology to bring virtual mental health services to where young people are; and to increase the number of peer support workers across the country. And historic investments have been made to enhance crisis response through the 988 Suicide and Crisis Lifeline to ensure that anyone experiencing a mental health crisis receives faster access to mental health services and trained mental health professionals. Significant investments have also been made to expand proven models of care like Certified Community Behavioral Health Centers (CCBHC) to provide comprehensive behavioral health care – including crisis care – to the most vulnerable Americans regardless of their ability to pay.

These are tremendous steps and many children now have access to care that they didn't previously have. However, more action is needed to help the millions who still lack adequate access. This means training providers, expanding peer support programs, enabling widespread use of technology to provide remote care, integrating behavioral health care with primary care and other settings, and strengthening and enforcing health insurance parity laws to ensure that insurers do their part to provide fair, equitable access to mental health services.

In addition to investment in treatment, it's crucial we do more to address the root causes of the youth mental health crisis. Today, I'd like to highlight three drivers that impact the mental health of today's kids and that I am particularly concerned about: loneliness, the impact of social media, and profound concerns about the state of the world.

First, increasing rates of loneliness. Across many measures, Americans appear to be becoming less socially connected over time. This is a problem that preceded the COVID-19 pandemic, though it certainly worsened for many people over the last three years. Social networks have been getting smaller, and levels of social participation have been declining. For example, objective measures of social exposure obtained from 2003-2020 find that social isolation, measured by the average time spent alone, increased from 2003 (285-minutes/day, 142.5-hours/month) to 2019 (309-minutes/day, 154.5-hours/month) and continued to increase in 2020 (333-minutes/day, 166.5-hours/month).[10] This represents an increase of 24 hours per month spent alone. At the same time, social participation across several types of relationships

[10] Kannan, V. D., & Veazie, P. J. (2022). US trends in social isolation, social engagement, and companionship – nationally and by age, sex, race/ethnicity, family income, and work hours, 2003-2020. SSM - population health, 21, 101331. https://doi.org/10.1016/j.ssmph.2022.101331

has steadily declined. For instance, the amount of time respondents engaged with friends socially in -person decreased from 2003 (60-minutes/day, 30-hours/month) to 2020 (20-minutes/day, 10-hours/month).[11] This represents a decrease of 20 hours per month spent engaging with friends. This decline in total time spent in-person with friends was starkest for young people ages 15 to 24. For this age group, time spent in-person with friends has declined by nearly 50% over the last two decades, from roughly 150 minutes per day in 2003 to less than 70 minutes per day in 2019.[12] This is concerning because, for children and adolescents, loneliness and social isolation in childhood increases the risk of depression and anxiety both in the short-term and well into the future (up to 9 years later).[13]

Second, as discussed in the recent U.S. Surgeon General's Advisory on Social Media and Youth Mental Health, we have reason to be concerned about the impact of social media[14] use on youth mental health. Social media use by youth is nearly universal. Up to 95% of youth ages 13-17 report using a social media platform, with more than a third saying they use social media "almost constantly."[15] Although age 13 is commonly the required minimum age used by social media platforms in the U.S., nearly 40% of children ages 8-12 use social media.[16] Despite this widespread use among children and adolescents, there is insufficient evidence to conclude that social media is sufficiently safe for kids. Instead, there is a growing body of data associating social media use with potential harms to kids. There are also widespread concerns among parents and caregivers, young people, health care experts, and others about the impact of social media on youth mental health.

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[11] *Id.*

[12] *Id.* at 9.

[13] Loades, M. E., Chatburn, E., Higson-Sweeney, N., Reynolds, S., Shafran, R., Brigden, A., Linney, C., McManus, M. N., Borwick, C., & Crawley, E. (2020). Rapid Systematic Review: The Impact of Social Isolation and Loneliness on the Mental Health of Children and Adolescents in the Context of COVID-19. Journal of the American Academy of Child and Adolescent Psychiatry, 59(11), 1218–1239.e3. https://doi.org/10.1016/j.jaac.2020.05.009

[14] The definition of social media has been highly debated over the past few decades. As a result, there isn't a single, widely-accepted scholarly definition of social media. (Aichner et al., 2021) The definition may vary from the cited research in this document based on the methods used in each study. In making conclusions and recommendations, this document regards social media as "internet-based channels that allow users to opportunistically interact and selectively self-present, either in real-time or asynchronously, with both broad and narrow audiences who derive value from user-generated content and the perception of interaction with others." (Carr & Hayes, 2015) For the purposes of this product, we did not include studies specific to online gaming or e-sports. Aichner, T., Grünfelder, M., Maurer, O., & Jegeni, D. (2021). Twenty-Five Years of Social Media: A Review of Social Media Applications and Definitions from 1994 to 2019. Cyberpsychology, Behavior And Social Networking, 24(4), 215–222. https://doi.org/10.1089/ cyber.2020.0134; Carr, C. T., & Hayes, R. A. (2015). Social Media: Defining, Developing, and Divining. Atlantic Journal of Communication, 23:1, 46-65. https://doi.org/10.1080/15456870.2 015.972282

[15] Vogels, E., Gelles-Watnick, R. & Massarat, N. (2022). Teens, Social Media and Technology 2022. Pew Research Center: Internet, Science & Tech. United States of America. Retrieved from https://www.pewresearch.org/internet/2022/08/10/teens-social-media-and-technology-2022/

[16] Rideout, V., Peebles, A., Mann, S., & Robb, M. B. (2022). Common Sense Census: Media use by tweens and teens, 2021. San Francisco, CA: Common Sense. Retrieved from https://www.commonsensemedia.org/sites/default/files/research/report/8-18-census-integrated-report-final-web_0.pdf

While social media may have benefits for some children and adolescents, such as serving as a source of connection, information, and support, especially for youth who are often marginalized, we must acknowledge and better understand the growing body of research about potential harms associated with social media use and urgently take action to create safe and healthy digital environments – ones that minimize harm and safeguard children's and adolescents' mental health and well-being while also maximizing the potential benefits of social media on health and well-being.

We are especially concerned about social media use among children because adolescence represents a highly sensitive period of brain development that can make young people more vulnerable to harms from social media. During this period, we know that young people are more prone to engage in risk-taking behaviors, their overall well-being (in terms of mood, physical health, etc.) fluctuates the most, and mental health challenges begin to emerge. We also know that, in early adolescence, when identities and sense of self-worth are forming, brain development is especially susceptible to social pressures, peer opinions, and peer comparison. As such, adolescents may experience heightened emotional sensitivity to the communicative and interactive nature of social media.

Social media platforms may contribute to youth mental health concerns in a number of ways. Excessive social media use can disrupt activities that are essential for healthy youth development like physical activity and sleep and reduce time for positive in-person activities. The content on social media platforms can reinforce negative behaviors like online harassment, abuse, exploitation, and exclusion, perpetuate body dissatisfaction and social comparison, and undermine the safe and supportive environments kids need to thrive. Research suggests that social media use can be excessive and problematic for some kids; that children and adolescents on social media are commonly exposed to extreme, inappropriate, and harmful content. The research also shows that those who spend more than 3 hours a day on social media face double the risk of experiencing poor mental health outcomes, such as symptoms of depression and anxiety.[17] This is deeply concerning as a survey of teenagers showed that, on average, they spend 3.5 hours a day on social media, with one in four spending 5 or more hours per day and one in seven spending 7 or more hours per day on social media.[18] Over half of teenagers report that it would be hard to give up social media, and on a typical weekday, nearly one in three adolescents report using screens (most commonly social media) until midnight or later.[19, 20]

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[17] Riehm, K. E., Feder, K. A., Tormohlen, K. N., Crum, R. M., Young, A. S., Green, K. M., Pacek, L. R., La Flair, L. N., & Mojtabai, R. (2019). Associations Between Time Spent Using Social Media and Internalizing and Externalizing Problems Among US Youth. JAMA psychiatry, 76(12), 1266–1273. https://doi.org/10.1001/jamapsychiatry.2019.2325

[18] Miech, R. A., Johnston, L. D., Bachman, J. G., O'Malley, P. M., Schulenberg, J. E., and Patrick, M. E. (2022). Monitoring the Future: A Continuing Study of American Youth (8th- and 10th-Grade Surveys), 2021. Inter-university Consortium for Political and Social Research [distributor]. https://doi.org/10.3886/ICPSR38502.v1

[19] *Id.* at 14.

[20] Bickham, D.S., Hunt, E., Bediou, B., & Rich, M. (2022). Adolescent Media Use: Attitudes, Effects, and Online Experiences. Boston, MA: Boston Children's Hospital Digital Wellness Lab. Retrieved from https://digitalwellnesslab.org/wp-content/uploads/Pulse-Survey_Adolescent-Attitudes-Effects-and-Experiences.pdf

When asked about the impact of social media on their body image, nearly half (46%) of adolescents ages 13-17 said social media makes them feel worse, 40% said it makes them feel neither better nor worse, and 14% said it makes them feel better.[21]

This increase in social media use may also contribute to the bombardment of messages that undermine this generation's sense of self-worth – messages that tell our kids with greater frequency and volume than ever before that they're not good-looking enough, not popular enough, not smart enough, not rich enough.

Third, many young people are grappling with challenges that impact their present-day experience and the world they'll inherit, including economic inequality, climate change, racial injustice, discrimination against individuals who identify as LGBTQI+, the opioid epidemic, and gun violence. And they feel progress is too slow. The COVID-19 pandemic further exacerbated the stresses young people already faced. As of December 2022, more than 275,000 children lost a primary or secondary caregiver due to COVID-19 and many more worried about losing loved ones who fell sick.[22] With the support of Congress, the Administration has taken actions to support this population of youth who have been affected by COVID-19 and other disasters, such as the Children and Youth Resilience Prize Challenge which will fund innovative community-led solutions to promote resilience in children and adolescents. Millions of children experienced increased food insecurity, instability, and economic stress at home, and were isolated from friends and family during an extraordinarily stressful period. The collective impact of these challenges and the absence of a clear, unified path to progress has undermined young people's confidence in the future that awaits them.

It is imperative that we act now. Our children do not have the luxury of time – their childhoods and developments are happening now.

Out of the many recommendations in the recent Surgeon General's Advisories, I'd like to highlight four overarching recommendations today:

First, ensuring that every child has access to high-quality, affordable, and culturally competent mental health care. To do this, we must make sure that children are enrolled in health coverage – far too many children in our country are eligible for coverage under Medicaid and the Children's Health Insurance Program, but aren't enrolled. We need to do better here, especially as pandemic-era provisions to support coverage have come to an end, which could leave gaps in coverage for countless families and children.[23] We also need to expand our mental health workforce, from clinical psychologists, school counselors, and psychiatrists, to recovery coaches

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[21] *Id.*

[22] Imperial College London. (14 February, 2022). Global Orphanhood estimates real time calculator. Imperial College London. Retrieved from https://imperialcollegelondon.github.io/orphanhood_calculator/#/country/United%20States%20of%20America

[23] Centers for Medicare & Medicaid Services. (n.d.). Unwinding and Returning to Regular Operations after COVID-19. Retrieved from https://www.medicaid.gov/resources-for-states/coronavirus-disease-2019-covid-19/unwinding-and-returning-regular-operations-after-covid-19/index.html

and peer specialists – and that includes making sure these professionals can serve in, and provide services at, schools. We have too few providers to meet the growing demand. And we need to make sure that care is delivered at the right place and time, whether that's in health care settings like primary care practices, or community-based settings like schools, and whether it's in person or through telehealth. The Departments of Education and Health and Human Services are collaborating to help make it easier for schools to file Medicaid claims for crucial mental and physical school-based health services, with potential to unlock additional supports for millions more students nation-wide. This is on top of the from the American Rescue Plan Elementary and Secondary School Emergency Relief Fund and the Bipartisan Safer Communities Act that we know states and schools districts are already using to provide more counselors, other mental health providers, and nurses in schools. More than 14,000 new mental health professionals – including school psychologists, counselors, and social workers – are projected to be placed in U.S. schools.[24] Those funds, coupled with Medicaid funding, are available now to help meet our young peoples' critical mental health needs. .

Second, focusing on prevention, by investing in school- and community-based prevention, promotion, and early intervention programs that have been shown to improve the mental health and emotional well-being of children at low cost and high benefit. Every dollar we spend on prevention represents multiple dollars we won't have to spend on treatment – in fact, one study estimated that investment in early prevention offered a four-fold return down the line.[25] We've seen the extraordinary potential of certain strategies and programs – Project AWARE and What Works in Schools, for example, which help communities develop a sustainable infrastructure for school-based mental health programs and services. The recent Surgeon General's Advisory on Our Epidemic of Loneliness and Isolation lays out a set of recommendations for schools, including developing a strategic plan for school connectedness, building social connection into health curricula, implementing socially based educational techniques such as cooperative learning projects, and creating supportive school environments that foster belonging.

These programs support families, teaching parents how to recognize challenges as they emerge, find available resources, and offer support and care. They also give kids tools to manage their emotions in healthy ways, build supportive relationships, and get help when they need it. We need to invest in scaling these programs, and programs like them, across the country. And that must go hand-in-hand with continuing to advance comprehensive public health approaches such as preventing adverse childhood experiences, promoting positive childhood experiences, and addressing the systemic economic and social barriers, like safety,

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[24] U.S. Department of Education. (15, May 2023). Press Release: Biden-Harris Administration Announces Nearly $100 Million in Continued Support for Mental Health and Student Wellness Through Bipartisan Safer Communities Act. Retrieved from https://www.ed.gov/news/press-releases/today-biden-harris-administration-announcing-more-95-million-awards-across-35-states-increase-access-school-based-mental-health-services-and-strengthen-pipeline-mental-health-professionals-high-needs-school-districts-t

[25] Karoly, L.A., Greenwood, P.W., Everingham, S.S., Houbé, J.S., Kilburn, M.R., Rydell, C.P., Sanders, M.R., & Chiesa, J. (1998). Investing in Our Children: What We Know and Don't Know About the Costs and Benefits of Early Childhood Interventions.

housing, food, and economic insecurity, that contribute to and create the conditions for poor mental health for young people, families, and caregivers. [26]

Third, we need to take action now to protect children against the potential harms of social media. The recent Surgeon General's Advisory on Social Media and Youth Mental Health describes the current evidence on the impacts of social media on the mental health of children and adolescents. It details how there are critical gaps to understanding the full extent of mental health risks posed by social media – including a lack of evidence that social media is sufficiently safe for children and adolescents. There are critical steps policymakers can take to address the complex issues related to social media use and protect youth from the risk of harm, including by strengthening safety protections, developing age-appropriate health and safety standards, limiting access in ways that make social media safer for children of all ages, requiring platforms to better protect children's privacy, supporting digital and media literacy curricula within schools and in academic standards, and supporting research on both the benefits and harms of social media use. The Administration has taken actions to help us fill critical knowledge gaps such as the establishment of the National Center of Excellence on Social Media and Mental Wellness, which will develop and disseminate information, guidance, and training on the impact—including risks and benefits—of social media use on children and young people and examine clinical and social interventions that can be used to prevent and mitigate the risks. It's crucial that these platforms are designed to maximize the benefits and minimize the harms to the mental health of our youth and with the health and well-being of all users, especially children, in mind.

The final recommendation I will highlight today concerns individual and community engagement to cultivate a culture of connection – a culture in which we prioritize cultivating healthy relationships with family, friends, neighbors, coworkers, and community members. A strong culture of connection shapes not only our individual experience but also how we design our school and work environments and the investments we make in community organizations that bring us together. Such a culture rests on core values of kindness, respect, service, and commitment to one another. As leaders, parents, friends, and fellow Americans, it is up to us to build this culture by reflecting these core values through our actions, our words, and our example. We can do it by investing in local-level programs, policies, and physical elements of a community that facilitate bringing people together, by reaching out to people in our lives who are having a hard time to offer our support, by choosing to understand someone's intention and choosing not to demonize them because of our differences, and by sharing our own stories and struggles with mental health, recognizing that there is great power in our authenticity and vulnerability.

[26] Centers for Disease Control and Prevention. (22 September, 2022). Preventing Adverse Childhood Experiences: Data to Action (PACE:D2A). Retrieved from https://www.cdc.gov/violenceprevention/aces/preventingace-datatoaction.html

A nation with a strong culture of connection is one where people feel a sense of community and belonging, where people recognize that we are defined not by our differences and disagreements but by the hopes we share for our kids, our community, and our country.

I look forward to discussing these recommendations and possibilities with you today. Mitigating this crisis is urgent, but it will take a bipartisan, all-of-society coalition of governments, community organizations, employers, technology and social companies, schools and health care systems, and young people and their families alike. I thank you for recognizing this, and for your shared commitment to action.

Our obligation to act is not just medical – it's moral. It's not only about saving lives. It's about fulfilling our sacred obligation – to care for our children and secure a better future for them. Throughout our history, progress has been born in the wake of tragedy. I'm eager to partner with you to make it happen again.

Thank you for having me, and for giving this critical issue the attention it needs and deserves.