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# A Nation's Children at Risk

## Insights on Children's Mental Health from the Understanding America Study

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# Key Findings

- According to parents, **teen girls** and **pre-teen boys** are showing the **clearest distress signals** – more so than pre-teen girls or teen boys.

- **Teen girls** are struggling the most relative to other children in the area of **Emotional Symptoms**. This includes experiencing **anxiety**, **depression**, often feeling **worried** or worrying, being **nervous**, having many **fears**, and complaining of **physical manifestations** of anxiety – like headaches and stomachaches.

- **Pre-teen boys** are struggling the most relative to other children in two areas: **Hyperactivity/Inattentiveness** and **Conduct Problems.** Hyperactivity/Inattentiveness includes symptoms like **restlessness**, **fidgeting**, **distraction**, and **acting out** without thinking. Conduct Problems includes symptoms like often losing their **temper**, **fighting** with others, **lying**, **cheating**, **bullying**, **stealing**, etc.

- Students on pace to be **chronically absent** and students with **lower grades** are much more likely to have high scores on these measures of struggles and challenges, suggesting that **mental health** is related to **academic struggles** and **student engagement**.

- Though **Black** and **lower-income families** are much less likely to report that **mental health services** are offered in their child's school, they are much more likely to report using those services when they are offered.

# Executive Summary

**The mental health of children in the United States today has become an increasingly pressing issue, as our country is experiencing sharply increased teen suicides, emergency room visits, and rates of anxiety and depression in children.**

There are multiple contributing factors: the social isolation of the pandemic, its academic interruptions, family disruptions, economic impacts, plus the pervasive and often negative impact of social media. In this report, we examine adolescent mental health in a nationally representative, probability-based sample of U.S. families we have regularly surveyed about their children's school experiences. Using the parent Strengths and Difficulties Questionnaire (SDQ), we look at mental health scores across demographic groups, also exploring the relationships between scores and school attendance and course grades. Additionally, we investigate students' access to mental health resources in schools. Below, we highlight key findings from our research. More details are included in the full report.

## Teen girls and pre-teen boys are showing the clearest distress signals, but in different domains.

- SDQ scores are particularly high for pre-teen boys, followed closely by teen girls (Figure 1).
- For pre-teen boys, their troubles are concentrated in the areas of Conduct Problems and Hyperactive/Inattentive behaviors. Meanwhile, teen girls show notably higher struggles in Emotional Symptoms (Figure 2).

### FIGURE ES1. DECEMBER 2023/JANUARY 2024 SDQ SCORES, BY AGE AND GENDER

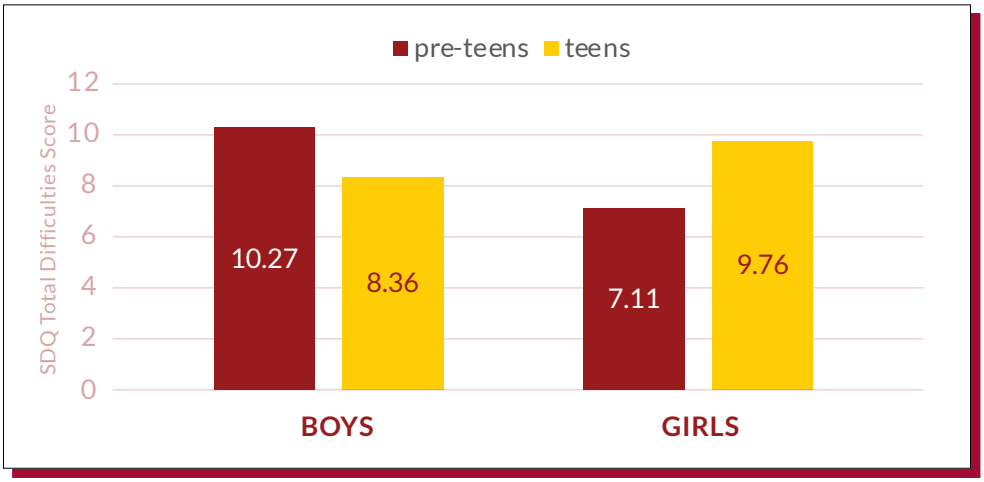
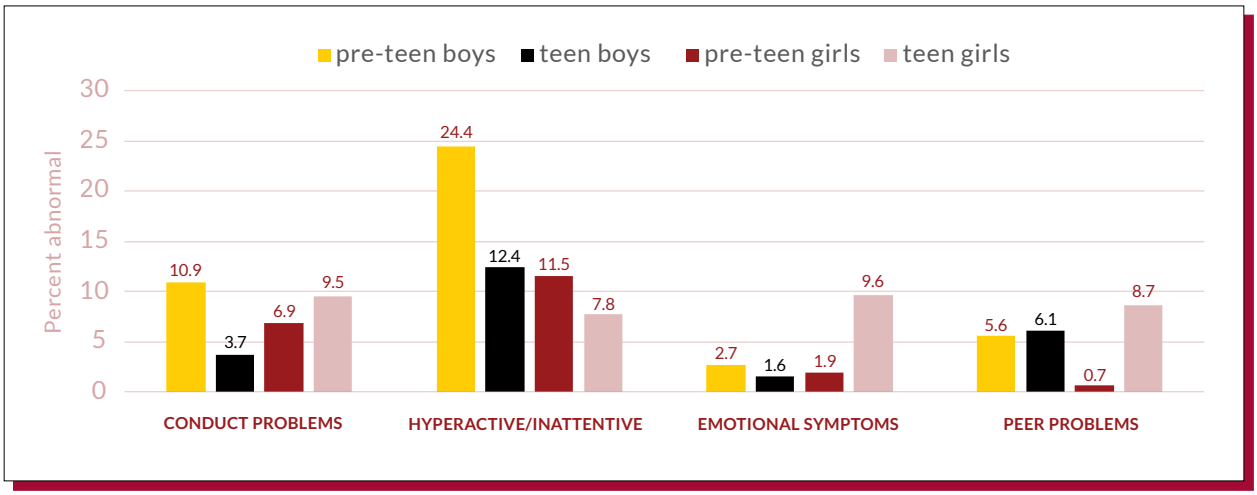


**FIGURE ES2. DECEMBER 2024/JANUARY 2024 SDQ SCORES: PERCENT ABNORMAL, NEGATIVELY VALENCED DOMAINS**




## Racial differences in mental health challenges emerge within these age-gender subgroups.

- Among pre-teen boys, Black children are struggling more than other groups, particularly in the Conduct Problems domain.
- Among teen girls, Black children are struggling less in Emotional Symptoms domain than other groups. White girls show higher problem scores in the Hyperactive/Inattentive domain compared to all other subgroups.

## Students on pace to be chronically absent are 3 times more likely to have an overall SDQ score in the abnormal range.

- For the subset of families reporting more than 10 absences during the fall of 2023, almost one-quarter (23%) scored in the abnormal range on the overall measure of mental health—more than 3 times as many as those with few absences (7%).
- This same pattern emerged in three SDQ domains (Table 1): Emotional Symptoms (12% compared to 2%, a six-fold increase); Conduct Problems (22% compared to 6%); and Peer Problems (10% compared to 4%).

### TABLE ES1. PERCENT OF STUDENTS SCORING IN THE ABNORMAL RANGE ON SDQ DOMAINS, BY FALL 2023 ABSENCES

| | 5 OR FEWER ABSENCES (N=2,053) | 6 TO 10 ABSENCES (N=181) | MORE THAN 10 ABSENCES (N=96) |
|---|---|---|---|
| Emotional Symptoms | 2% | 9% | 12% |
| Conduct Problems | 6% | 15% | 22% |
| Hyperactive/Inattentive | 14% | 16% | 14% |
| Peer Problems | 4% | 9% | 10% |
| Overall Difficulties | 7% | 13% | 23% |

## Students who earn Cs in at least one subject area are 3 times more likely to have an overall SDQ score in the abnormal range.

- Among those reporting their child receives Cs in at least one subject area, the prevalence of abnormal scores on the SDQ was much higher: 19% overall compared to 6% among those reporting their child earns all As and Bs.
- This pattern was true for all domains as well, though to differing degrees (Table 2). For Conduct Problems, 20% of students earning at least some Cs scored in the abnormal domain, compared to 5% of those earning all As and Bs. For Hyperactive/Inattentive, among those reporting at least some Cs, 23% scored abnormal, compared to 12% of those earning all As and Bs.

### TABLE ES2. PERCENT OF STUDENTS SCORING IN THE ABNORMAL RANGE ON SDQ DOMAINS, BY FALL 2023 COURSE GRADES

| | EARNING AS AND BS IN ALL SUBJECT AREAS (N=1,944) | EARNING CS OR LOWER IN AT LEAST ONE SUBJECT AREA (N=344) |
|---|---|---|
| Emotional Symptoms | 3% | 7% |
| Conduct Problems | 5% | 20% |
| Hyperactive/Inattentive | 12% | 23% |
| Peer Problems | 4% | 8% |
| Overall Difficulties | 6% | 19% |

## Though Black and lower-income families are less likely to report that mental health services are offered in their child's school, they are more likely to report using those services when offered.

- More than half of White families (52%) reported their school offered mental health services, compared to 29% of Black families.
- While 59% of the highest-income families reported mental health services in their schools, only 37% of the lowest-income families did the same. As household income increased, so did the availability of mental health services (Figure 3).
- But when mental health services were offered, it was the lowest-income families who reported utilizing those services the most (56%)—a rate more than 5 times higher than the highest-income families (11%).

**FIGURE ES3. PERCENTAGE OF FAMILIES REPORTING THEIR SCHOOLS OFFERED MENTAL HEALTH SERVICE DURING THE 2023-24 SCHOOL YEAR, BY HOUSEHOLD INCOME**

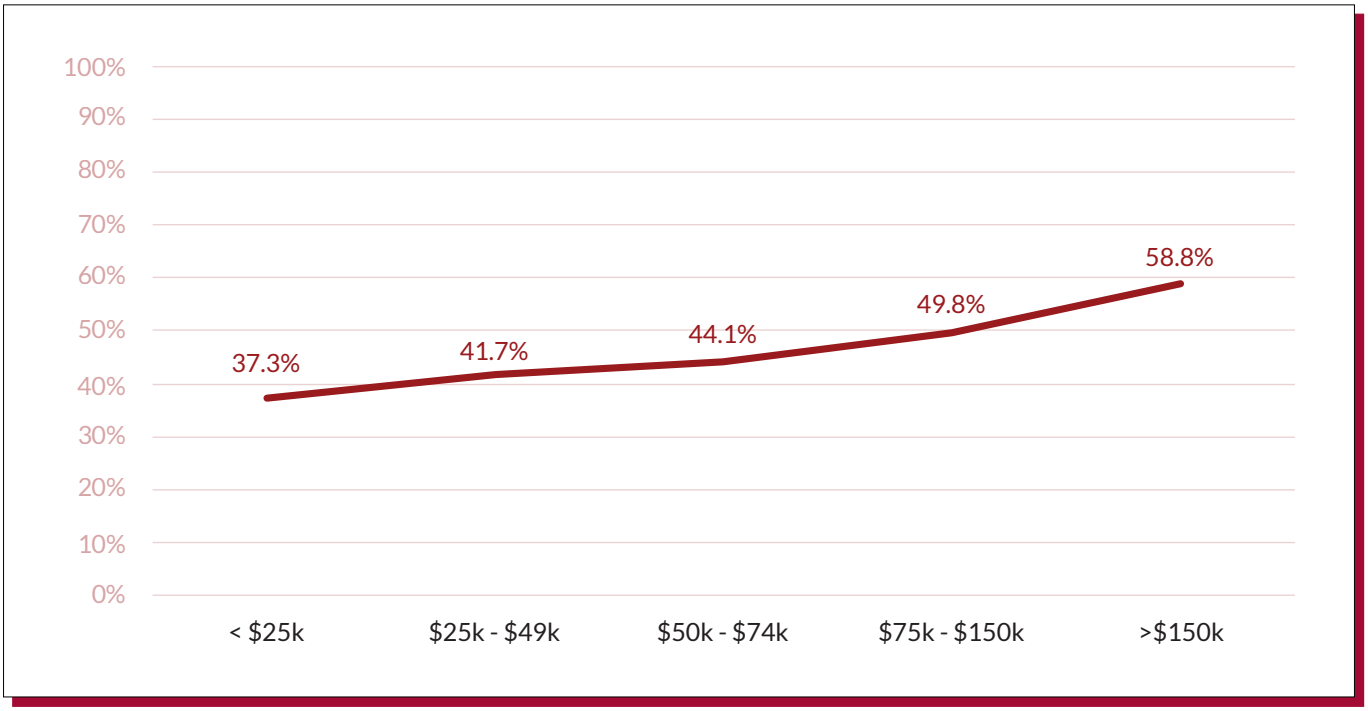
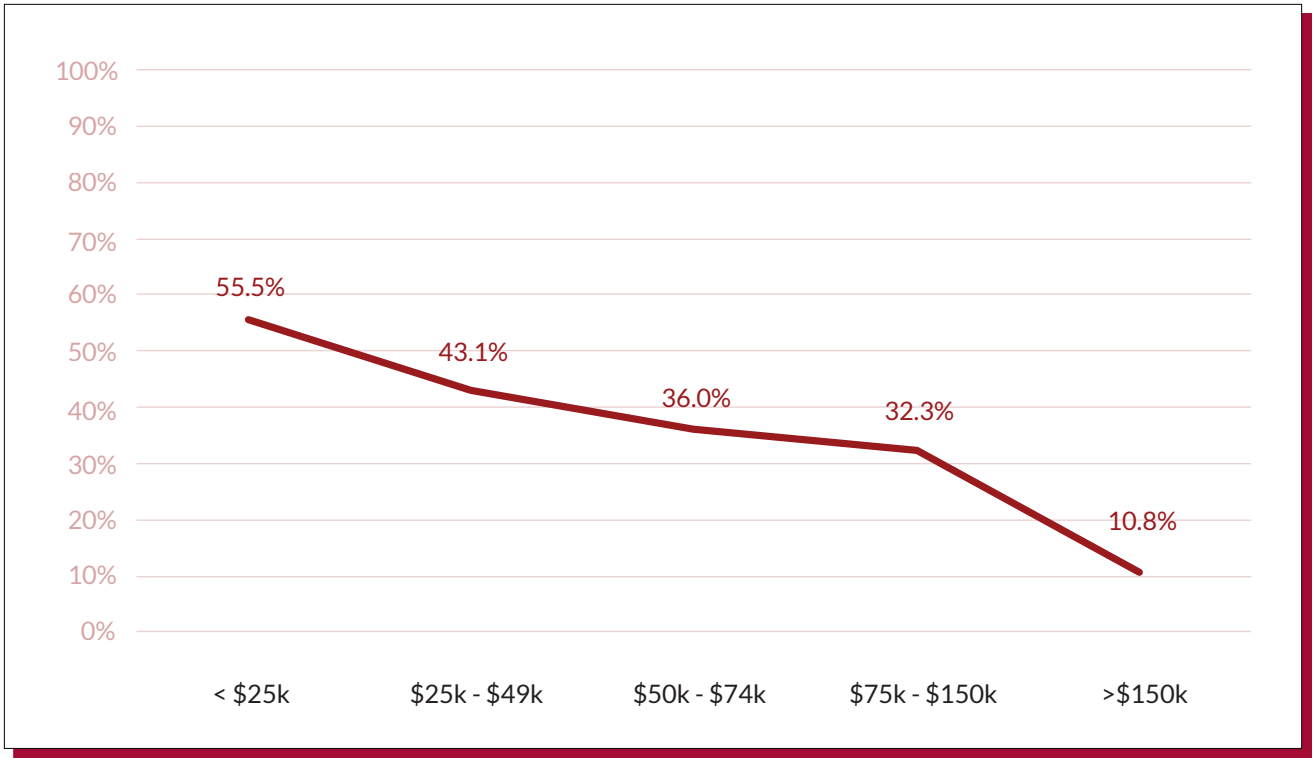


**FIGURE ES4. IN SCHOOLS OFFERING MENTAL HEALTH SERVICES DURING THE 2023-24 SCHOOL YEAR, PERCENTAGE OF STUDENTS PARTICIPATING, BY HOUSEHOLD INCOME**




## Needs for mental health services are unmet.

- Almost 20% of respondents in schools without mental health services report they would have signed up their child if they were available.
- This was even more common among Black and Hispanic families: 22% of Hispanic families and 21% of Black families, compared to 15% of White families.
- When students are receiving mental health supports in school, 75% of parents report those services are helping "some" or "a lot," and 72% report they are satisfied or very satisfied with the services.

## Implications

- While the mental health struggles of our nation's adolescents often are in the headlines, this report helps illuminate the unique challenges faced by different subgroups of children.
- Further, we link these mental health struggles to higher rates of absenteeism and lower school grades (though these results are correlational and do not suggest a direction of causation).
- Our data support the interconnected nature of student needs; to improve their academic outcomes, schools also must focus on mental health and attendance.
- There remains unmet need for mental health services in schools. While school districts have increased their mental health services with pandemic recovery funding, we found higher rates of service availability in White and higher-income households.
  Yet, we found the highest rates of uptake among the lowest-income families—those least likely to have those services available to them.
- Our results can, and should, inform targeting of available resources to where they are most needed.

# Background

## Mental Health Among Today's Children

The mental health of children in the United States today has become an increasingly pressing issue. Numerous polls and compilations of data sources have documented the increase in mental health challenges among today's youth, including teen suicides and the spike in emergency room visits related to attempted suicides. Deep bodies of research describe this decline in children's mental health in America as well as internationally, with some offering potential explanations for the cause of these changes.

Of course, an obvious contributing factor is the COVID-19 pandemic and its lasting impacts. Millions of children experienced disrupted educational experiences during the 2019-20, 2020-21, and 2021-22 school years. Those disruptions have affected peer relationships, social and cognitive development, and learning progress. They also interfered with students' receipt of intervention services, including food distribution, social services, special-education services, and English-learner supports. Further, an estimated 275,000 children lost their primary caregiver due to COVID-19 and excess deaths between the start of the pandemic and the end of 2022. Yet further still, cascading economic consequences translated into heightened household anxiety and depression, food insecurity, job loss, and other adverse experiences.

However, this does not explain why the crisis of declining mental health among youths began before the pandemic, as shown in a 2021 report by the Centers for Disease Control and Prevention. In 2011, 28% of high school students reported persistent feelings of sadness or hopelessness—but by 2019, that number had increased by nearly a third, rising nine percentage points to 37%. By 2021, the number was up to 42%.

Considering the timeline, another likely contributing factor is the pervasive, often negative, influence of social media. The U.S. Surgeon General recently released an advisory on social media and youth mental health, summarizing existing evidence of social media's potential harm, recommending warning labels on social media apps, and issuing a call for urgent action better understand the full impact of social-media use on children. Also playing a role may be academic pressure, a common source of stress among adolescents and one that may be increasing over time.

Our contribution to understanding the current crisis is situated within the context of education. Since March 2020, we have leveraged the Understanding America Study (UAS), a probability-based survey panel of more than 14,000 households across the U.S., to document many aspects of children's school experiences in the pandemic and its aftermath.[1] As part of this work, we posed questions about children's day-to-day school-based experiences, parents' perspectives on the quality of their children's education, attitudes and opinions about changing school policies, and students' mental health. Resulting data are nationally representative by U.S. region, family race, and income level (among other background characteristics).[2]

As noted in the aforementioned CDC report, 95% of the country's children attend school, children spend a significant portion of their daily lives in school, and schools play a critical role in shaping students' mental, physical, and social health—in addition to their academic learning. Also, for children in need, schools exist as a primary access point to services and supports. Our discussion of the current mental health crisis is informed through data collected while researching issues relevant to public education. After four years of survey fielding, we look back on the many sources of data that can inform this conversation. Beginning in March 2020, when schools closed due to the pandemic, we've surveyed the approximately 2,500 households with a child enrolled in kindergarten through 12th grade (K-12) in the UAS panel more than 30 times.[3] In those 30 surveys exist questions that help us explore the following questions:

1. How concerned are parents about their children's psychological and social well-being?
2. What do specific facets of children's emotional and behavioral difficulties tell us about their current struggles and needs for intervention?

[1] The UAS is administered by the University of Southern California's Center for Economic and Social Research.

[2] Probability-based survey panels use random sampling methods (typically address-based) to select participants from the population of interest. This reduces the risk of sampling bias by ensuring every member of the population has a known and non-zero chance of being selected. The ultimate probability-based survey sample is a true random subset of the population—not a group of people who, often, have volunteered to be included (i.e., as in an "opt-in" sample or a convenience sample). By drawing from a probability-based sample, the panel is more likely to accurately reflect the diversity of the population.

[3] When a household has more than one school-aged child, we randomly select one child for them to answer about consistently.

3. To what extent are dimensions of children's mental health related to other important academic well-being measures, such as student attendance and grades?

4. To what extent are mental health services being made available in schools, and to what extent are students in need receiving those services?

**Our findings reveal patterns and disparities that highlight the urgent need for targeted interventions and robust support ....**

Our findings reveal patterns and disparities that highlight the urgent need for targeted interventions and robust support systems to address the mental health needs of America's youth, with particular attention to pre-teen boys and teenage girls.

# Measurement

We use the term "parent" throughout this report to represent respondents, but note that only about two-thirds (69%) were the parent of the child in question. Respondents could include other household members who indicated they were knowledgeable enough about the children living in the household to answer the survey questions.[4] If limiting the sample to only parent respondents, there were no meaningful differences in any results reported here.

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## Mental Health

Two question types have served as our monitoring measures: 1) questions about parent concerns for various aspects of their child's well-being, and 2) the parent "Strengths and Difficulties Questionnaire" (SDQ). We describe each in turn below.

### 1. Parent Concerns

Since March 2020, we've asked panel members a series of straightforward questions about their concern for their child in various domains of well-being. In Table 1 we include those related to mental health, including how concerned parents felt about their child's psychological (which we migrated to "mental health" in 2023), social, and emotional well-being; school engagement; and peer relationships. Response options included not at all concerned, a little concerned, concerned, and very concerned.

[4] Another 21% identified as the child's grandparent. The remaining 10% included adult siblings, aunts/uncles, non-family caretakers, etc.

### TABLE 1. SURVEY QUESTIONS TARGETING SUBJECTIVE PARENT CONCERN

| HOW CONCERNED ARE YOU ABOUT ... * | JUNE 2020 | OCT 2020 | APRIL 2021 | JUNE 2021 | SEPT 2021 | APRIL 2022 | DEC 2022 | MAY 2023 | DEC 2023 |
|---|---|---|---|---|---|---|---|---|---|
| [Name]'s psychological well-being? | X | X | X | X | X | X | X | X | |
| [Name]'s mental health? | | | | | | | | X | X |
| How engaged [Name] will be this year? | | X | X | X | X | X | X | X | X |
| [Name]'s relationships with peers? | | X | X | X | X | | | | |
| How child is doing socially? | X | X | X | X | X | X | X | X | X |
| How child is doing emotionally? | X | X | X | X | X | | | | |

*We made small wording changes over the past four years to account for time of question compared to time of school year; how child was "faring" was changed to how child was "doing."

### 2. Strengths and Difficulties Questionnaire (SDQ)

Though we do not directly survey children, we ask respondents to complete the SDQ about their child. The SDQ is a standardized, popular screener questionnaire that parents may recognize from their teen's annual well-check at the pediatrician's office. The SDQ is composed of 25 items across five different domains of emotional and behavioral difficulties, including one "strengths" domain reflecting prosocial behaviors (Table 2). SDQ items ask about the presence or absence of specific, observable feelings or behaviors. Parents are asked to what extent each statement is true (i.e., not true, somewhat true, or certainly true) over the last six months. For the four "problem" domains, higher scores represent the presence of more negative behaviors: Emotional Symptoms (e.g., many worries, often unhappy, many fears), Conduct Problems (e.g., often loses temper, often lies or cheats), Hyperactive/Inattentive (e.g., restless, overactive, constantly fidgeting, easily distracted), and Peer Problems (e.g., would rather be alone, picked on or bullied by others). The Prosocial Behavior domain is positively valanced, in that higher scores represent the presence of more desirable behaviors (e.g., considers others' feelings, shares readily, helpful if someone is hurt).

Much psychometric work has been done to demonstrate the SDQ's test-retest reliability, confirm its five-factor structure, and establish its predictive, construct, convergent, and divergent validity. The SDQ also has demonstrated high correlation between self-reports of parents, teachers, and students.

### TABLE 2. SDQ DOMAINS AND ASSOCIATED ITEMS

| EMOTIONAL SYMPTOMS | HYPERACTIVE/INATTENTIVE |
|---|---|
| • Often complains of headaches, stomach-aches, or sickness<br>• Many worries or often seems worried<br>• Often unhappy, depressed, or tearful<br>• Nervous in new situations, easily loses confidence<br>• Many fears, easily scared | • Restless, overactive, cannot stay still for long<br>• Constantly fidgeting or squirming<br>• Easily distracted, concentration wanders<br>• (R) Thinks things out before acting<br>• (R) Good attention span, sees work through to the end |
| **CONDUCT PROBLEMS** | **PEER PROBLEMS** |
| • Often loses temper<br>• (R) Generally well behaved, usually does what adults request<br>• Often fights with others or bullies them<br>• Often lies or cheats<br>• Steals from home, school, or elsewhere | • Would rather be alone<br>• (R) Has at least one good friend<br>• (R) Generally liked by others<br>• Picked on or bullied by others<br>• Gets along better with adults than with others |
| **PROSOCIAL BEHAVIORS** | |
| • Considerate of other people's feelings<br>• Shares readily with other youth; for example, books, games, food<br>• Helpful if someone is hurt, upset, or feeling ill<br>• Kind to younger children<br>• Often offers to help others (parents, teachers, children) | |

**(R) – Item is reverse coded.**

Each respondent's answers are summed within each of the five domains (not true = 0; somewhat true = 1; certainly true = 2). The Total Difficulties score is calculated by summing the scores of the four problem scales, with positively valanced items reverse-coded. Table 3 shows average domain and total scores from a nationally representative sample of teens in 2013 (He et al., 2013).

## TABLE 3. AVERAGE SDQ SCORES, BY DOMAIN, 2013

| | AVERAGE SCALE SCORE | GIRL | BOY |
|---|---|---|---|
| Emotional Symptoms | 1.89 | 2.08 | 1.72 |
| Conduct Problems | 1.45 | 1.39 | 1.52 |
| Hyperactive/Inattentive | 2.73 | 2.38 | 3.07 |
| Peer Problems | 1.84 | 1.71 | 1.96 |
| Prosocial Behavior | 7.43 | 7.67 | 7.20 |
| Total Difficulties | 7.92 | 7.56 | 8.27 |

In addition to examining domain-specific mean scores, we also categorized respondents as having an "abnormal" score if their domain-level score was in the 90th percentile of the population distribution in the 2013 national norms reported by He et al.[5]

Research has shown that elevated SDQ scores are associated with a higher likelihood of various DSM-IV diagnoses. For example, higher scores in the Emotional Symptoms domain are associated with mood disorders (e.g., Major Depressive Disorder, Dysthymia). Higher scores in the Conduct Problems domain are associated with Oppositional Defiant or Conduct/Oppositional Deviant Disorder, and higher scores in the Hyperactive/Inattentive domain are associated with Attention Deficit Hyperactivity Disorder (ADHD). While SDQ scores are not intended to be diagnostic, they provide tangible and specific information about the struggles of today's youth.

We have administered the SDQ to panel members three times since 2020: in April-May 2022, December 2022-January 2023, and December 2023-January 2024. Whenever possible, the respondent answered about the same child as previous administrations. If the selected child had graduated from 12th grade or no longer lived in the household, we asked respondents to report on another child in the household, when one existed.

[5] Specifically, for the Emotional Symptoms domain, abnormal scores were those above a mean of 5.0; for Conduct Problems, abnormal scores were those above a mean of 4.0; for Hyperactive/Inattentive, abnormal scores were those above a mean of 6.0; for Peer Problems, abnormal scores were those above a 4.0; and for Prosocial Behavior, abnormal scores were those below a 5.0.

## Absenteeism

In response to national statistics demonstrating an enormous increase in absenteeism post-pandemic, to add to our database of children's school experiences and parent attitudes/perceptions, we asked parents to report on the number of school absences their child had at the end of the 2023 fall semester. For this study, we examined their reported response to a single item asking for the number of days absent that semester with response options including "0," "5 or less," "6 to 10," and "more than 10." While we also asked parents to rate their level of concern over their child's absences and about the value they place on in-person attendance, those results are not reported here.

## Academics

Since March 2020, we have collected various measures of children's academic well-being, including asking parents at regular intervals to report on the grades their child earns. For the present report, we examine students' grades from the fall of 2023 in each major school subject, including math, science, reading/writing, and social studies. For each core subject area, parents answered whether their child was earning "Mostly As," "Mostly As and Bs," "Mostly Bs," "Mostly Bs and Cs," "Mostly Cs," or "Mostly Ds." We categorized responses as either "At least As and Bs across all four subject areas" or "At least one C in at least one subject area." [6]

## Child Age Groupings

We categorized each household's selected child into one of four groups defined by age and gender. Each of the four categories was similarly represented in the sample: pre-teen boys (25%), pre-teen girls (27%), teen boys (25%), and teen girls (23%).

[6] We included instructions for parents of young students to translate the feedback they received from teachers into this commonly understood grading scale, even if the child wasn't yet receiving actual letter grades.

# How Concerned Are Parents About Child Mental Health?

## Fewer than one in five households report being concerned or very concerned about their child's mental health.

When asked directly about concern for their child's mental health or other aspects of their social-emotional well-being, only a small proportion of parents expressed concern. As of the most recent administration in December 2023, only 16% of respondents expressed being concerned or very concerned about their child's mental health, 17% about their child's engagement in school, and 14% about how their child is doing socially. For the most part, it is the same parents who have some concern in one or more of these areas, as 80% reported no concerns at all.

There were only small differences by race, child age, and child gender; no subgroup had more than 20% of parents noting concerns. There was a slight tendency for respondents of secondary-aged students to express concern (16%-20%) more so than parents of elementary school children (11%-13%).

### TABLE 4. PERCENT OF PARENTS REPORTING CONCERNED OR VERY CONCERNED IN DECEMBER 2023/JANUARY 2024

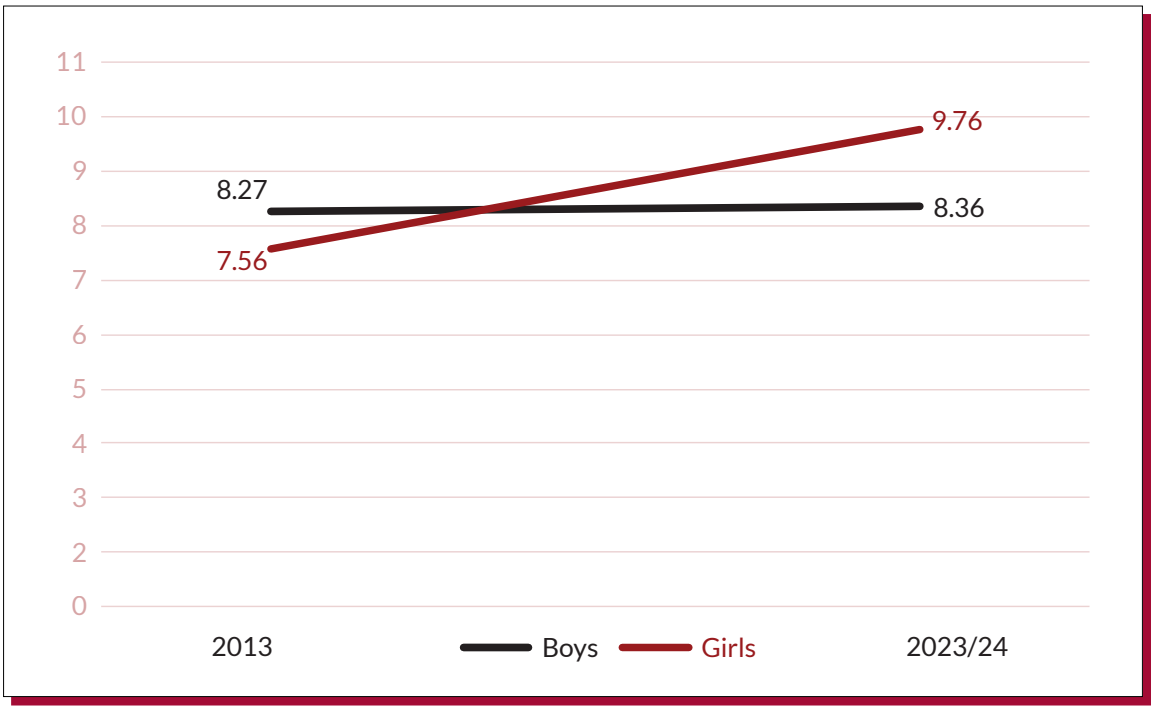
| CONCERNED ABOUT... | MENTAL HEALTH | HOW ENGAGED IN SCHOOL | HOW DOING SOCIALLY |
|---|---|---|---|
| ***Overall*** | **16%** | **17%** | **14%** |
| **RACE** | | | |
| White | **15%** | **15%** | **13%** |
| Black | **18%** | **20%** | **16%** |
| Hispanic | **18%** | **19%** | **12%** |
| Asian | **15%** | **18%** | **18%** |
| **CHILD AGE** | | | |
| Elementary | **13%** | **13%** | **11%** |
| Secondary | **18%** | **20%** | **16%** |
| **CHILD GENDER** | | | |
| Male child | **17%** | **19%** | **14%** |
| Female child | **15%** | **15%** | **14%** |

# What Can We Learn from SDQ Scores?

## Overall "strengths and difficulties" scores are worse now than a decade ago.

It should come as no surprise that overall SDQ scores from our sample show teens struggling more with emotional and behavioral challenges compared to a decade ago, which is consistent with all other signals and data trends reported since the pandemic. Also aligning with reports that girls are currently struggling more than boys, our data show that while scores for teen boys have been roughly consistent since 2013, teen girls' difficulties scores have continued to increase.[7] In fact, overall SDQ scores for teen girls are now higher (i.e., worse) than teen boys' overall scores—a reversal since pre-pandemic levels (Figure 1)

**FIGURE 1. SDQ SCORES AMONG TEENS (AGED 13-18) IN 2013 AND DECEMBER 2023/JANUARY 2024**

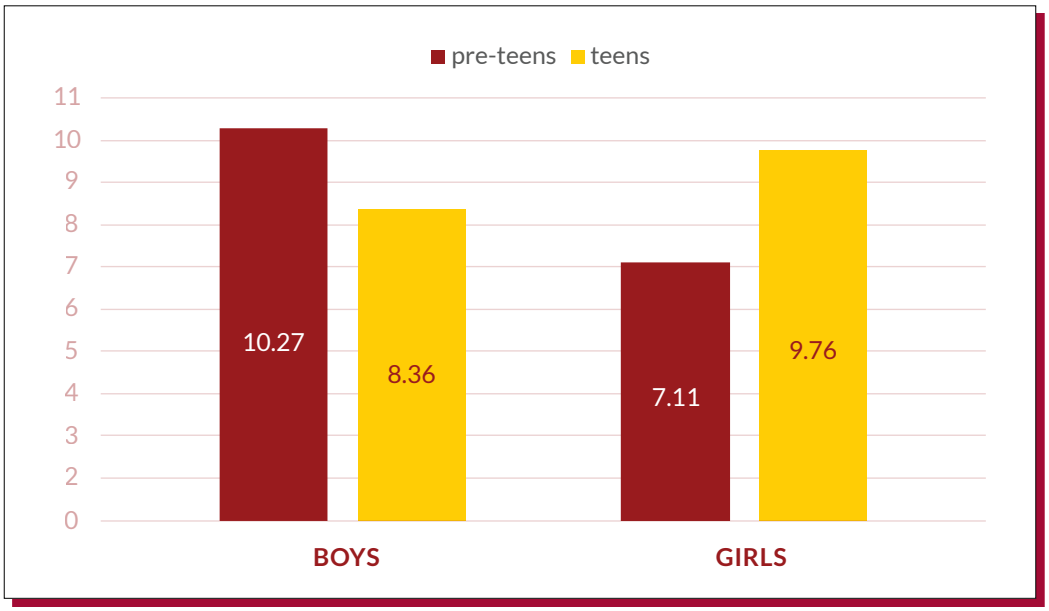



[7] This pattern of findings is also consistent with the CDC's report of trends over time.

## Pre-teen boys and teen girls are struggling the most.

Though the 2013 benchmark sample included only teens, our UAS sample includes SDQ scores for children aged 5-18. We categorized children as teens if they were 13 and older, and pre-teen if they were 5-12. Examining disaggregated SDQ results reveals very different patterns by age and gender: Overall SDQ scores are particularly high for pre-teen boys—who show the highest overall difficulty average score—followed closely by teen girls (Figure 2). In comparison, teen boys and pre-teen girls are faring better, with average overall SDQ scores more similar to pre-COVID levels.

**IGURE 2. SDQ SCORES IN DECEMBER 2023/JANUARY 2024, BY AGE AND GENDER**



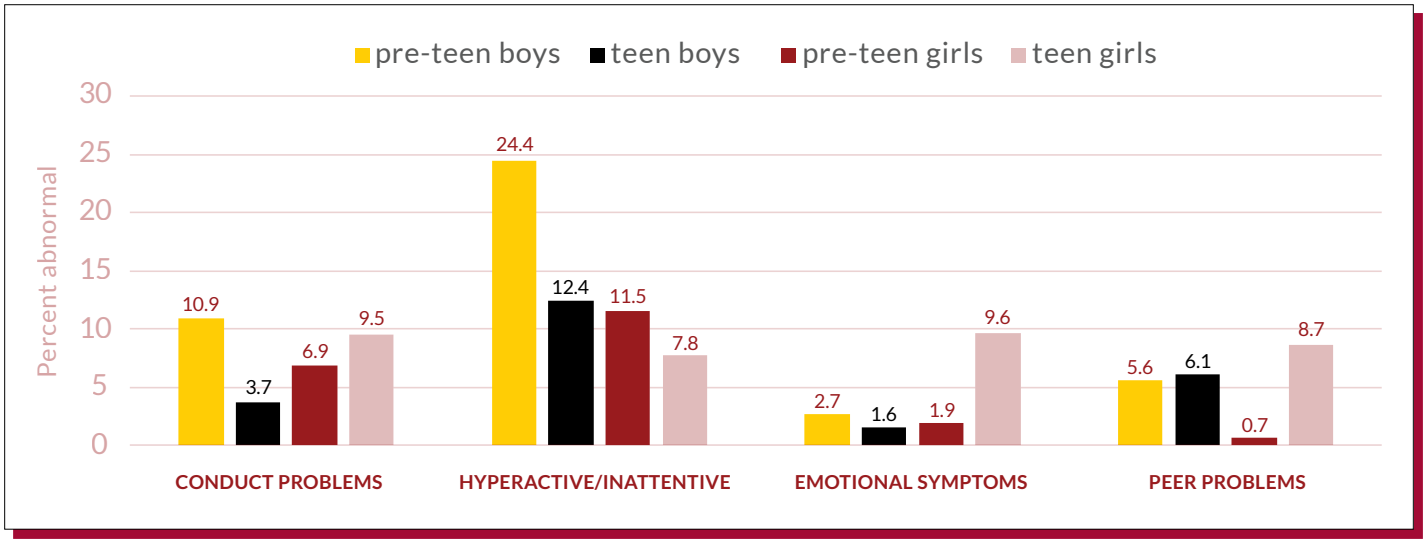

## Domain scores reveal underlying needs.

SDQ domains are related, in children and teens, to different types of mental health challenges and related diagnoses. Examining the domains driving children's problem scores can tell us more about their particular areas of struggle and potential routes for intervention. For example, high scores in the Hyperactive/Inattentive domain suggest something about attention and behavioral struggles (and thus related interventions) while the Emotional Symptoms domain suggests something about internalizing and externalizing anxiety experiences. Our data highlight that different subgroups of children are struggling in meaningfully different ways, with implications for how resources should be allocated.

In this section, we use the derived metric "percent abnormal," which refers to children with a score in the 90th percentile or higher of a normal population's distribution in a given domain. In other words, to be flagged with an "abnormal" score, the child's domain score is at or above the highest 10 percent of children from pre-COVID norms.

Figure 3 shows the percent of each of our four subgroups (pre-teen boys, pre-teen girls, teen boys, teen girls) whose domain-level average score on our most recent survey (December 2023-January 2024) places them in the "abnormal" range. Several patterns emerge.

**FIGURE 3. DECEMBER 2024/JANUARY 2024 SDQ SCORES: PERCENT ABNORMAL, NEGATIVELY VALENCED DOMAINS**




1. **For pre-teen boys, problems are concentrated in Conduct Problems and Hyperactive/Inattentive domains.**

Nearly one in four pre-teen boys scored in the abnormal range in the Hyperactive/Inattentive domain (24%)—twice the rate for teen boys and pre-teen girls (12%). As high scores in this domain are related to ADHD, these children may be struggling in school and in their friendships, with manifestations related to inattentiveness, trouble focusing, and impulsivity, among other symptoms. Indeed, boys are substantially more likely than girls to have ADHD and be diagnosed with it, and experts have raised concern about the ways schools fail to respond appropriately to these kinds of developmental differences between boys and girls.

For pre-teen boys, results in the Conduct Problems domain also are worth noting. The Conduct Problems domain is associated with diagnoses of Oppositional Defiant Disorder and Conduct Disorder. Emotional and behavior issues include frequent and ongoing patterns of aggressive and antisocial behaviors, including anger, irritability, and defiance towards authority. Such patterns can cause serious problems with family life, social activities, and in school. Here, 11% of our pre-teen boys had an abnormal score in this domain, compared to 7% of pre-teen girls, and 4% of teen boys.

2. **Teen girls show notably higher struggles in Emotional Symptoms domain.**

Teen girls' scores in the Emotional Symptoms domain are meaningfully higher than scores for any other subgroup of age/gender. This domain is composed of depressive behaviors, anxiety, nerves, fears, and internalizing symptoms of those emotions. Ten percent of the teen girls in our sample scored in the abnormal range on this domain, compared to fewer than 3% in all other subgroups.

3. **Teen boys and pre-teen girls show the lowest levels of challenges across all domains.**

Our data reveal that some groups of children are not experiencing the same elevated problem scores—pre-teen girls and teen boys, in particular, showed low levels of abnormal flags and the lowest Total Difficulties score in general. Though approximately 12% of pre-teen girls and teen boys show some elevated scores in the Hyperactive/Inattentive domain, there are very few of these children earning high scores in other areas (for example, less than 1% for pre-teen girls in the Peer Problems domain and less than 2% for teen boys in the Emotional Symptoms domain).

4. **Teen girls are more likely than other groups to be struggling in multiple areas.**

Teen girls also display a pattern of having higher than average domain scores in multiple domains, including Emotional Symptoms, Conduct Problems and Peer Relationships. Most children whose SDQ results flagged them with an abnormal score had an abnormally high score in only one area (63% to 82% for most groups). However, for teen girls, this was true for 54% only—the other 46% were flagged in multiple areas of the SDQ. Pre-teen boys also were flagged in multiple areas at a greater rate than other groups, though not as high as for pre-teen girls, at 37%.

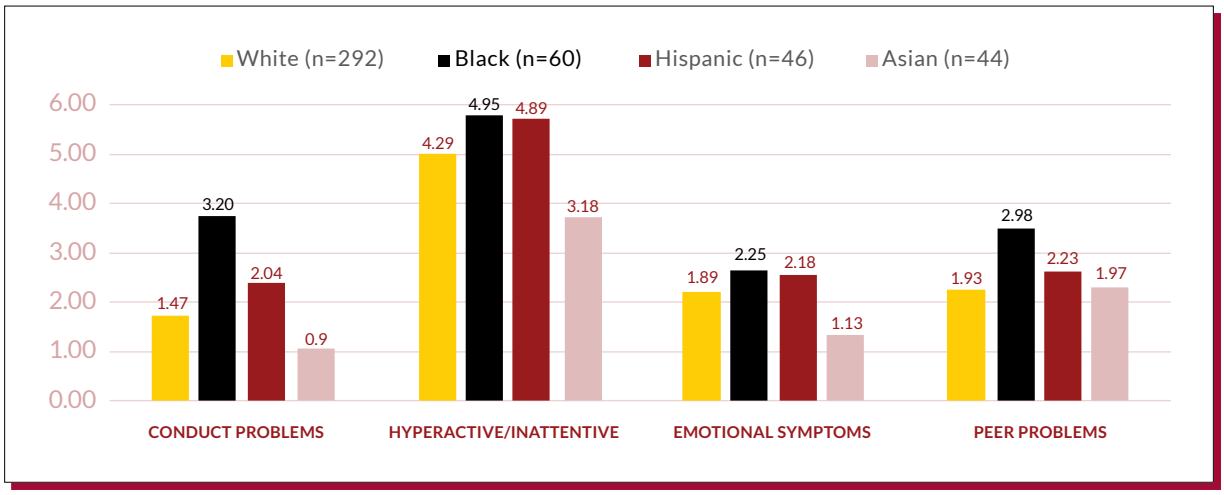
## TABLE 5. PERCENT OF GROUPS WITH ABNORMAL SCORES IN MULTIPLE SDQ DOMAINS IN DECEMBER 2023/JANUARY 2024

| | PRE-TEEN GIRLS | PRE-TEEN BOYS | TEEN GIRLS | TEEN BOYS |
|---|---|---|---|---|
| 0 Abnormal Flags | 84% | 70% | 81% | 81% |
| 1 Abnormal Flag | 12% | 19% | 10% | 16% |
| 2 or More Abnormal Flags | 4% | 11% | 9% | 3% |
| ***Total*** | 100% | 100% | 100% | 100% |
| OF STUDENTS WITH ANY ABNORMAL DOMAIN SCORE | | | | |
| % with one | 74% | 63% | 54% | 82% |
| % with two or more | 26% | 37% | 46% | 18% |

**5. Among pre-teen boys, Black children struggle the most in Conduct Problems domain, followed by Hispanic.**

Examining patterns by race reveal findings worth noting. First, among pre-teen boys the group struggling the most in the domains of Conduct Problems and Hyperactive/Inattentive—Black boys show the highest average problem score in the Conduct Problems domain, followed by Hispanic boys (Figure 4). Since sample sizes are small when examining data at this level of disaggregation (age by gender by race subgroup level), further investigation is needed to understand these patterns.

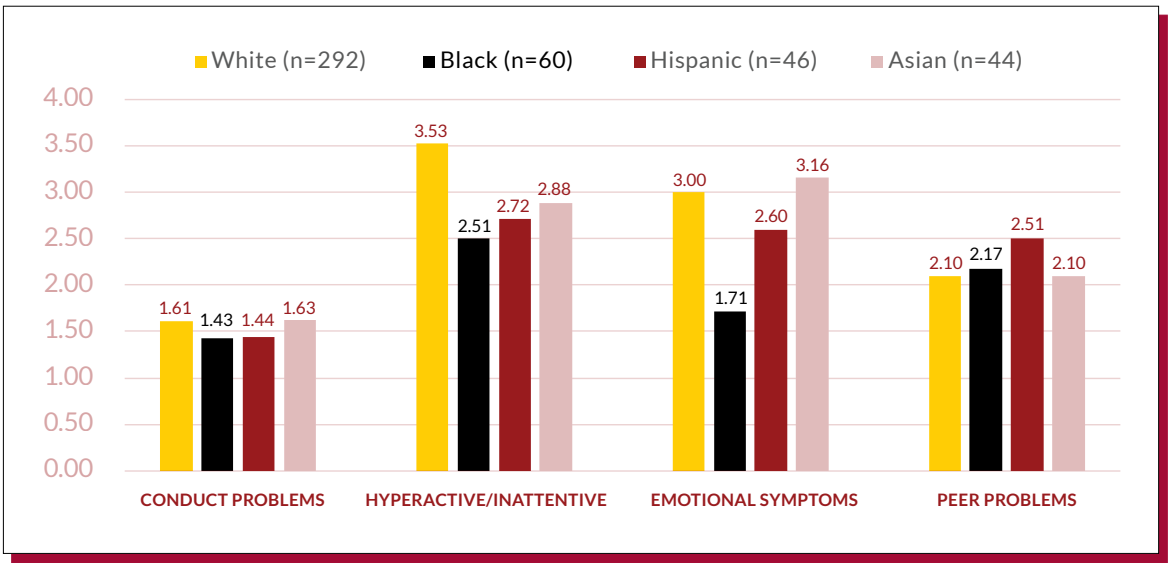
## FIGURE 4. SDQ DOMAIN SCORES BY RACE AMONG PRE-TEEN BOYS IN DECEMBER 2023/JANUARY 2024



6. **Among teen girls**, Black children struggle less than others in Emotional Symptoms domain.

In contrast, among teen girls, Black teen girls have lower mean domain scores in the Emotional Symptoms domain compared to all other subgroups. White teen girls have the highest average score in the Hyperactive/Inattentive domain. Here too, results are suggestive due to small subgroup sample sizes.

**FIGURE 5. SDQ DOMAIN SCORES BY RACE AMONG TEEN GIRLS IN DECEMBER 2023/JANUARY 2024**



# How Does Student Mental Health Relate to School Outcomes?

In this post-COVID era, two topics have dominated the conversation about public education: 1) the steep rise in student absenteeism, and 2) the drop in math and reading/writing performance. We wondered whether our data could contribute to the conversation about these concerns, related to the rise in mental health struggles among children. We explored whether our mental health data, alongside data we've collected about student absenteeism and academic performance, could reveal any helpful patterns.

## Absenteeism

Chronic absenteeism is defined as missing 10% of a school year; in practice, this is approximately 18 absences. The prevalence of chronic absenteeism has "exploded" since the pandemic, cutting across demographic groups and lasting across multiple school years post-school closures. According to the American Enterprise Institute, chronic absenteeism, already high pre-pandemic, surged from 15% in 2018 to 28% in 2022, staying high at 26% in 2023. In many locales, rates of chronic absenteeism have doubled or more, only modestly decreasing from their post-pandemic highs. This translates to approximately a quarter of all students now missing one in 10 days of school.

Decades of research have linked absenteeism to negative impacts for students in the areas of academic achievement and student engagement, including socioeconomic outcomes in young adulthood. Even prior to the pandemic and the rise in chronic absenteeism, a major policy focus was on keeping students present and engaged in school.

**Chronic absenteeism is defined as missing 10% of a school year; in practice, this is approximately 18 absences.**

*A majority of households reported fewer than five absences in the first half of the school year.*

On average, our responding families reported lower rates of absenteeism than those reported at the state and district levels—that is, 85% of our sample reported five or fewer absences during the fall 2023 semester, 11% reported 6-10 absences, and 4% percent reported more than 10 days missed. Notably, among those reporting more than 10 absences, 43% were teen girls despite that category making up only 23% of the sample. Each of the other subgroups (pre-teen and teen boys, and pre-teen girls) made up 18%-22% of this group on pace to chronic absenteeism, with more than 10 absences through the first half of the year.

*Chronically absent students are 2-6 times more likely to have an abnormal score in Emotional Symptoms, Conduct Problems, and Peer Problems compared to those with few absences.*

**... we found striking patterns between absenteeism and students' problem scores.**

Despite the relatively low levels of caretaker-reported absenteeism in our data, we found striking patterns between absenteeism and students' problem scores. For the subset of households reporting more than 10 absences for the fall semester of 2023-24 (i.e., on pace for chronic absenteeism after one semester), higher levels of abnormal scores were apparent in three SDQ domains: Emotional Symptoms, Conduct Problems, and Peer Problems (Table 6). While 6% of students with five or fewer absences had an abnormal score in the Conduct Problems domain, those on pace to chronic absenteeism had an abnormal score at a rate nearly four times higher (22%). Of students with the least absences, only 2% had an abnormal score in the Emotional Symptoms domain, but this was found in 12% of those at risk for chronic absenteeism—a six-fold increase. Further, while 4% of those with five or fewer absences had abnormal scores in the Peer Problems domain, 10% of those with on pace for chronic absenteeism did—a less extreme difference but nonetheless consistent.

**TABLE 6. PERCENT OF STUDENTS SCORING IN THE ABNORMAL RANGE ON SDQ DOMAINS, BY FALL 2023 ABSENCES**

| | 5 OR FEWER ABSENCES (N=2,053) | 6 TO 10 ABSENCES (N=181) | MORE THAN 10 ABSENCES (N=96) |
|---|---|---|---|
| Emotional Symptoms | 2% | 9% | 12% |
| Conduct Problems | 6% | 15% | 22% |
| Hyperactive/Inattentive | 14% | 16% | 14% |
| Peer Problems | 4% | 9% | 10% |
| Overall Difficulties | 7% | 13% | 23% |

These data are correlational in nature; our data cannot disentangle whether emotional and behavioral challenges contribute to absences, if the absences themselves are creating more emotional and behavioral challenges, or if there is a bidirectional influence. That said, these patterns stand out as being particularly meaningful when trying to understand the reasons behind the chronic absenteeism rates observed in recent years.

## Academic Outcomes

Mental health struggles of children and teens also relate to academic challenges in school—though, again, the relationship surely is bi-directional. Copious evidence documents considerable learning loss for post-pandemic cohorts relative to pre-pandemic cohorts, including early elementary children falling behind in reading, while decreases in mathematics proficiency have occurred across elementary and middle-grade levels. Students of color and from low-income households are struggling academically more than their White and high-income peers.

## A majority of households reported students receive grades of B or higher in every core subject area.

While grades are not always an entirely reliable indicator of students' academic strengths and weaknesses, they are one of the few indicators available to us when asking parents about children's academic outcomes. (Parents' knowledge about standardized testing tends to be sparse, and only children in certain grades and subject areas even take such tests.) A large majority of families in our sample report that their child is receiving mostly Bs or higher in each subject area: approximately 8 in 10 across subject areas. Differences by household race are small, other than far fewer Asian families reporting students receiving mostly Cs or lower (Table 7).

### TABLE 7. PARENT-REPORTED COURSE GRADES IN FALL 2023, BY SUBJECT AREA

| | Bs OR HIGHER | Cs OR LOWER |
|---|---|---|
| Math | 79% | 12% |
| Reading/Writing | 81% | 10% |
| Science | 82% | 9% |
| Social Studies | 83% | 9% |

* **Note:** Reports of grades including a mix of Bs and Cs were infrequently selected and are omitted from these categorizations.

**[Grades] are one of the few indicators available to us when asking parents about children's academic outcomes.**

## Students who earn mostly Cs or lower in at least one subject area are 2-4 times more likely to have an abnormal score in SDQ domains compared to students who earn mostly Bs or higher in all subject areas.

Across all SDQ domains, among parents reporting their student earned Cs or lower in at least one subject area, abnormal rates are 2-4 times higher (Table 8) than for parents who said their student is earning at least Bs in all subjects. For instance, among students earning As and Bs, the incidence rate of abnormal scores in the Conduct Problems domain is 5%—but for students receiving at least one C, four times as many (20%) had an abnormal Conduct Problem score. Approximately twice the proportion of students with low grades in at least one subject area scored in the abnormal range on the other SDQ domains: for Hyperactive/Inattentive, 23% abnormal vs. 12%; for Peer Problems, 8% vs. 4%; and for Emotional Symptoms, 7% vs. 3%.

### TABLE 8. PERCENT OF STUDENTS SCORING IN THE ABNORMAL RANGE ON SDQ DOMAINS, BY FALL 2023 COURSE GRADES

| | EARNING AS AND BS IN ALL SUBJECT AREAS (N=1,944) | EARNING CS OR LOWER IN AT LEAST ONE SUBJECT AREA (N=344) |
|---|---|---|
| Emotional Symptoms | 3% | 7% |
| Conduct Problems | 5% | 20% |
| Hyperactive/Inattentive | 12% | 23% |
| Peer Problems | 4% | 8% |
| Overall Difficulties | 6% | 19% |

Again, these data are not causal: We cannot conclude that mental health struggles are causing students to earn lower grades, nor can we say lower grades are causing students to struggle with emotional and behavioral problems. But these data drive home the reality that the mental health struggles of today's students have important implications for not only their physical and mental well-being but also for their academic/school-based outcomes—which themselves have important long-term consequences.

# Are Schools Meeting the Mental Health Needs of Today's Students?

Schools are a central place for delivery of mental health services, particularly for students who otherwise might not have access to them. All students attend school, they do so nine months of the year, and they are present for eight hours per day. Meanwhile, billions of federal dollars have flowed to schools in the wake of the pandemic for the purposes of funding interventions, much of which schools have invested in mental health staffing, services, and supports for students. A recent report from the National Center for Education Statistics (NCES) reported some promising trends, including that 90% of school principals reported increased social and emotional supports to students in the 2021-22 school year.

Our data provide a more recent snapshot of what is happening in schools as of the fall of 2023. Importantly, while the NCES data samples school districts and describes the average school's services, we sample households such that our results describe the average student's experience. What services were actually reaching students as of the 2023-24 school year?

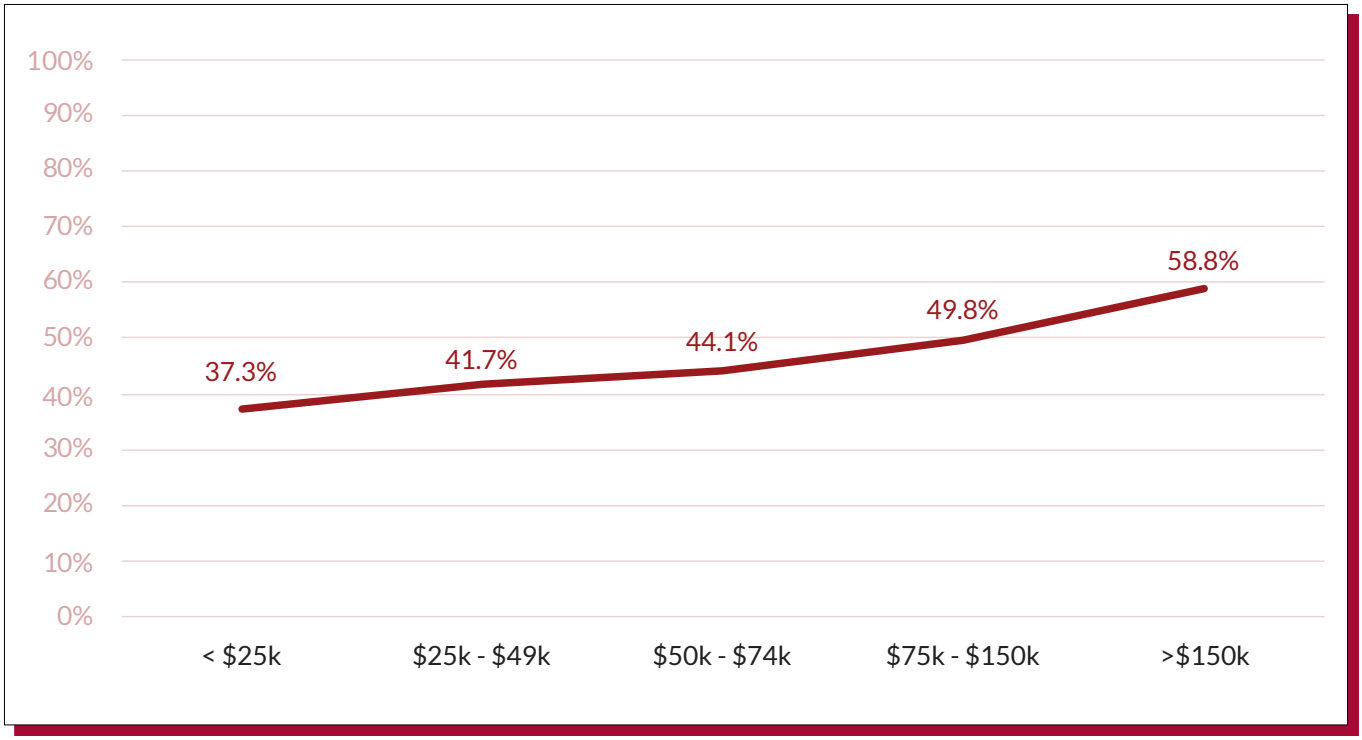
## Approximately half of students attend schools where mental health supports are offered.

Regardless of whether one's student needed, wanted, or participated in mental health services, we first asked whether the school provided them. Nearly half of our respondents (46%) reported that they do—the highest rate since we began asking the question in early 2022. This squares with reports that many schools used federal dollars to acquire the staffing needed to offer services to students.

## Black and lower-income families are less likely to report availability of mental health services in their schools.

However, the availability of mental health services in schools is not distributed evenly across student demographics. While more than half of White families (52%) reported their school offered mental health services, only 29% of Black families reported the same. Additionally, while 59% of the highest-income families reported mental health services in their schools, only 37% of the families with the lowest incomes did the same. In fact, access to services was nearly linearly related to income—though in the direction opposite from what would be considered equitable distribution (Figure 6).

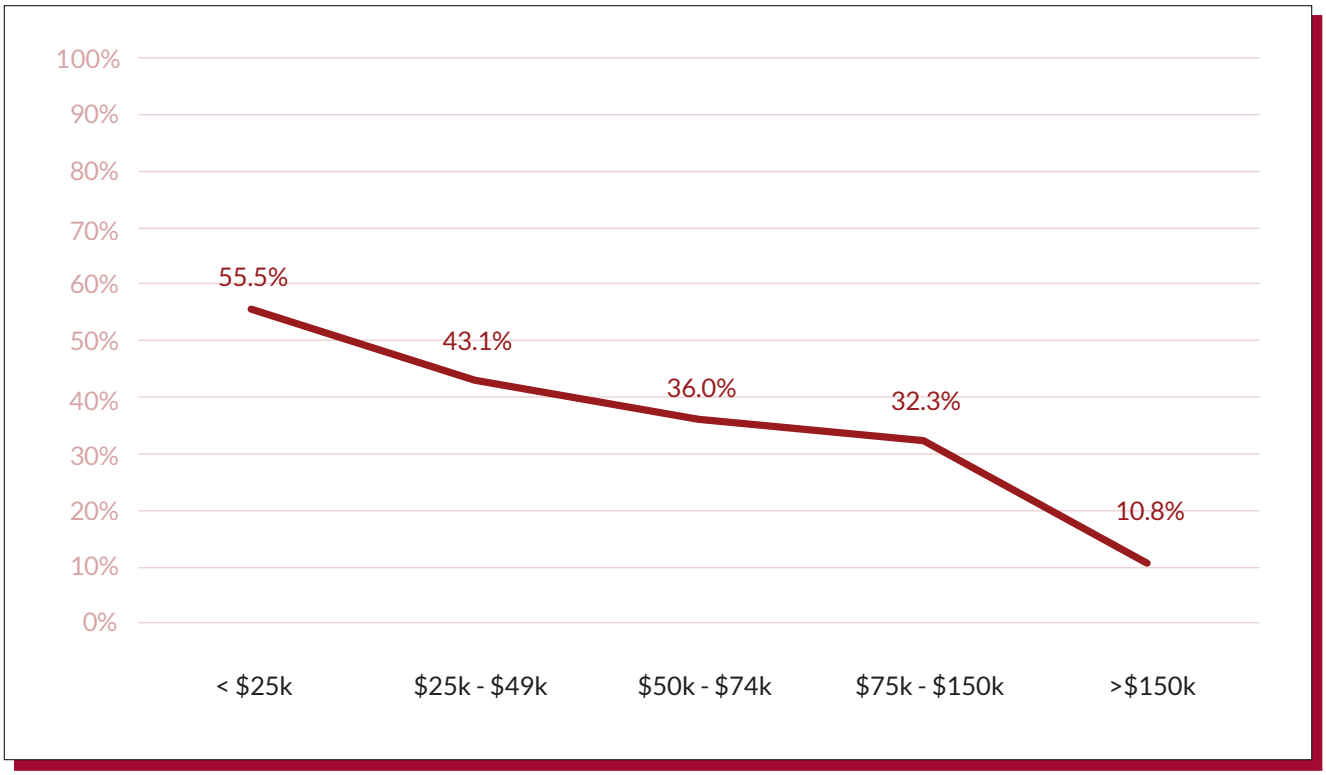
**FIGURE 6. PERCENTAGE OF FAMILIES REPORTING THEIR SCHOOLS OFFERED MENTAL HEALTH SERVICES IN 2023-24, BY INCOME**



## Uptake of mental health services in schools is higher among low-income and minority students.

In schools offering mental health services, more than half of the lowest-income families (56%) reported their students are receiving them. This signal of uptake declined gradually as income level increased—just 11% of families in the highest income bracket reported their child received mental health services at school (Figure 7). It is unlikely that this pattern reflects a difference in need; it is more likely that highest-income families are seeking services outside school.

### FIGURE 7. IN SCHOOLS OFFERING MENTAL HEALTH SERVICES, PERCENTAGE OF STUDENTS PARTICIPATING, BY INCOME



## Approximately one in five respondents report they would have signed up if available — more among minority families.

Real needs continue to be unmet. Approximately one in five respondents (18%) who reported their school does not offer mental health supports said they would have signed their child up if the service was available. This was even more common among minority families: 21% of Black families and 22% of Hispanic families, compared to 15% of White families.

## When offered, and received, parents believe mental health supports are helping.

Mental health services make a difference — at least so insofar as parents report they are helping their child. Almost three in four parents whose students received mental health supports at school (72%) reported they are satisfied or very satisfied with the services. Even more (75%) reported the services are helping "some" or "a lot."

# Limitations

All results included in this report are based on parent reports of their child's mental health through the parent-SDQ. While this is a widely used, psychometrically validated instrument, the question remains open whether our results would replicate when using children's own reports. We are eager to compare these results to those obtained by surveying children directly.

Though we refer repeatedly throughout this report to children's "mental health," the SDQ is limited to screening for "emotional and behavioral difficulties." There are other markers of poor mental health (e.g., a question about suicidal ideation) and domains of mental health (e.g., personality disorders, eating disorders) that may not be picked up by the SDQ.

Related to our attendance reporting, results are based on parent reports of child attendance from one half of the school year. We assumed a high correlation between their attendance from the first half of their year and what their attendance would likely be in the second half. In other words, if a student missed 15 days of school in the first half of the year, we flagged them as "on pace to be chronically absent" because they had missed an estimated 16% of school days so far. However, it is possible that a student's attendance for the second half of the school year may be completely different, and, in some cases, may even regress to the mean. For instance, a student who comes down with a severe illness in the fall, missing two weeks of school, may recover in the spring and have perfect attendance—just as a student with perfect attendance in the fall may be frequently absent in the spring. In each of these extreme examples, we would have miscategorized the students' attendance pattern based on data from the fall semester.

Because of the importance of school attendance for students' academic progress and overall well-being, and the critical nature of these data for exploring patterns between student mental health and school outcomes, in August 2024 we will field a survey question to parents asking about attendance over the entire 2023-24 school year. Once in hand, we will examine the correlation between fall attendance and overall attendance, re-running the analyses conducted here to examine if our results replicate with year-long attendance information.

# Closing

With implications for schools, education policy, and targeting intervention resources, our results contribute several valuable insights into the mental health of children and teens, and relationships between mental health and other critical outcomes. First, while teen girls' mental health challenges are well-documented, our results shed light on their specific challenges related to anxiety, depression, and peer relationships. These challenges seem to explode during girls' teenage years. Second, and in contrast, boys' mental health challenges are more behavioral, concentrated in the areas of hyperactivity and inattentiveness, with extraordinarily high rates of prevalence among pre-teens. Third, we note important trends at the intersection of race and gender, though our small samples sizes require caution when interpreting these results. We found that Black and Hispanic boys are struggling more than their White and Asian peers, while the opposite is true for girls: Black and Hispanic girls are struggling less than their White and Asian counterparts.

Results also illuminate important patterns between youths' mental health and school outcomes, including both attendance and academic performance. Children with abnormal scores on the SDQ scales are dramatically more likely to have high rates of absenteeism and to have worse grades than children not scoring in the abnormal range. Finally, we found the unfortunate pattern that low-income students are less likely to be in schools offering mental health supports, even though they are considerably more likely to take up those supports when offered. Around 20% of parents whose children are not being offered mental health supports in schools say they would take them up if offered—a clear untapped need.

These results have several implications. First, we find—as others have—that students' mental health now is worse than in the past. Clearly, research needs to get to the bottom of these trends and their causes so we can work on solutions. The U.S. Surgeon General has pointed the finger at social media, so this is one place where funding new avenues of research is sorely needed.

Second, our data supports the interconnected nature of student needs—in particular, the view that schools must focus on improving children's mental health if they are to make improvements in attendance and academic performance. (However, the unclear direction of causality means the focus likely should be in all three areas). For certain, partisan attacks against the implementation of social-emotional learning have particularly negative impacts in schools for children who need such supports, as parent and teacher resistance to such curriculum presents no small hurdles.

Third, given limited mental health resources, our results can help inform targeting of available dollars to where they are most needed. While teen girls, on average, need more support related to depression, anxiety, and peer relationships, pre-teen boys need behavioral supports. For example, policies, curricula, and programs may be able to be more carefully constructed to meet different needs in school buildings (e.g., elementary versus secondary needs will vary), or perhaps staffing levels can be adjusted based on varying types of intervention supports most needed.

**Clearly, policy can help better target mental health supports to meet the needs of the children who could benefit from them the most.**

Finally, our results point to a potential misallocation of resources that could be resolved through policy: More low-income students lack access to mental health supports in schools even though more low-income students take up such supports when they are offered. Clearly, policy can help better target mental health supports to meet the needs of the children who could benefit from them the most.