

# FOR A HEALTHY WORKFORCE, CURBING THE YOUTH MENTAL HEALTH CRISIS IS IMPERATIVE



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## Introduction

The COVID-19 pandemic had a transformational impact on our lives, imposing unprecedented levels of change and uncertainty, and accelerating today’s mental health crisis among America’s youth. As it persists, the most prevalent conditions are acute stress disorders, ADHD, anxiety, and depression. Diagnosed or undiagnosed, millions of American children are struggling.

The soaring human and economic costs make the ongoing crisis and the ripple effect on parents, families, communities, and workplaces untenable for a healthy, thriving society. U.S. employers spend more than **\$200 billion** annually on behavioral health costs for employees and their dependents, a figure that excludes indirect costs such as lost productivity and missed work. Overall, the estimated annual cost to the U.S. economy due to behavioral health conditions is close to **\$900 billion**.

In addressing youth mental health challenges, much of the focus has been on the intersection of parents, schools, and health care providers, especially throughout the pandemic, yet there is a unique role employers can play to help curb this crisis. As powerful enablers of health and vitality through health insurance and benefits design, workplace culture, and community engagement, U.S. employers are well positioned to help address current trends.

New research from the Evernorth Research Institute along with survey data from **YouGov** commissioned by Evernorth highlights the state of youth mental health and the depth of challenges facing working parents who care for children and young adults with mental health issues. The findings are a call to action for employers to strengthen their approach to parental support and behavioral health care to drive measurable, improved health outcomes.



# Increase in youth mental health challenges and treatment

The Evernorth Research Institute analysis examined trends in youth mental health conditions based on claims data for more than 20 million commercially insured people under age 26. In 2022, 1.5 million of those young people had a mental health diagnosis, a 28% increase since 2018. The number who had at least two mental health diagnoses increased by 48%, from 4% to 6%. As expected, behavioral health therapy and medication utilization also increased over the five-year period. Youth with a mental health diagnosis had an average of six therapy visits per year, a 13% increase from 2018. The percentage of those prescribed one behavioral medication increased 24%, while the percentage prescribed two or more increased 44%.

## More young people than ever need care


↑ **28%**  
increase in young people  
with a mental health  
diagnosis since 2018

↑ **48%**  
increase in those with at  
least two mental health  
diagnoses

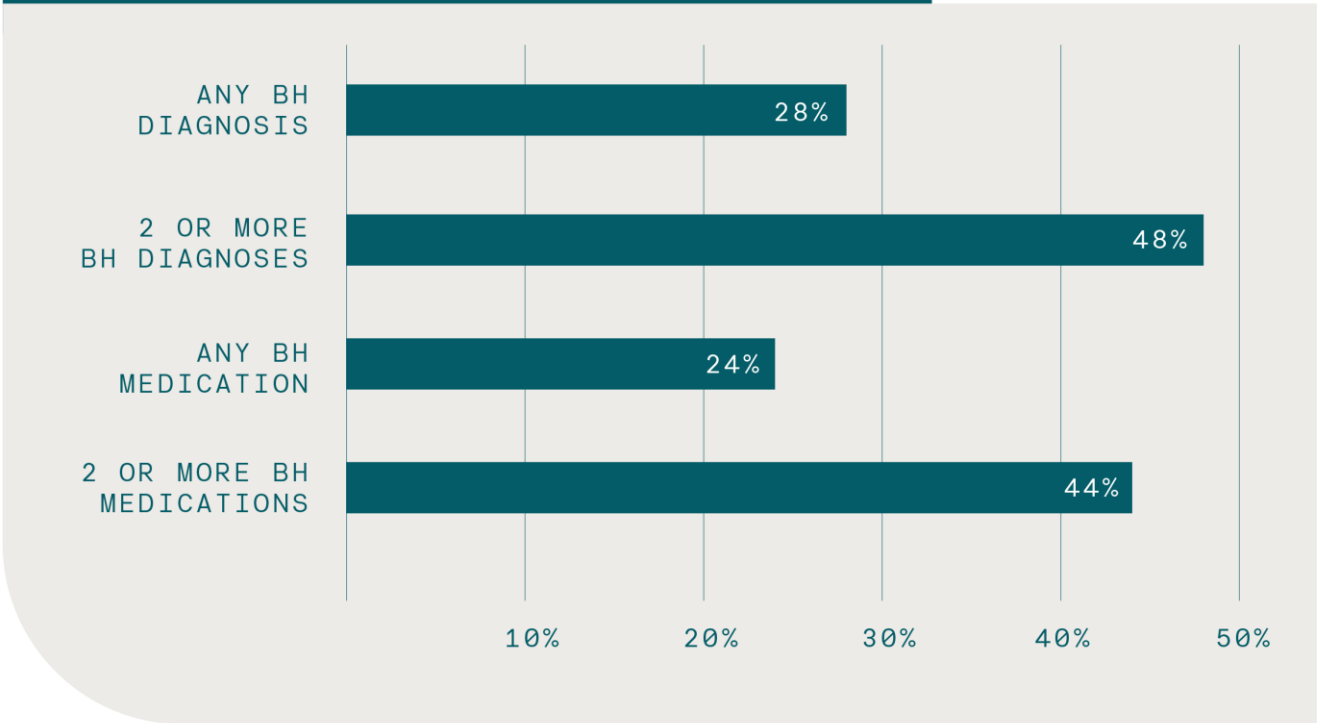
**But, many may not be getting  
the care they need**

**2 in 5** 

youths with a mental health diagnosis did  
not receive treatment within six months of  
their initial diagnosis

 **48%** of parents said their child was  
being treated with medication only

**Five-year trend: relative increase in behavioral health (BH) diagnoses and medication use from 2018 to 2022**



Recently published [research](#) is consistent with the increase seen in the prevalence of diagnosed conditions and treatment among children aged 5-17, and attributes \$31 billion in child spending and \$59 billion in household spending to mental health conditions. This spending reflects the connection between child, parent, and family mental health. The Evernorth Research Institute’s analysis of commercially insured youths younger than 26 found that increases in spending for behavioral needs have far outpaced increases in medical spend. From 2018 through 2023, total yearly behavioral costs for this age group increased by 95%, compared to a 30% increase in medical costs.

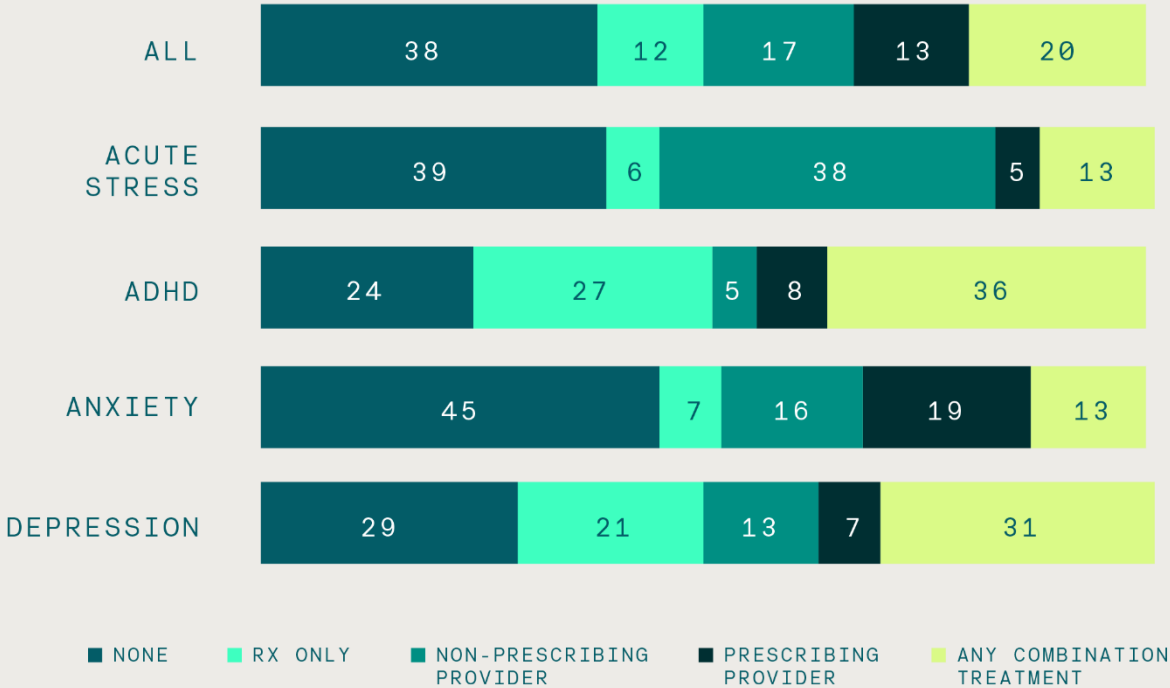


# Many young people are not receiving the full spectrum of care

Half of all mental health conditions appear before age 14 and 75% begin before age 24 – making early identification, intervention, and effective care critical. Not receiving effective care or delaying treatment can result in poorer health outcomes and high cost escalations, and can impact the ability of children and parents to engage at home, school or work, and in the community.

To examine the type of care young people received, we analyzed claims data for youths newly diagnosed with the most prevalent conditions: acute stress disorders, ADHD, anxiety, and depression. While most youths across diagnoses had a follow-up visit within three months of the diagnosis, 1 in 5 did not. A closer look at the type of treatment they received found that in 2022 alone, 62% received some type of treatment, while 38% had not received any treatment within six months of diagnosis. Treatment could include prescription medication, treatment with a non-prescribing provider such as a psychologist or counselor, treatment with a prescribing provider such as a psychiatrist or pediatrician, or some combination of medication, therapy, and medical treatment.

Treatment type by diagnosis (%)



Nearly 27% of young people diagnosed with ADHD and 21% with depression were treated with medication only

Of the young people diagnosed with a behavioral health condition, 38% did not receive treatment. This includes 45% of youth diagnosed with anxiety, 39% of youth with acute stress disorders, 29% of youth with depression, and 24% of youth with ADHD. Of those who did receive treatment, a significant number were treated with medication only, including nearly 27% of those diagnosed with ADHD and 21% of those with depression. According to the American Academy of Child and Adolescent Psychiatry, [medication use in children](#) should be considered as part of a holistic and collaborative mental health treatment plan. For example, while medication alone may reflect common practice for ADHD treatment, [recommendations for youths 6 and older](#) include both therapy and medication.

The research demonstrates that young people who receive both therapy and medication have better rates of medication adherence than those who receive medication only. For example, 60% of youths diagnosed with depression who were being treated with a combination of medication and therapy were taking their medications as prescribed at six months, compared to 52% of those treated with medication alone. Youths with an ADHD diagnosis who received therapy and medication also had better medication adherence at six months (44%), compared to those treated with medication only (39%). Note, however, that other situations could present incorrectly as medication nonadherence, including discontinued use due to side effects or a structured break in medication, sometimes known as a [drug holiday](#).

Every young person is different, and individual treatment plans determined by providers and parents are different; however, when youths are receiving medication only, adding therapy – individual or family – could provide an opportunity to improve and sustain health outcomes.



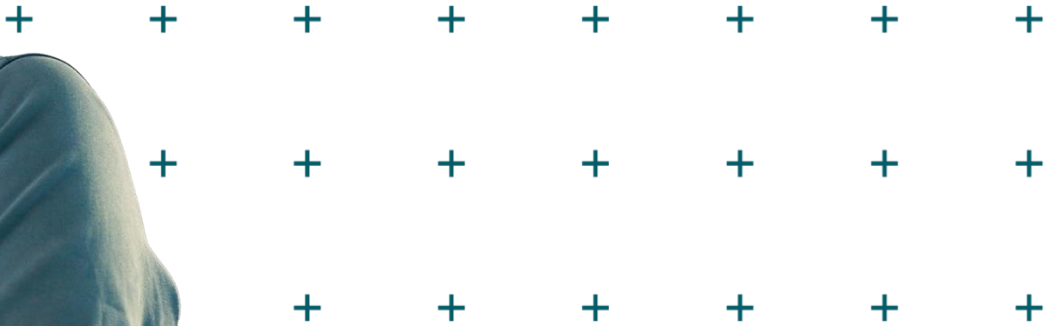
# Working parents struggle to manage youth mental health challenges

Behind every young person, every prescription, and every appointment is often a parent trying to help their child feel better. They face a barrage of questions about whether their child needs care and if so, what type of care, how they can obtain care, and the costs involved. They often worry about their child's relationships with peers and their aptitude to succeed in the face of mental health challenges. The significant emotional burden they carry manifests into stress and anxiety that impacts life at home, at work, and in the community.

## Parents face barriers getting children the care they need

In a February 2024 Evernorth survey of over 1,500 U.S. adults, a quarter of parents with children ages 5-17 said that one or more of their children were experiencing mental health challenges, diagnosed or undiagnosed. Evernorth further surveyed over 1,000 parents with children who have mental health conditions, and 60% said their child was receiving counseling or therapy services, while nearly half (48%) said their child was being treated with medication alone. Just under a third (29%) were receiving both medication and therapy, and 1 in 5 (21%) said their child was not receiving treatment of any kind.

More than half of working parents (55%) experienced challenges obtaining behavioral health care for their children, and more than one-third (36%) cited barriers when their child did not receive counseling or therapy services. They reported difficulties finding a provider, getting an appointment within a reasonable timeframe, and affording care. Encouragingly, just 6% of working parents said cost was a barrier for medication utilization. When a child was not receiving medication, it was likely not prescribed (44%) or parents preferred their child not take medications at that time (34%).



## Barriers experienced by working parents whose children do not receive therapy for their mental health challenges

- + Too difficult to find a provider
- + Can't afford it
- + Lack of available appointments in a reasonable timeframe
- + Mental health services for their child are not located close enough
- + Provider doesn't accept their child's insurance
- + Do not have a way to get there





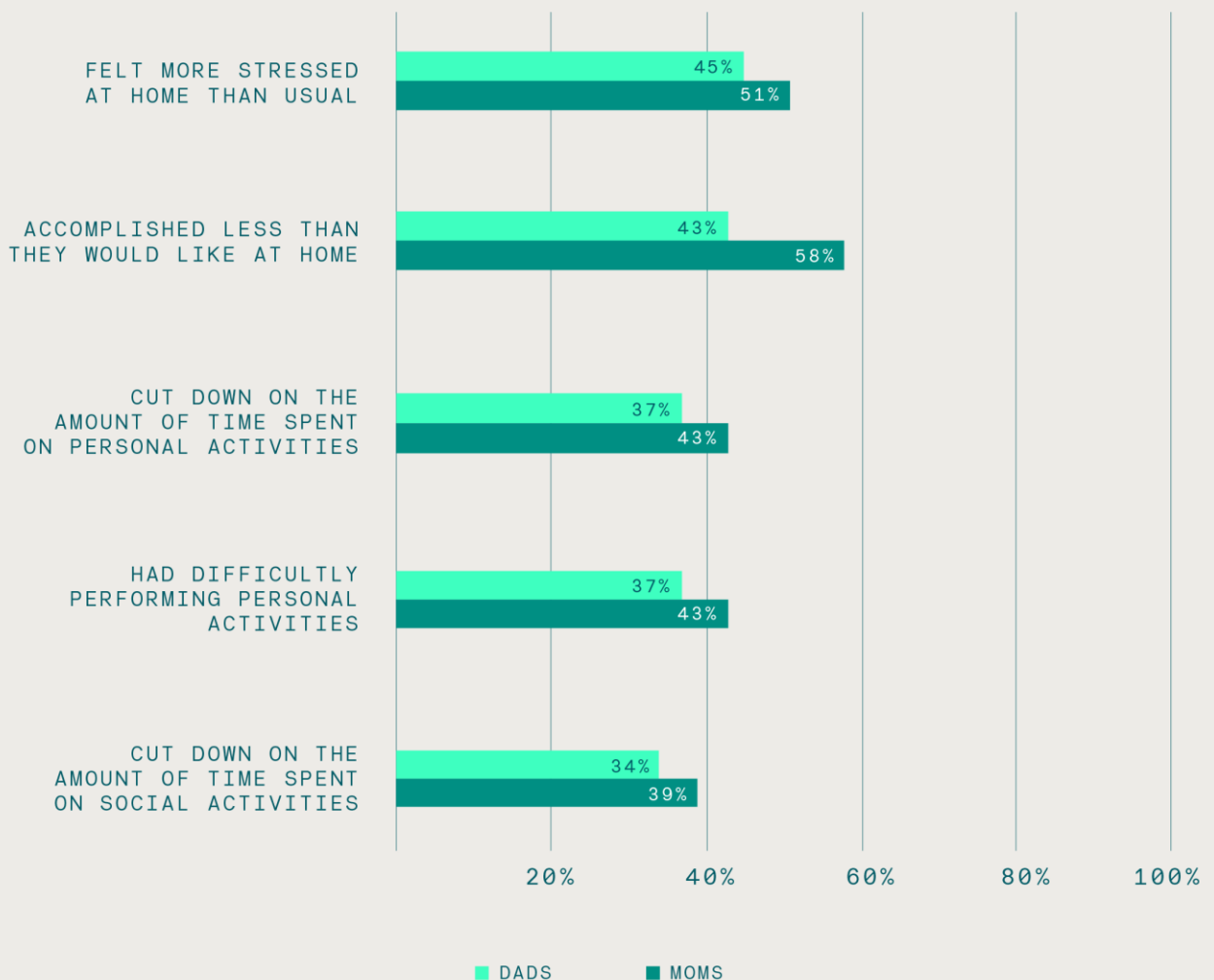
## The ripple effect on parents' health, well-being, and productivity

Working parents said managing a child's mental health needs had a significant impact, personally and professionally. Parents find it time-consuming and mentally draining, affecting many aspects of their own well-being, including their ability to maintain social connections.

They were about twice as likely as parents of children without mental health challenges to report feeling stressed at home (48%). They also reported accomplishing less (51%) and having cut down on time spent on personal activities (40%) and social activities (36%).

### Changes in personal activities

Working parents of kids 5-17 with mental health challenges



**54% of parents caring for a child with mental health challenges reported they also were diagnosed with a mental health condition**

In general, these issues affect mothers and fathers similarly. Working mothers were less likely to feel accomplished at home. They also tended to feel slightly more pressure and stress. However, both working mothers and working fathers reported similar feelings about how their own mental health affects the amount of time and effort they spend on personal and social activities.

While the research did not look at causality, working parents caring for a child with mental health challenges are far more likely to have mental health struggles of their own, with 54% reporting a diagnosed mental health condition. They reported significant stress over finances (48%), work (38%), and relationships (34%), and say that their own mental health has caused significantly more disruption to their personal lives compared to parents whose children do not have mental health challenges. They are also lonelier, less resilient, less likely to feel a sense of community belonging, and have lower **vitality**.

## Working parents of children with mental health challenges

**2.8x**

more likely to report diminished mental health

**2.7x**

more likely to be diagnosed with a mental health condition

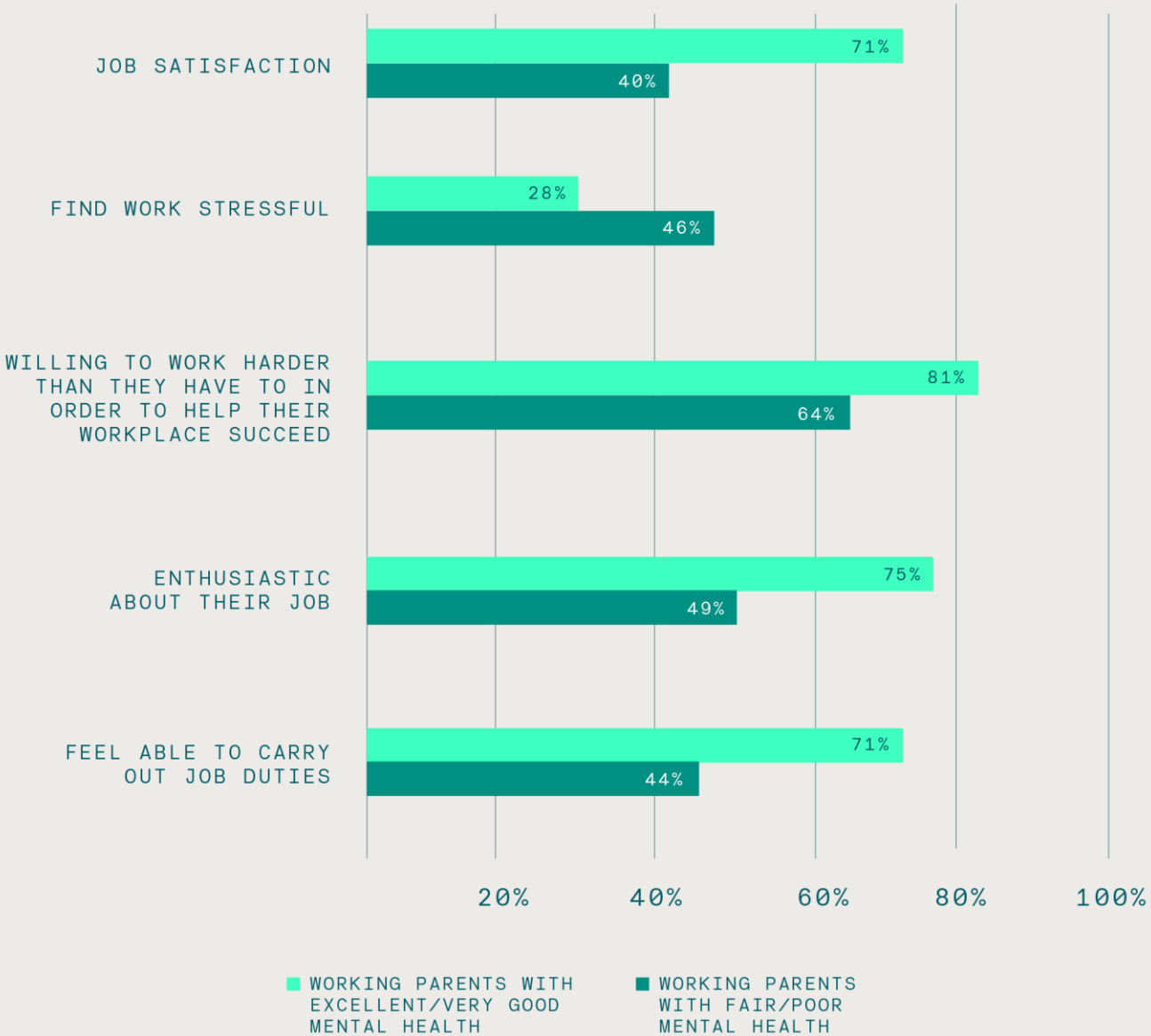
**2.2x**

more likely to have low vitality



Managing a child’s mental health challenges often has downstream effects on parents and their work. Parents reporting diminished mental health find their jobs significantly more stressful, are less enthusiastic about work, and are less confident in their ability to carry out their job duties. Just 40% are satisfied with their job, compared to 71% of parents who describe their own mental health as strong despite their child’s mental health challenges.

### Working parents of kids 5-17 with mental health challenges



## Up to four workdays per month disrupted due to time needed to care for a child's mental health

The more time a parent spends caring for a child's mental health needs, the greater the disruption to their work. On average, working parents of a child with a mental health challenge spend about eight hours a week (roughly the equivalent of a full workday) managing their child's mental health needs, and data shows that parents who spend more than six hours a week are significantly more likely to report experiencing negative changes in their work lives. Managing a child's needs includes activities like looking for appointments, communicating with school staff, and learning about their child's condition. On average, this disrupts up to four workdays a month, which can take the form of starting work late, leaving work early, or missing a full day of work.

## The path forward

U.S. employers provide health insurance and benefits for 155 million people, including 57% of those younger than 65. Employers experience the economic and human impact of mental health challenges every day and are increasingly looking for innovative approaches to advance the health and well-being of employees and their families, enhance and simplify the care experience, optimize workforce engagement and productivity, and ultimately lower costs.

Employers have made meaningful progress to better support the mental health of employees and families. They have expanded mental health resources, enhanced access to behavioral health care, helped decrease workplace stigma, and provided flexibility to help people meet caregiving needs. This work is critical, because it demonstrates a commitment to employee mental health and enables employees to get the mental health care and services they need for themselves and their families. Based on the Evernorth research, there is more employers can do.



# How employers can support parents managing youth mental health challenges

Parents want their employer to provide benefits, services, support, and a workplace culture that makes managing their child’s mental health issues easier. When workplace culture supports family mental health, parents can focus on their children’s needs while better managing work responsibilities. In a 2022 [Economist Impact study](#) commissioned by The Cigna Group, 63% of working parents reported that increased flexibility at work would help them better manage mental health concerns, yet they did not feel they had support from their employers for such flexibility. In addition, nearly 14% reported having to leave or stay out of the workforce to care for their child’s mental health needs.

In the February 2024 Evernorth survey, parents of children with mental health challenges said employer assistance in managing the responsibilities of caring for a child with mental health issues, providing access to mental health and pharmacy care, and offering services to support a child would be the most helpful.

## What parents find most helpful from employers

- + Enhanced provider network
- + Time off for appointments
- + Access to virtual care
- + Services to help child with stress
- + Supportive workplace culture
- + Education about benefits and services
- + Care coordination services
- + Services to help child’s learning
- + Support for managing other tasks in caring for child's needs
- + Parental support or coaching
- + Medication support services
- + Peer support and connections
- + Digital tools for managing child's care



# What does optimal behavioral health care look like?

While mental health care providers use a variety of treatment approaches, evidence-based treatment is considered to be best practice by the American Psychiatric Association and the American Psychological Association. People are more likely to see measurable results with clinically proven treatments, which encourages ongoing engagement and drives value. Research shows evidence-based care can reduce symptoms and improve health, with results that can be maintained long-term.

Studies show that quality, evidence-based behavioral health care can improve outcomes and reduce costs. In one study, employees who participated in an evidence-based workforce mental health program had **more mental health visits but significantly lower costs** for medical, pharmacy, and mental health care than the comparison group. Another study looked at employee retention and use of evidence-based mental health care across 14 companies and found that people who used the evidence-based mental health benefit **were less likely to leave** the company compared to those that did not.

Ensuring quick access to quality care that integrates medical, pharmacy, and mental health care facilitates early identification, strengthens interventions, supports synergy in therapy and medication utilization, and drives improved outcomes and cost savings. This includes providing parents with guidance and care navigation resources so they can get their child the right level of care to address their unique needs when they need it.



Guided  
**Navigation**



Integrated  
**Medical,  
Pharmacy  
& Behavioral**



Quick access to  
**Quality  
care**



Measureable  
**Outcomes**



## Key takeaways for employers

Employers cannot afford for the youth mental health crisis, accelerated by the pandemic, to continue its current trajectory. When mental health issues go undiagnosed or untreated, overall health deteriorates, causing higher costs and stress that extends to parents and family members at home, school, work, and in the community. Employers can help address this looming societal issue through health insurance and benefits design, workplace culture, and community engagement. Bending the cost curve will not happen immediately, but simplified experiences, better health outcomes, and improved employee engagement will emerge in the short and long term – resulting in a healthier, stronger U.S. workforce, today and in the future.

Four takeaways for employers to strengthen their approach to parental support and family behavioral health:





### Care Delivery

Design a benefits approach that guides employees and families to evidence-based behavioral health treatment that integrates medical, behavioral, and pharmacy care, mitigating the potential for siloed – or fragmented – care. Optimal behavioral health care provides access to services across the care continuum and is effective, which is apparent because progress is measurable. It is also human-centered and culturally sensitive, making care and services easier for parents to access and to navigate.



### Customization

A data-driven approach to behavioral health care allows for a personalized experience every step of the way. Data related to an individual's specific situation, including social drivers of health (SDOH), can match people to the right resources at the right time and in the right format. Employers can utilize data to understand and meet the diverse needs of their employees. Some activities include targeted communications and engagement, maximizing exposure to community resources, and offering benefit and program enhancements, including access to virtual care.



### Culture

Cultivate an environment that helps alleviate the stigma around tending to family behavioral health issues, educates employees and managers, acknowledges and addresses SDOH, and provides a sense of community to build a stronger, healthier, more supportive culture. Ensuring employees know how to recognize distress in children and when, where, and how to get the help they need will increase the likelihood that parents will seek help for their children and themselves.



### Community Engagement

Employers can support individual, workplace, and community connectivity to address some of the underlying drivers of mental health challenges. For example, partnering with local schools and community organizations on mental well-being and substance use education can help with prevention and early identification while reducing stigma and cultivating a sense of belonging. Organizing community volunteer projects that welcome employees and their family members also helps foster a sense of community and belonging.



# Appendix

## Evernorth Research Institute sources

1. Komodo Healthcare Map, a nationally representative and deidentified U.S. pharmacy and medical claims database, was used to identify 20 million people under age 26 covered by commercial insurance. Behavioral health diagnosis required 2+ claims within each respective calendar year. Key mental health conditions of interest included: anxiety, acute stress (including diagnosis of adjustment disorders, PTSD, and reactions to severe stress), depression and mood disorders, ADHD, bipolar disorder, autism spectrum disorders, substance use disorders (alcohol, nicotine, opioid, other), eating disorders, sleep/insomnia disorders, personality disorders, impulse disorders, and conduct disorders. Pharmacy claims were focused on medications indicated to treat anxiety, attention disorders, chemical dependence, depression, mental/neurological disorders, and sleep disorders. Medical claims were used to identify services related to therapy and/or office visits using Current Procedural Terminology (CPT) codes, diagnosis codes and/or place of service (POS) codes. Diagnosis codes were used to identify behavioral health visits. Anyone without evidence of therapy or a claim for behavioral care was considered as not receiving care.
2. Nationally representative survey of 1,534 U.S. adults, fielded February 9-26, 2024. Weighted on census percentage for age and gender, race, education, income, and region. Sample was 48% male, 52% female; 28% ages 18-34, 18% ages 35-44, 34% ages 45-64, and 19% ages 65 or older; 61% white, 12% Black, 4% Asian, and 18% Hispanic.
3. Supplemental survey of 1,103 U.S. adults with children ages 5-17 who are experiencing mental health challenges, diagnosed or undiagnosed, fielded February 9-26, 2024. Weighted on a representative sample of age and gender, race, and region. Sample was 39% male, 61% female; 15% ages 18-34, 46% ages 35-44, and 39% ages 45-64; 63% white, 9% Black, 3% Asian, and 19% Hispanic.
4. Supplemental year-over-year analysis of medical and behavioral expenditures using claims data from about 2 million insured youth under 26 years enrolled in a large commercial health plan annually from January 1, 2018 - December 31, 2023 with continuous medical, behavioral, and pharmacy eligibility in each calendar year.

## Links to related research:

[Sounding the alarm: parent perceptions of teen mental health in the U.S. | Economist Impact](#)

[The U.S. youth mental health crisis demands a community response | Economist Impact](#)

[Family Matters: A report on the state of family mental health in the U.S. | MDLIVE](#)