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Message from the Director

Periodically, Healthy Young Minds reports on the continuously evolving body of research on youth mental health. This issue provides an update on the impact that COVID is having on the mental wellbeing of children and adolescents. In addition, research on the influence of risk factors and protective factors on youth wellness is offered as a resource for parents, educators, and students (as appropriate). Finally, a series of news briefs track the latest trends in youth substance misuse, and the recent media and Congressional attention on the mental health impact of social media on youth is explored.

As always, please consider all of the information provided in Healthy Young Minds as a resource to share with educators and parents. When appropriate, this information may also be useful for student knowledge as a part of a mental health literacy curriculum. Any and all of the articles in every issue of Health Young Minds may be copied, reproduced or reprinted by schools at their discretion. Thank you and enjoy.

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Emerging Data on Youth Protective and Risk Factors: Do’s and Don’ts for Youth Mental Wellness

Conscientiously managing our mental wellness involves a series of choices based on what we know about various risk factors and protective factors. Most of us are more aware of our physical wellness. Almost intuitively we can rattle off a number of things we should avoid, and that which we should do more of, in the service of our physical health. From an early age we know that eating fruits and vegetables is beneficial and that smoking is harmful. These truths are etched into our psyches from an early age. The fact that we do not always follow this wisdom is an ongoing challenge for all of us. But too many are less aware of how to manage mental wellness.

With mental health education youth have the opportunity to become more aware of their mental wellness and can learn to take an active role in their own self-care. Like health education, mental health education ought to include the latest science about what helps and what hurts our mental health. Here are some reports on newly emerging knowledge related to risk factors and protective factors as they relate to youth mental health.

Eating Fruits and Vegetables

Some of us may still remember how eating spinach made Popeye stronger. Folks from a similar era will also recall the Four Food Groups, which was eventually replaced by the Food Pyramid, and most recently MyPlate (MyPlate.gov). Whether through Saturday morning cartoons or the ever evolving USDA nutrition guidelines, physical wellness messaging is ubiquitous in our society. The simple message has been (and remains) that good food is good for your body. The even simpler message is that you are what you eat. Now we’re becoming more aware that this simple truth also applies to our mental health. A recent study (September 27, 2021) found that eating more fruits and vegetables was linked to better mental wellbeing among children. The study was published in the British Medical Journal (or BMJ) and suggests that children who eat more fruits and vegetables are...
...more likely to have a better sense of mental wellbeing than those who eat less. Researchers relied on data collected from more than 50 primary and secondary schools as well as colleges in the U.K. (ages roughly correspond to 8 years old to seniors in high school in the U.S.)

**Better Sleep**

Like nutrition, it should come as no surprise that getting adequate sleep is important for both our physical and mental health. Researchers from Australia, the land that provided most of what we know about mental health literacy, found that teens who get at least eight hours’ sleep a night are more likely to have better mental health. Conversely, teenagers who get less than six hours of sleep a night are more likely to engage in risky behaviors, such as dangerous driving and cannabis, alcohol and tobacco use (Child and Adolescent Psychiatric Clinics of North America, 2021). Sleep experts Dr. Alex Agostini and Dr. Stephanie Centofanti confirm that sleep is intrinsically linked to mental health, but is commonly overlooked by health practitioners as a contributing factor.

Encouraging sleep hygiene is a great way to help children and teens get the amount and quality of sleep they need. This includes:

- Keeping a regular sleep/waking schedule,
- Allowing at least one hour of relaxation time to unwind before bedtime,
- Keeping the bedroom quiet, dark, comfortable and at around 61-65°F,
- Exercising regularly, but not within three hours of bedtime, and
- Switching off any screens at least half an hour before bed.

**More Exercise, Less Screen Time**

A fairly exhaustive review of some 30 publications regarding the physical activity and exercise in youth mental health promotion was published in a 2020 issue of BMJ Journals. The across-the-board findings concluded that:

- Interventions of varying intensity may lead to a reduction in depression symptoms.
- Moderate-to-vigorous-intensity and light-intensity interventions may reduce anxiety symptoms.

In addition, several studies looked at the impact of varying levels of physical activity intensity and found that: four of the studies linked exercise with decreased substance use, three studies showed increased self-esteem, two studies showed improved affect, two studies reported increased resiliency, two studies showed improved self-concept and two reported improved self-confidence.

And yet the authors concluded that the breadth of research in this area is lacking. That’s not surprising, but yet somewhat troubling when compared to the enormous amount that we know about the health benefits of exercise.

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A sub-section of the research on exercise and youth mental health has studied the combination of more exercise and less screen time. A study published in August, 2021 in the Journal The Lancet Child & Adolescent Health examined the relationship between physical activity, screen time, and adolescent mental wellbeing. The study included a large sample size (over half a million) of adolescents that spans 42 countries across Europe and North America. Based on the findings from the study the researchers recommend that recreational screen time should be limited to 2 hours per day or less and 60 minutes or more of physical activity for health and wellbeing.

Avoid THC, Nicotine and Alcohol

Of course not all mental wellness self-care is rooted in the pursuit of protective factors like nutrition, sleep and exercise. The flip side of the wellness coin is managing the risk factors that are within our control (as opposed to things like genetics or trauma). A fairly substantial percentage of youth imbibe in cannabis (THC), vaping and smoking (nicotine) and alcohol. All currently legal substances in New York, unless of course if you’re underage. Again, the deleterious effects of these substances on our physical health, and that of the young person and their developing brains in particular, is well documented.

Back to the issue of underage use. Even though there are age limits to the legal use of these substances none of them are now considered illicit and that messaging is not lost of young people. The messaging is also inconsistent. The recent banning of various vaping products in New York, which was shortly followed up by lawmakers legalizing recreational cannabis, sends mixed and confusing messages to youth muddling a young person’s discernment of that which should be considered risk factors.

Indeed, we know that these substances, particularly in excessive amounts, do us no health favors. But what of their mental health impact.

THC: Early cannabis use is associated with mental health and substance use (MHSU) challenges into adulthood, based on a 2020 Canadian study of 634 youth and emerging adults. Although perhaps the most recent evidence, the study merely adds to the weight of hundreds of studies conducted over at least the past two decades that have already identified the mental health risks of marijuana and more specifically, it’s psychoactive component THC. Increases in the potency of modern cannabis has exponentially heightened the danger and cause for concern.

Nicotine can worsen symptoms of depression and anxiety. That’s pretty straight forward. But what makes it alarming is that youth e-cigarette use — driven by products that quickly deliver highly-addictive nicotine — has remained at epidemic levels, with one in five high school students vaping in 2020, according to the National Youth Tobacco Survey. Current e-cigarette users have double the odds of having a diagnosis of depression compared to those who have never vaped, according to a 2019 JAMA study of nearly 30,000 current e-cigarette users. Frequent vaping is tied to even higher odds (2.4x) of having a diagnosis of depression compared to never users. Like other addictive substances, once an addiction has formed the user is less able to control behavior by simply choosing to eliminate a known risk factor. The decision to not use nicotine is vastly easier to make before it’s ever tried. Young people need to understand that their mental health as well as their physical health are imperiled by nicotine use, which is unfortunate because many teen users claim they began their habit as a means of self-treating anxiety and depression.

The body of emerging research on that which helps and harms youth mental health is ever growing, continually revealing new protective factors as well as risk factors. As part of sound mental health literacy practices educators will need to stay current so they can pass along helpful self-care knowledge to young people.
Update on COVID Youth Mental Health Impact

In June of 2020, just three months after the COVID-19 pandemic was declared, MHANYS reported in Healthy Young Minds on the impact of COVID on youth mental health. It was still comparatively early in the pandemic and impact data was lacking. We wrote “scarier yet is the spike in calls to suicide hotlines, as many predict the rates of death by suicide will go up significantly”. And we also presented data (what little was available) on the impact of COVID on youth. It included a student sentiment graph, courtesy of Social Sentinel, a company that uses a proprietary algorithm to scan social media looking for signals and trends that can be used to provide alerts of threat. The graph showed a marked rise in the emotional indicators of fear, anger, and harm compared to a decrease in happiness. The marked changes in these indicators coincide with the date (March 11) when the World Health Organization declared Covid-19 a pandemic.

It’s now been 21 months since the pandemic was declared and yet, although assumptions and predictions abound, there’s still limited reliable data on the impact of COVID on youth mental health. What we do know is that, as suspected, early indicators of increases in suicide predicted by hotline call volume indeed came to pass. According to the Centers for Disease Control and Prevention, ER visits for suspected suicide attempts among adolescents jumped 31% in 2020, compared with 2019. By February and March of 2021, ER visits for suspected suicide attempts jumped 51% higher among girls aged 12–17 than during the same period in 2019. Among boys aged 12–17 years in the same time period, suspected suicide attempts based on ER visits increased 3.7%.

We also looked for research measuring pre and post-pandemic anxiety and depression rates in youth and found that drawing decisive conclusions about the data is tricky. For example, a JAMA Pediatrics published meta-analysis of 29 studies globally reported a doubling of anxiety and depression among children and adolescents from pre-pandemic to post-pandemic. According to the study, prior to the COVID-19 pandemic, rates of clinically significant generalized anxiety and depressive symptoms in large youth cohorts were approximately 11.6% and 12.9%, respectively. The study found that on average the first year of the COVID-19 pandemic suggests that 1 in 4 (25%) youth globally are experiencing clinically elevated depression symptoms, while 1 in 5 (20%) youth are experiencing clinically elevated anxiety symptoms. However, The authors concede a large variability among the studies included in the meta-analysis. They reported that the range in depression varied from 2.2% to 63.8%, and from 1.8% to 49.5% for anxiety.

Studies focused on pandemic related changes in prevalence can serve to confirm predictions and stimulate an appropriate public response. But more is needed that can direct helpful intervention. Parents and schools are desperate for guidance on how to respond to youth mental health and behavioral needs. We found one such study published in the journal Plos One that provides some practical steps. The study examined exposure to COVID-related stressors associated with the onset of internalizing and externalizing psychopathology in children and adolescents prior to the pandemic, during the stay-at-home orders, and six months later. The researchers also looked at nine potentially protective aspects of youth and family behavior including:

- physical activity,
- time spent in nature,

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The results concluded that parents should encourage youth to develop a structured daily routine, limit passive screen time use, limit exposure to news media—particularly for young children, and to a lesser extent spend more time in nature, and encourage youth to get the recommended amount of sleep.

It’s tempting to make dire assumptions about the current, let alone lasting, impact of COVID on youth mental health. Few would disagree that youth have endured and still face numerous pandemic related risk factors. In addition, there is unmeasurable anecdotal evidence of pandemic-related youth distress. But even in the absence of hard data and limited intervention advice one thing can’t be denied: experts and policy makers are now paying attention. A coalition of the national experts in pediatric health has issued an urgent warning declaring that the mental health crisis among children has become a national emergency. The declaration comes from the American Academy of Pediatrics, the Children’s Hospital Association and the American Academy of Child and Adolescent Psychiatry, which together represent more than 77,000 physicians and 200 children’s hospitals. The group acknowledged the already rising rates of childhood mental health concerns that stretched at least a decade even before the pandemic, and further acknowledged that the pandemic, as well as the issue of racial inequality, has exacerbated the challenges. Even in the absence of current data about COVID’s impact on youth mental health – this is good news. Hopefully, this level of national attention will produce the resources necessary to fully evaluate the pandemic’s effect on our youth.

Social Media Impacts Youth Mental Health: Surprised?

This fall major media outlets in the U.S. shared bad, and alarming, news about the impact of various social media platforms on youth mental health. The Wall Street Journal proclaimed “Facebook Knows Instagram Is Toxic for Teen Girls”. The Washington Post added that “Instagram is even worse than we thought for kids”, and USA Today questioned “Will Facebook be part of the problem or solution for the teens we treat with mental illness?”. The media chorus was heralding the dangers of social media on children and teens as if breaking a story, but few in the mental health field and beyond, and even youth themselves, were surprised.

Utilization of social media over the past 15 years has exploded. During that time, 18 to 29 year-old adults’ use of social media grew from 7% to 90%. Teen use has also grown at a concerning rate. According to a 2018 study by Pew Research Center, 85% of teens use YouTube and 72% use Instagram. Two years later, 84% of teens used Instagram, 80% used Snapchat and 7 in 10 teens used TikTok. (CONTINUED ON NEXT PAGE)
The mediating devices that make the use of social media platforms possible are as ubiquitous among teens as they are adults. Tuning into devices starts early. Pew looked at the use of various devices by children ages 2 to 11. The age old television remains the most used media device with an average of 88% use by ages 2 to 11, and 74% utilization by two year olds. As can be seen in the chart to the right, the majority of children in this age range use tablets and smartphones. By the time these children reach adolescence nearly all of them will regularly use digital devices. Today, 95% of teens have access to a smartphone, and 45% say they are online almost constantly. With devices fully in hand access to the growing number of social media platforms is seemingly without limits, and the impact of teen mental health is worrisome at least.

Anxiety, depression, body image harm, cyberbullying and FOMO (fear of missing out) have all been cited as examples of the harm that social media can cause. But what do we really know and what does the data say? The short answer is….it’s complicated. For starters, teens use multiple digital devices and they may be using several different platforms during any given period of time, making it difficult to isolate the impact of any one platform. Moreover, the landscape of social media is ever shifting. In 2013, for example, Facebook was the most used social media site among U.S. teens ages 13 to 17. At that time 94% of all teens were using the site. That dropped to 51% by 2018. Today teens favor Youtube, Instagram and more recently TikTok. There are others to be sure, but the field is growing and shifting making causal links to any given platform nearly impossible in the absence of highly controlled research.

A 2019 study found that adolescents who spend more than 3 hours per day using social media may be at heightened risk for mental health problems, particularly internalizing problems. The study was a longitudinal cohort of 6595 adolescents aged 12-15 years that looked at the amount of time the subjects spent on social media. The teens self-reported past-year internalizing and externalizing problems (Internalizing problems are characterized by anxious and depressive symptoms, social withdrawal and somatic complaints. Externalizing problems on the other hand are defined as aggressive, oppositional, and delinquent behavior).

Fear-of-missing-out (FOMO) refers to feelings of anxiety that arise from the realization that you may be missing out on rewarding experiences that others are having. FOMO was added to the Oxford English Dictionary in 2013 next to other popular social media terms like “selfie” and “emoji.”

In one study researchers found that FOMO was present for study participants throughout the day, but mostly later in the day and near the end of the week. This finding supports a typical scenario of someone not being able to participate in a Friday night party because of a prior commitment, an obligation or perhaps worst...being excluded. FOMO is associated with feelings of anxiety, depression and loneliness, all of which were reduced when researchers at the University of Pennsylvania reduced the amount of social media usage to 10 minutes per platform, per day among undergraduates. FOMO was also reduced.

A phenomena closely associated with FOMO is social media facilitated comparisons. In the broadest type of comparison, one study found that those who have used Facebook longer agreed more that others were happier, and agreed less that life is fair. Other research has focused on a disproportionate impact of comparisons on females. For example, some studies link social media platforms with body dissatisfaction in adolescent girls. One in particular investigated over 100 seventh graders and found that adolescent girls who shared more photos online, such as selfies, and used more Photoshop filters felt worse about their appearance to The Wall Street Journal article from claiming “Facebook Knows Instagram Is Toxic for Teen Girls, Company Documents Show”....
The article links social media usage with eating disorders. But according to Facebook (now Meta) “Contrary to The Wall Street Journal’s characterization, Instagram’s research shows that on 11 of 12 well-being issues, teenage girls who said they struggled with those difficult issues also said that Instagram made them better rather than worse.” They also claimed that “This research, like external research on these issues, found teens report having both positive and negative experiences with social media.”

So who’s right and how is the public supposed to get any kind of resolution? Congress has held hearings and minced no words when reprimanding social media giant Meta. YouTube, Snapchat and TikTok were also taken to task.

The same technology built to connect people up to 24 hours a day, 7 days a week, 365 days a year, also leaves vulnerable young people with no refuge from bullying, harassment, privacy violations, and character defamation. Though generations that have come before also endured bullying, the bully’s access to their target was often constrained by the school day, and home offered a haven for the victim, if only temporary. For youth active on social media today cyberbullying can be relentless. Over one in three young people between the ages of 12 and 17 have been bullied online according to a study published in the Journal of School Violence. The rate is even higher among Instagram users in particular, with 42% of those surveyed experiencing harassment on the platform. Those on the receiving end of this type of abuse are at a greater risk for self-harm and suicidal behaviors compared to those not bullied online.

The only truly good news in any of this is that the public, its representatives in Washington and the media are paying closer attention. Hopefully this will hasten and expand the research, which still needs to catch up with what many already suspect; that social media negatively impacts youth mental health. Which platforms exactly and in what quantity, needs to be studied. But when the jury is in, if and when the researchers confirm the causal links, and when Congress draws its ultimate conclusions, will any of us be surprised?

Select News Briefs:
Youth Substance Misuse & Addictions

Young Adolescent Substance Use During COVID: According to some of the most recent data, young adolescent (10-14 y.o.a) substance use remained relatively stable in the first six months of the COVID-19 pandemic. The exceptions were a decreased use of alcohol, an increased use of nicotine and an increased misuse of prescription drugs. Researchers believe that the uptick in the latter may be because these substances are easier to hide while families are locked down together.

Adolescent Use of Cannabis: The Bad News and the Good: The bad news has been known for some time now; that teen use of marijuana can worsen depression and lead to more serious mental health disorders, such as schizophrenia, anxiety, and even suicide. But good news is that adolescents that use cannabis regularly and who cut down or stop using cannabis show reductions in depression and anxiety and improvements in cognition, according to a report from the 2021 Annual Psychiatric Times World CME Conference. Other research confirms that abstinence from cannabis for 3 to 4 weeks could reduce anxiety and depression, improve sleep, and boost cognition in adolescent regular cannabis users.

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The Steady Rise of Teen Marijuana Vaping: A new study published in JAMA Pediatrics (October 25, 2021) reported that the percentage of teens who’ve experimented with vaped marijuana has more than doubled in recent years, and vaping among frequent marijuana users has quadrupled. Lifetime prevalence of cannabis vaping increased from 2013 to 2020 (6.1% to 13.6%), past 12-month use doubled from 2017 to 2020 (7.2% to 13.2%), and the 30-day prevalence of cannabis vaping increased 7-fold from 2013 to 2020 (1.6% to 8.4%). The authors suggest that the increase in prevalence may be due to: 1) an uptake of vaping products generally used among youth and young adults; 2) widening access to cannabis vaping products through legalization of cannabis; and 3) the decrease in perceived risk of harm toward cannabis in the last decade.

Opioid Use – Suicide Link in High Schoolers: A 2021 study published in Pediatrics found that about 33% of high school students who said they were misusing prescription opioids when they were surveyed reported they had attempted suicide. Although this relationship had been established in past research, the present study was interested in timing. The researchers found that current misuse of prescription opioids (compared to misuse in the past or never) was more significantly associated with seriously considering attempting suicide, making suicide plans and feeling sad or hopeless in the last year.

Early Initiation of Substance Use, Greater Chance of Addiction: It seems intuitive enough that substance misuse early in life (i.e., among adolescents and children in particular) is not good. Aside from the vast body of research regarding the impact of various substances on the developing brain, researchers in 2021 found another concrete reason for young people to postpone substance use until later in life. Their study noted a faster transition to substance use disorders (SUDs) with younger age of drug initiation. The study looked at the use of alcohol, cannabis, tobacco, and/or illegal drugs by teens aged 12 to 17 compared to young adults aged 18 to 25. The results showed that early Cannabis use and early non-medical use of prescription drugs in particular increased the chance of developing an SUD. The study points to the need for earlier primary care screening for substance use among young people.

First Alcohol Use Alarmingly Early: According to the most recent data available, 15% of Americans had their first drink of alcohol (more than a few sips) before 13 years of age. The percentage of people in New York was appreciably higher at almost 18%. Researchers at the National Institute on Alcohol Abuse and Alcoholism (NIAAA) found that people who started drinking before age 15 were 50% more likely to become alcohol dependent as adults. The same was true to a lesser extent for those who started drinking between ages 15 and 17.

Gambling Adverts More Attractive to Children: A new study published in an October, 2021 policy brief from the University of Bristol found that gambling advertising is vastly more appealing to children than adults. The study also highlighted that disguised gambling marketing, as well as ads for betting on esports, were nearly four times more appealing to children than adults. Nearly half of children are exposed to such advertising weekly and around a quarter encounter it daily according to the study.

Raise the Age Legislation for Gambling in New York: Legislation in the State Assembly and State Senate would effectively raise the age of gambling in New York to 21. A.7144 (Pheffer Amato)/S.1446 (Addabbo) would amend the racing, pari-mutuel wagering and breeding law and the tax law if enacted. For decades the drinking age in New York has been 21 and the recently passed Marijuana Regulation and Taxation Act (MRTA), which legalizes cannabis, also sets the legal use age at 21. According to the NYS Council on Problem Gambling, 10% of adolescents in NYS have experienced problems due to their gambling, and 28% of those adolescents who experienced problem gambling in the past may also be in need of treatment for chemical dependency. Research published in 2017 showed that gambling addiction activates the same brain pathways as drug and alcohol cravings. Such findings provide a scientific rationale for consistency in legal age laws across substances --- such as cannabis, alcohol, tobacco and vaping--- and gambling.
Did You Know?  
The Power of Connectedness

Connectedness is an important protective factor for youth that can reduce the likelihood of a variety of health risk behaviors. Connectedness refers to a sense of being cared for, supported, and belonging, and can be centered on feeling connected to school, family (i.e. parents and caregivers), or other important people and organizations in their lives.

Adults who experienced strong connections as youth were less likely (48% to 66%) to:

- Have mental health issues
- Experience violence
- Engage in risky sexual behavior
- Use substances

Source: CDC

NY Project Hope
Coping with COVID

NY Project Hope helps New Yorkers understand their reaction and emotions during COVID-19. Find out more at https://nyprojecthope.org/

Join MHANYS' online for MENTAL HEALTH MATTERS ADVOCACY DAY
Save the Date!
Second week of March, 2022
RESOURCES

Alberti Center for Bullying Abuse Prevention  
ed.buffalo.edu/alberti.html

Disability Rights New York  
drny.org

JED Foundation  
jedfoundation.org

NAMI  
nami.org

National Institute of Mental Health  
nimh.nih.gov

NY State Coalition for Children’s Behavioral Health  
cbhny.org

NYS Health Foundation  
nyshealthfoundation.org/resources/

NYS PTA  
nyspta.org

NYS School Counselors Association  
yssca.org

NYS School Psychologist Association  
nyasp.org

NYS School Social Work Association  
nyssswa.org

Parent to Parent  
parenttoparentnys.org

The National Child Traumatic Stress Network  
nctsn.org

The Trevor Project (LGBTQ Suicide Prevention)  
thetrevorproject.org

Understood  
understood.org

Youth Communication  
youthcomm.org

Youth Decide NY (Problem Gambling Prevention)  
youthdecideny.org

Youth Mental Health Project  
ymhproject.org

Youth.gov  
youth.gov/youth-topics/youth-mental-health

YOUTHPOWER!  
youthpowerny.org

WE ARE HERE TO HELP

MHANYS School Mental Health Resource and Training Center is available to provide information and resources to schools and families, including:

• mental health instruction and training
• guidance on community resources
• technical assistance

Contact us directly at schools@mhanys.org or 1-800-766-6177 / 518-434-0439 mentalhealthEDnys.org

Print and post page as a resource reference.