

BEYOND THE HEADLINES

Trends and Opportunities in Youth Mental Health in the U.S.

Overview of the Report

This report provides a landscape analysis of youth mental health in the U.S., highlighting key trends, challenges, and opportunities for philanthropic investment and strategic interventions to improve access and system effectiveness. For questions, please contact Shruti Sehra, Managing Partner, at shruti sehra@newprofit.org.

Introduction

The landscape analysis begins with the broader goals of the report. It explains why this issue is a priority and sets the stage for understanding key challenges and opportunities in the field.

Our Approach

A combination of literature reviews, stakeholder interviews, and novel data analysis informs the findings of this report. The methodology is designed to capture both quantitative and qualitative insights and perspectives.

Essential Framing

Core concepts that shape the analysis are introduced here. By examining systemic and contextual factors, the report highlights key lenses for interpreting the findings and understanding the nuances of youth wellbeing.

<u>Findings</u>

Major trends, challenges, and gaps in the youth mental health ecosystem are synthesized into clear insights. The research reveals the current state of youth mental health, identifying both areas of progress and opportunity.

Youth Mental Health Organizations and Philanthropic Funding

A map of nonprofit organizations working in youth mental health is presented alongside an analysis of philanthropic funding distribution. By highlighting funding gaps, this section illustrates where financial support is most needed.

Recommendations

The report concludes with recommendations for funders, policymakers, and organizations seeking to address youth mental health. Actionable steps focus on creating a better youth mental health ecosystem.

Appendix

Additional details regarding acknowledgements, methodology, limitations, and references.

03

06

10

15

47

4/

57





INTRODUCTION

New Profit, a nonprofit venture philanthropy organization, backs breakthrough social entrepreneurs expanding access and opportunity in the U.S. Youth mental health is a critical component of our strategy across Education, Economic Mobility, and Democracy. For our Education Strategy, we think about youth mental health as advancing the wellbeing of students, educators, and families. Our youth mental health work to date has supported early-stage organizations in expanding access to culturally responsive mental health care, particularly for those furthest from access. Through our Catalyze support model, we have invested \$1.6 million in 16 early-stage mental health nonprofits and are preparing to provide the next cohort of eight organizations with \$880K.

In addition to funding, we provide peer learning communities, coaching, and strategic advisory support to help organizations navigate barriers to growth and scale their impact. Beyond direct investment, we focus on strengthening the broader field by convening new and interested mental health funders and leaders, joining discussions, fostering collaboration, and shaping philanthropic investment strategies that drive meaningful, community-centered impact. As we look ahead, we aim to expand our investment strategy to include organizations ready to scale and deepen their impact, ensuring youth mental health solutions are sustainable and widely accessible.

Background and Purpose

Why a landscape analysis now?

- **Purpose of the Landscape Analysis:** This analysis aims to illuminate the youth mental health field, providing critical insights to empower funders, policymakers, and mental health leaders to make informed decisions.
- Building on our Work: Over the past few years, New Profit has had the privilege of learning from remarkable social
 entrepreneurs and mental health leaders. As we look to deepen our impact, this analysis, conducted in partnership with
 the human-centered design firm, People Rocket, builds on work completed by our peers with a focus on access to ensure
 we navigate the youth mental health space responsibly and with intention.
- Mental Health as a Foundation: Mental health is integral to achieving success in New Profit's strategic focus areas:
 Education, Democracy, and Economic Mobility. Addressing mental health challenges strengthens individual and collective outcomes across these domains.



Understanding the Youth Mental Health Landscape

Emerging from the COVID-19 pandemic, youth mental health has come into the spotlight. Even before the isolation of the pandemic, the former U.S. Surgeon General, Dr. Vivek Murthy, warned of a "loneliness epidemic" contributing to a decline Americans' mental health. Indeed, youth mental health has been on the decline for decades. During the pandemic, youth mental health challenges, including depression and suicidality, intensified and contributed to a growing consensus that investment is needed at all levels, from families and communities to public and private sector institutions and policies, to support today's youth. Philanthropic organizations, in particular, have a unique opportunity to catalyze change by investing in innovative, community-driven, and proximate solutions that address systemic barriers to care, reduce stigma, and foster resilience in young people.

In order to make progress, it is imperative that we have a nuanced understanding of the diverse range of challenges faced by youth today and the opportunities for intervention and impact. New Profit undertook a novel landscape analysis of youth mental health in the United States, which is focused on understanding both the state of youth mental health today and the landscape of nonprofits and their funders across the country that are focused on addressing youth mental health as part of their mission or core activities.

It is our hope that this work can help to move the field forward by adding nuance to the headlines around youth mental health, making visible the gaps in investment and access to critical services and supports, and shining a light on the good work that is already being done to support youth mental health in communities across the United States.

Our Approach



Exploring the Youth Mental Health Landscape

Youth mental health is a complex and evolving issue that is shaped by individual experience, community contexts, and systemic factors. To develop an understanding of the current youth mental health landscape, we:

- reviewed over 300 reports and studies
- interviewed more than 20 stakeholders including nonprofit leaders, funders, researchers, advocates, and youth
- analyzed publicly available data to identify nearly 7,000 nonprofit organizations focusing on youth mental health in the United States.

This approach incorporates a broad range of perspectives and enables us not only to understand the extent and depth of the challenges facing youth mental health, but also to highlight opportunities for the field.

By grounding our work in research and diverse perspectives, we aim to move beyond the broad generalizations often used to discuss youth mental health and instead offer a more precise, nuanced, and actionable view of the youth mental health ecosystem, which captures the complexities of young people's lives and the variety of interventions that could support their wellbeing.



How Do We Define 'Youth Mental Health'?

What do we mean by youth?

 Youth can encompass a large developmental range, including both the adolescent and young adult stages. The field of youth mental health broadly defines youth as those from 12-25 years (McGorry et al., 2024).

What do we mean by mental health?

- Youth mental health refers to the emotional, psychological, and social wellbeing of young people, shaped by their lived experiences and the environments they inhabit.
- For the purposes of this report, we also include behavioral health under the umbrella of youth mental health, which refers to "behaviors and actions that affect wellness" (CDC, n.d.). This includes substance use and addiction.

What encompasses youth mental health?

- The state of Youth Mental Health is a multifaceted issue that is influenced by both individual psychology and behavior, and broader societal factors such as socioeconomic status, race, gender, family dynamics, educational pressures, access to healthcare, technology innovations, and world events.
- Mental health can encapsulate a wide spectrum, from concepts of wellness and wellbeing to a host of diagnosed mental illnesses.
- Mental health and mental illness are understood differently across cultures and communities, as well as across generations and within families.



Methodology

This analysis incorporates data from industry and academic publications, expert interviews, and a novel analysis of youth mental health nonprofit organizations in the United States using IRS Form 990 data.

300+ Landscape Documents

A review of academic articles and industry reports was conducted to better understand the youth mental health landscape, ensuring both depth and breadth. Findings from this review informed the design of interview protocols and the development of search criteria for identifying relevant organizations.

The review focused on identifying key trends, gaps, challenges, and opportunities within the field, providing a foundation for a series of semi-structured interviews to investigate these areas further.

Over 20 Stakeholder Interviews

Semi-structured interviews with knowledgeable stakeholders were conducted to deepen understanding of the youth mental health field and to investigate a set of working hypotheses about the field's key dynamics and opportunities. These conversations provided context and insights, grounding the analysis in lived experiences and expert perspectives.

Quotes included in this document are drawn directly from these interviews but have been anonymized to ensure confidentiality and encourage candid input.

Almost 7,000 Organizations

Terms and phrases identified through the review of landscape documents and interviews were used to guide the analysis of publicly available IRS data.

These insights informed the search criteria, enabling the identification of nonprofit youth mental health organizations and their funders.





Essential Framing



Seeing the System

Youth mental health does not exist in isolation; it influences and is influenced by the broader ecosystem in which young people grow and develop. While mental health is often treated as its own silo within healthcare, a young person's wellbeing is shaped by the entirety of their contexts —including their biology, identity, and developmental stage; their relationships with family and peers; their experiences within schools, workplaces, and community institutions; the policy landscape that governs access to resources; and the larger societal trends that influence culture and norms. Addressing youth mental health effectively requires a systemic approach that accounts for these interconnected influences.

At the core of healthy youth development and mental wellbeing is a sense of purpose, connection, agency, and self-efficacy. Yet, many young people—particularly young adults—report feeling lonely, overwhelmed by achievement and financial pressures, and disconnected from meaning and purpose in their lives. Critically, relationships serve as the primary bridge between young people and the systems that shape their wellbeing. Strong, supportive relationships help buffer stress, build resilience, foster a sense of belonging, and connect youth to resources. As we consider solutions, a guiding question must be: **How does this environment, program, or policy support and strengthen the developmental relationships that are essential to youth mental health?**

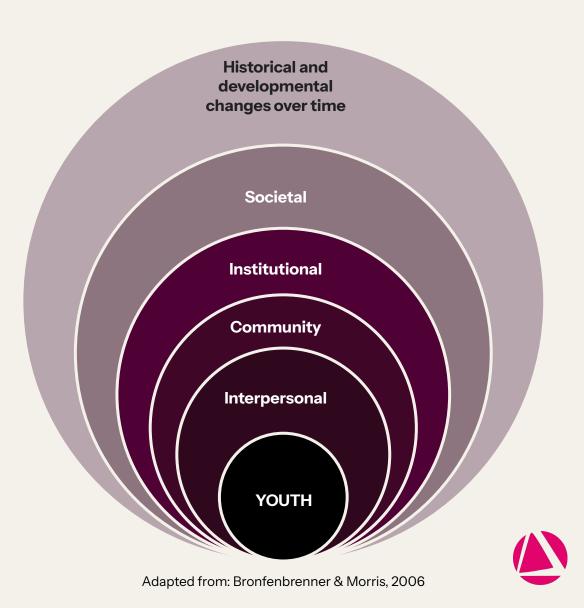
Philanthropy has a unique and powerful role to play in catalyzing this change. Philanthropy has the opportunity to take risks, invest in innovative models, and support community-driven solutions that address systemic barriers to care. By funding initiatives that strengthen relational health, expand access to culturally responsive services, and address root causes of mental ill-health, philanthropic organizations can help create the conditions for long-term, sustainable improvements in youth mental health. **Strategic, coordinated investments have the potential to not only fill gaps but to reshape the ecosystem in ways that center the wellbeing and agency of young people.**

An Ecological Model of Youth Mental Health

While mental health is often confined to its own field within the health sector, youth mental health impacts and is impacted by the entire ecosystem surrounding a young person, including:

- their **individual** biology, identity, and developmental stage
- their closest relationships (including <u>parents' mental health</u>)
- the **communities** and **institutions** with which they interact (e.g., schools, youth programs, religious institutions, social services, employment)
- the policy environment (e.g., insurance and economic policies, local state, city, and school board policies)
- the larger **macro-trends in our society** that impact our norms, values, and societal culture (e.g., technological advances, income inequality, racial and gender inequality, political polarization, climate change).

A systemic approach to addressing youth mental health would include attention to the influences of the entire ecosystem on the wellbeing of youth.



Relationships Are at the Core

- Healthy youth development and mental wellbeing requires a sense of purpose, connection, agency, motivation, and self-efficacy. According to recent research from Harvard's Making Caring Common, youth (and particularly young adults who are struggling at even higher rates than teens) report a lack of meaning or purpose, financial worries, and achievement pressure as the main contributors to their mental health challenges. Youth also report higher levels of loneliness than any other age group.
- Relationships mediate the influences of a young person's ecology. Close <u>developmental relationships</u> help youth to buffer sources of stress and build resilience, make sense of their world, develop agency, connect to resources, and feel that they matter.
- Therefore, a guiding question for *all* stakeholders in this work must be:
 - In what ways does this [practice/program/ policy/environment] encourage, enrich, and empower the developmental relationships around youth? (<u>Simple Interactions</u>)
 - Alternatively, are there obstacles that are discouraging, diminishing, or disempowering relationships for youth that need to be addressed or removed?

"What are the two things that are going to be most core to teenagers and young adults mental health? I think the answer [to] that question...would be having meaningful, gratifying relationships with people and feeling some meaning and purpose in your life. And I don't mean having a single purpose or a calling. I just mean having things you value that you can pursue...things you care about, that you can pursue."

-Interviewee

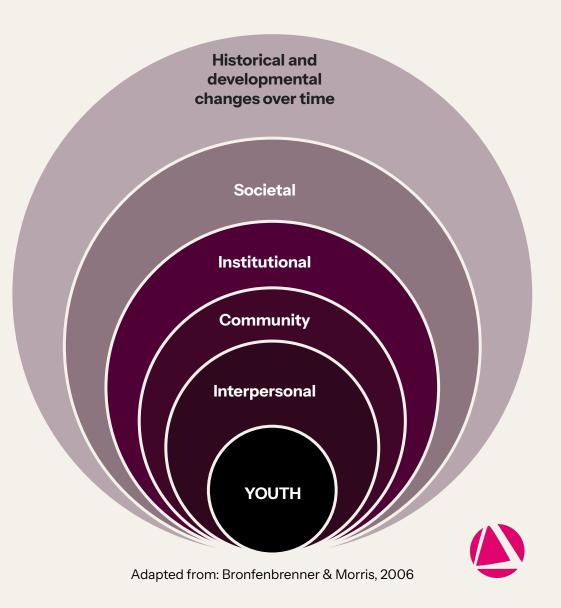


Leveraging the Ecological Model

Taking an ecological perspective allows us to see nuance, complexity, context, and interdependence, which informs a systemic approach to impact.

- Context matters when trying to understand the causes of mental health challenges and design solutions. Rather than solving a generic "youth mental health crisis," we need to be asking the question "what [specific mental health challenge] are we addressing and for whom"?
- Race, class, culture, and other aspects of identity impact how young people experience their ecosystem and the resources and opportunities available to them at all levels.
- Mental health also impacts more than just individual wellbeing youth mental health impacts and is impacted by access to high quality education, a functioning democracy, economic mobility, and more. There is almost no sector that does not have a role to play and a stake in the game when it comes to youth mental health.
- For funders and practitioners, it's about seeing the system as a whole, and our part within it. It's about connecting the dots to create entire systems of support around youth.

How might we build coalitions across all ecological systems and sectors with improving youth mental health as the common goal?



Findings



Key Insights from the Landscape

The COVID-19 pandemic shone a light on a decades-long decline in youth mental health and catalyzed much-needed conversations in the field and our broader society. This increased awareness led to an uptick in new organizations, funding, and prioritization, yet systemic inadequacies persist with regard to ensuring equitable access to both preventive supports and mental health services. The youth mental health system is fragmented, underfunded, and difficult to navigate, with significant provider shortages and barriers to accessing care. This is especially true for certain sub-groups, including rural youth and youth of color, who are less likely to access mental health services.

Our interviews with key stakeholders affirmed that the current system is not meeting the needs of today's youth. **Change must go beyond expanding services to investing in youth voice and proximate knowledge about what works, expanding approaches to care, and addressing root causes.** There is no one-size-fits-all solution, and effective models must be developmentally appropriate,
culturally responsive, and integrated across systems. Multigenerational approaches, collective care models, and community-based
interventions - including peer support, arts-based programs, and digital tools - offer promising supplements to traditional clinical care.
Additionally, our findings highlight a technology paradox in youth mental health. While high amounts of screen time and social media
use have been linked to poor mental health, digital platforms can also provide important opportunities for support, connection, and
therapeutic interventions.

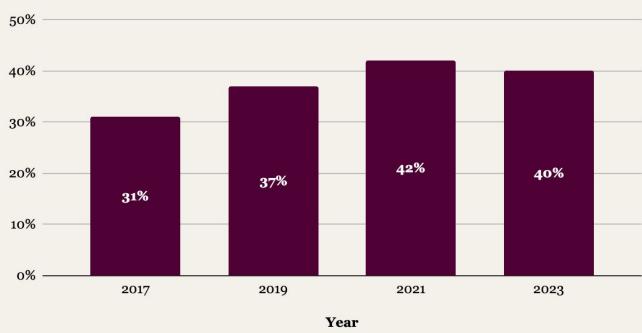
Ultimately, improving youth mental health requires systemic change. The complexity of coordinating across sectors makes this challenging, but a more integrated, responsive, and holistic approach is needed. By recognizing, as one of our interviewees shared, "it does not have to be therapy to be therapeutic," strengthening proximate and community-based solutions, and fostering collaboration across sectors, it is possible to build a system that holistically supports youth wellbeing.

COVID Shone a Light on What Was an Ongoing Decline in Youth Mental Health

The pandemic <u>exacerbated existing mental health challenges among</u> <u>many - but not all - U.S. youth</u>, amplifying the demand for services and bringing attention to the gaps in the current system.

There is no "single story" of how the pandemic impacted youth mental health—some studies show increasing rates of anxiety, depression, eating disorders, and suicidality among certain subgroups, including girls and youth of color (e.g., Bridge et al., 2023; Prichett et al., 2024; Yard, 2021), while others indicate little-to-no change and a return to pre-pandemic levels (e.g., Brunette et al., 2023; CDC, 2024). However, regardless of the pandemic's effects, data shows a decline in youth mental health over time. For some, school closures removed stressors such as bullying, peer social pressure, and academic achievement demands (Penner et al., 2021), while those who maintained close social connections virtually reported better mental health outcomes (Jones et al., 2022). At the same time, the pandemic may have brought greater public attention to youth mental health, amplifying conversations that were previously overlooked or deprioritized.

Percentage of High School Students Who Experienced Persistent Feelings of Sadness or Hopelessness



Data source: Centers for Disease Control and Prevention. Youth Risk Behavior Survey Data Summary & Trends Report: 2013–2023. U.S. Department of Health and Human Services, 2024.



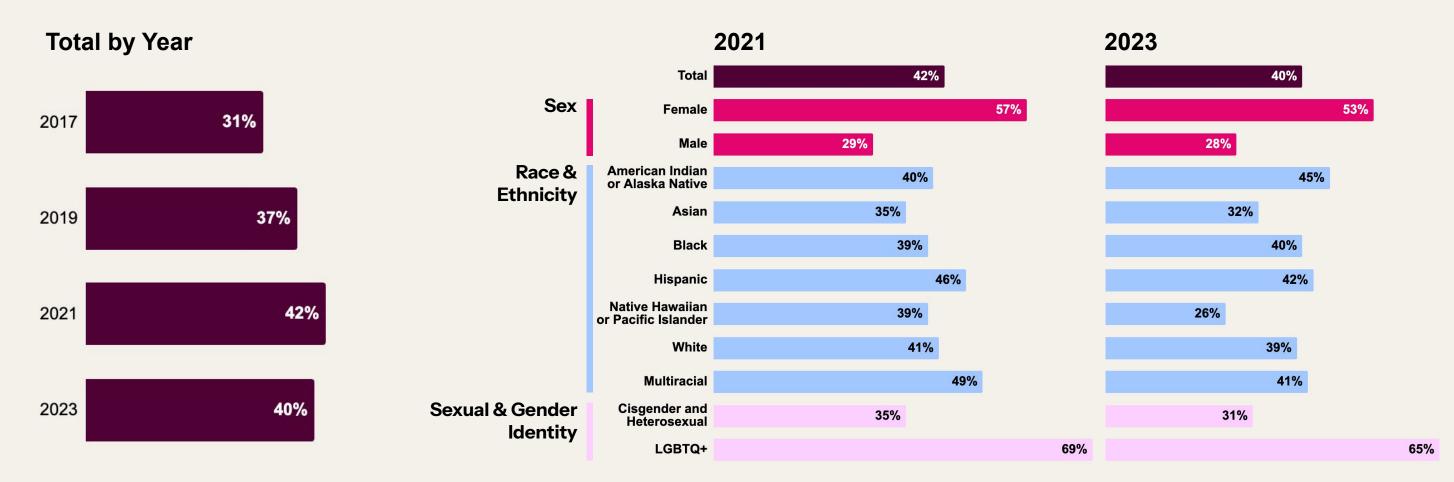
"The protective effect of increased family time may be particularly true for youths from Latinx backgrounds due to familism, an important Latino cultural construct that puts family as central and prioritizes family as a main source of support and comfort, and that has been shown to be a protective influence for many adolescent outcomes."

PENNER ET AL., 2021



Youth Mental Health Trends

The graphs below show the percentage of high school students in the United States who experienced persistent feelings of sadness or hopelessness during the past year, by demographic group during and after COVID. Though rates begin to decrease, they remain alarmingly high, particularly for females and LGBTQ+ youth.





"We had been funding areas to try and destigmatize conversations about mental health...but that became less necessary after COVID. I think COVID really changed the conversation about youth mental health, where it went from being something that no one really talked about to a broad conversation where we could all admit that we were struggling."

INTERVIEWEE



The Landscape Before and After COVID

COVID shone a light on a failing youth mental health system and led to a surge in new organizations, funding, and prioritization. The table below provides a view of the number of nonprofit organizations in our analysis focused on youth mental health and their funding flows before the pandemic (2019) and as of 2022. Despite growth, systemic inadequacies persist.

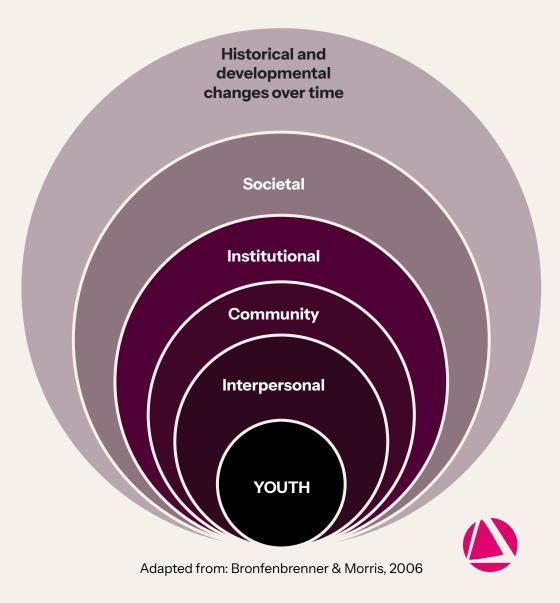
	Before the Pandemic (2019)	As of 2022
Number of Nonprofit Organizations	~5,000	~7,000
Contributions from Private Foundations	~\$137M	~\$500M
% of Giving from Private Foundations	0.32%	0.43%

Jump to the following section to see how these figures were calculated: <u>Youth Mental Health Organizations and Philanthropic Funding</u>
See <u>Appendix</u> for a more in-depth explanation on methodology and limitations



Access and Complexity

- Equal access to both proactive and preventative supports, as well as mental health care services and providers, within the contexts youth inhabit is a major challenge facing the field.
- At every level of the ecosystem, complexities abound. For example:
 - At the the individual level: Youth may be experiencing multiple mental health challenges simultaneously or symptoms that may point to multiple possible diagnoses. Treatment is not always clear-cut, and those with the same diagnosis may respond very differently to the same treatment. There is also the risk of over medicalization of the highs and lows of the human experience.
 - At the institutional level: The transition from child to adult care often loses youth in the middle. There is the challenge of bureaucracy, especially in accessing coordinated mental health care in schools, which is often the first line of support. Additionally, there are numerous challenges with insurance coverage and other barriers to accessing care.
 - At the societal level: One's experience and understanding of mental health and mental illness is influenced by context and culture. This requires unique, culturally and contextually relevant approaches to prevention, support, diagnosis, and treatment.



Lack of Access and Unequal Access to Youth Mental Health Care

Inequality in access to mental health care is an enormous challenge. There are both not enough providers and numerous barriers to seeking out and accessing care.

- In 2023, almost 60% of youth with depression did not receive any mental health treatment (Mental Health America, 2024).
- As of December 2023, more than half of the US population lives within a Mental Health Professional Shortage Area (defined as a population to provider ratio of 30,000 or more to 1), with rural areas particularly affected. It is predicted that these shortages will continue or get worse over the next 10+ years (National Center for Health Workforce Analysis, 2023).
- Disparities are evident in both access to services and quality of care, with historically underserved communities, particularly
 youth of color and rural youth, facing more barriers. This is compounded by a lack of culturally competent care and a dearth
 of diverse practitioners.
 - Youth of color report that practitioner cultural understanding is most important to them in their willingness to engage in mental health care (Chu et al., 2022).

It is critical to both remove access barriers and build a diverse, culturally responsive mental healthcare workforce.



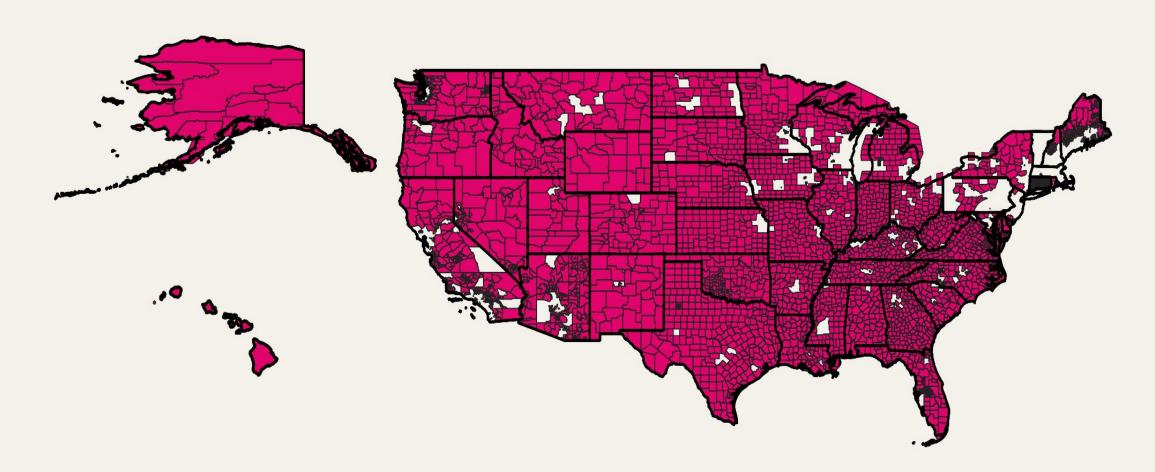
"The pyramid for the mental health workforce is backwards... Most states are only skilling and licensing at the top of the pyramid, meaning we have too many highly specialized providers but not enough community-based, culturally competent care that can meet young people where they are."

INTERVIEWEE



Scale and Extent of Professional Shortages

More than half of the U.S. population lives in a mental health professional shortage area. While there is also a <u>primary care</u> <u>professional shortage</u>, the mental health professional shortages are more extreme.



Legend

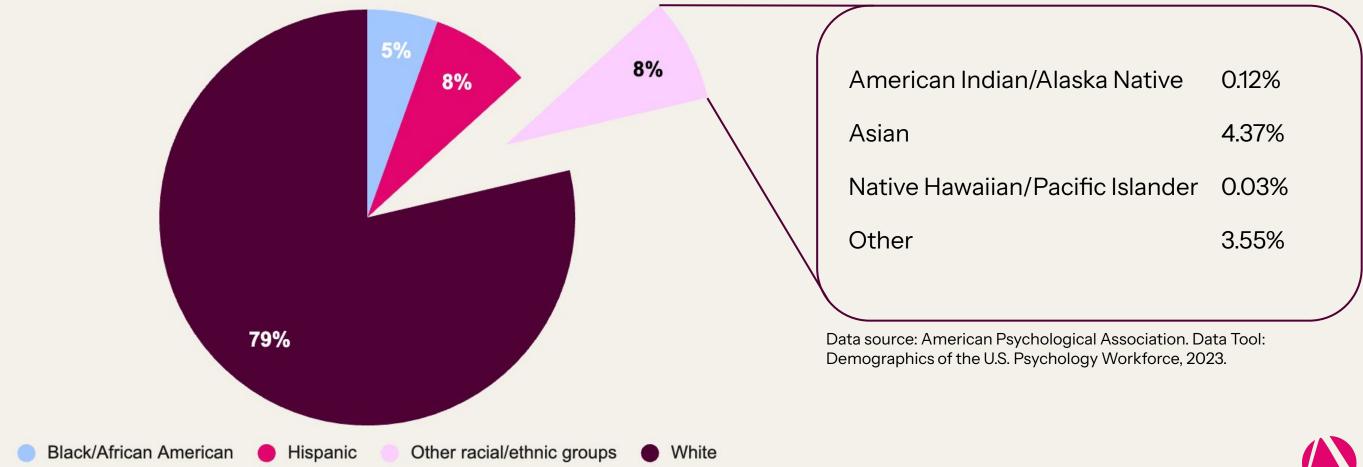




Mental Health Workforce Demographics

The US Psychology workforce is 79% white and 72% female. For many youth, this means lack of access to a provider with a shared background or identity.

Percent of Psychologists by Race/Ethnicity

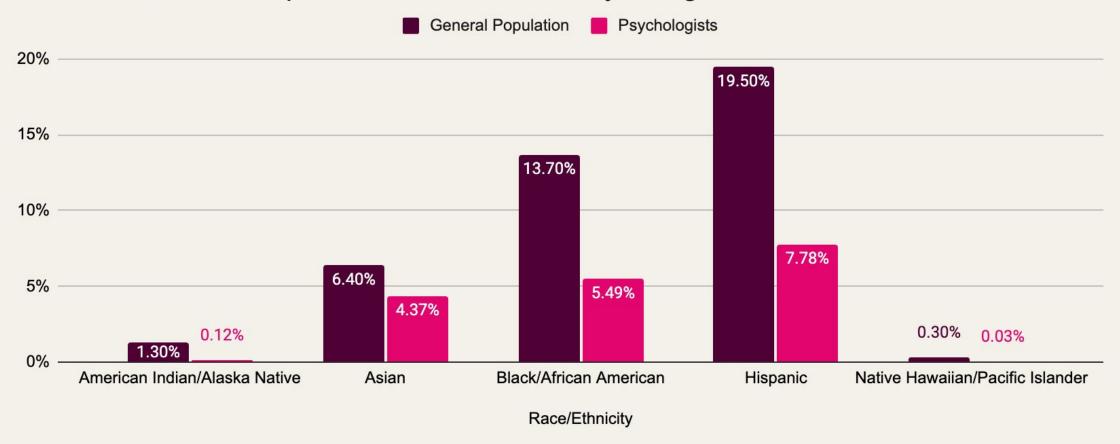




Disparities in Mental Health Workforce

When comparing Race/Ethnicity between the general population and the psychology workforce, disparities emerge, highlighting the urgent need to make the mental health workforce more representative.

Percent of General Population and Percent of Psychologists



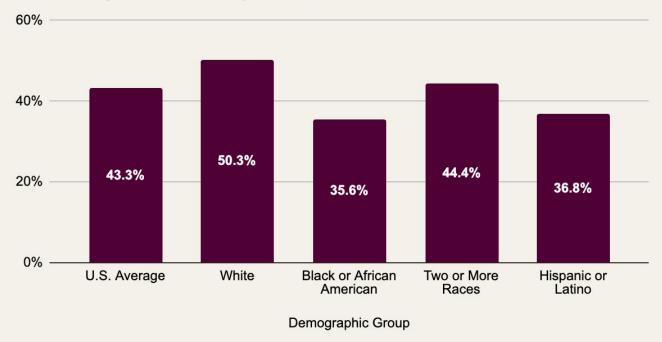


Unequal Barriers to Accessing Treatment

Of those experiencing mental illness, communities of color are less likely to receive treatment.

- Youth of color face greater barriers to accessing care due to multiple factors including stigma, discrimination, a lack of culturally responsive providers, and coverage barriers, and therefore access mental health care at lower rates compared to the white population.
- During the pandemic, there is some evidence that mental health (depression, anxiety, suicidality) declined at larger than expected rates for Black, Asian, and Hispanic populations compared to the white population, and that these groups were significantly more likely to have an unmet mental health care need (Thomeer et al., 2022).

Percentage of Adolescents with Major Depressive Episode Receiving Treatment by Group



Source: Center for Behavioral Health Statistics and Quality, 2021



"Healing can also be scary... if you don't even think that you're worthy of receiving support."

INTERVIEWEE



Stigma Isn't Just About What Others Think; It's About Feeling Worthy

- While also acknowledging that stigma related to mental health has decreased since the COVID-19 pandemic, many
 interviewees highlighted persistent cultural stigma around seeking mental health care, particularly in communities of color
 (McGorry et al., 2024; Misra et al., 2021; Thornicroft et al., 2022). Cultural sensitivities around directly discussing mental
 health often leads to the use of alternative phrases to describe mental health and mental illness.
- Several interview participants explained that the stigma isn't just about what others will think of you; it's also about if you
 think you are worthy of receiving care. "The ways in which we talk about stigma are different... People actually want to go to
 therapy, but it's like making sure that they feel worthy enough to heal, and worthy enough to, you know, change the
 trajectory of their life."
- While the overwhelming majority of youth say that they themselves would not think less of someone who has received mental health treatment, over 60% believe others would (Brunette et al., 2023; Eisenberg et al., 2009).
- The availability and accessibility of culturally competent care, as well as thoughtfully designed public awareness campaigns
 (that de-stigmatize mental illness without making it a trend to pathologize human emotions) are essential strategies to
 combat stigma.

To be effective, efforts must also address internalized narratives and help individuals see themselves as deserving of care and support.



"It is not really a system. It is a fractured patchwork set of services."

INTERVIEWEE



Tensions Arising from the System

The youth mental health system faces critical challenges due to fragmentation, chronic underfunding, and outdated operations. One thing is clear: our interviewees didn't think the system was meeting the needs of today's youth.

Comprehensive Care vs. Existing Systems in Mental Health

Integrating mental health services into primary care and schools is challenging because of the necessary differences in training, funding, and organizational goals. This creates a tension between the need for comprehensive, integrated care and the reality of the systems currently in place and their unique needs.

Community Based vs. Health System Provided

Community-based mental health care can effectively meet local needs and offer accessible services in a way that traditional health systems cannot.

However, they face systemic barriers like limited funding and differing community based approaches, attitudes, and beliefs towards mental health. These barriers reduce access to care and effectiveness, unfairly shifting the burden to the community and often leading to inadequate care.

Individualized vs. Uniform Standards

Addressing mental health disparities requires attention to the youth in context, ensuring all youth have access to quality, culturally responsive care from representative providers. However, there's tension between this need for tailored services and the push for uniform state and national standards, which can conflict with providing customized care.



"It's not just about one tool or model. We need a whole system of supports that can adapt and connect, from peer support to tech innovations to school-based care."

INTERVIEWEE



The System is Full of Barriers & Complexity

There was a shared sense that without concerted, systemic change, these issues will continue to hinder progress.

- Youth mental health care is highly "geographic-specific" because licensing and regulations happen at the state level. This means that navigating different state rules can be a significant barrier.
- Outdated insurance reimbursement and Medicare policies and codes make it difficult for mental health services to adapt and grow.
- The complexity of coordinating with various systems, including schools, local health departments, and state regulators means that integrating new initiatives into these existing frameworks can be challenging.
- There is strong consensus that silos between mental health care systems and schools hinder the development of comprehensive youth mental health programs.
 - Schools are underutilized in terms of providing mental health support, yet schools often require extensive approvals and standardized processes for integrating new mental health programs. This bureaucratic process can act as a barrier, preventing timely and effective collaborations between healthcare providers and educational institutions.
 - One interviewee gave the example, "Therapy delivered in schools was only reimbursed if it happened behind two doors from a public space...That meant that therapy could only be reimbursed if it was being done in a closet."



"There is, like, no evidence."

Change in youth mental health will not only come from service provision but also from creating evidence and science about what works. This insight took on a few different forms from our interview participants.

- 1. The field lacks objective tests, diagnostic tools, and clear data about biomarkers and genetic markers.
- 2. There is not enough research and evidence underpinning the care being provided in the sector right now.
- 3. There is a lack of definitive knowledge about what has caused the decades-long decline.
- Interviewees shared:
 - "I feel like everyone says it. I feel like... I would look at the research and I would think, this isn't a strong evidence base, but a lot of decision-makers don't have the training that I had. And so, I think it's easy to say this is research-based or evidence-based. I don't know how many really are."
 - "It's concerning that... some of the practices out there are not, you know, evidence-based, there's no research backing. And... less than half [of the youth who receive services] actually get evidence-based practices".
 - "There's like no evidence, particularly in researching youth of color in this country... That's the evidence right there, the lack of evidence."
 - "Currently, in mental health, to some extent, they're trying to replicate what has been done for adults and kind of put it in a box for youth."
 - "Everybody else has an objective test. You have a scratchy throat, I swab, and if you have strep throat, I know you have strep throat. We don't have that magic in child psychiatry... We are looking for that."



"I feel like the mental health conversation, the narrative is pretty much like this: that the population we should be most worried about is teens, and the reason we should be most worried about them is social media...But our data...presents a very different picture...Young adults, 18 to 25, are suffering about twice the rate of anxiety and depression as teens are."

INTERVIEWEE



...actually the main idea that our data supports, which is not the idea that anyone wants to hear, is that there is literally no one-size-fits-all solution for all of this."

YOUTH INTERVIEWEE AND TEEN MENTAL HEALTH RESEARCHER



There is a Need and Opportunity for Designing a Range of Care Models

Part of removing barriers is understanding that, when it comes to youth mental healthcare, there is no one-size fits all. We need a range of responsive approaches to treatment and care that are tailored to young people's needs and developmental stage (as opposed to simply mimicking adult models).

- Collaborative and integrated care models have been shown to increase access to care and improve adolescent depressive symptoms. Similarly, studies show that family therapy models are effective in treating youth mental health and behavioral disorders. That said, the research does not point to these forms of care being better overall it will depend on the context (Asarnow et al., 2005; Hopkins et al., 2017; Jiménez et al., 2019; Richardson et al., 2014; Wright et al., 2016).
 - One interviewee shared, "I think, as with all of mental health, much of [the treatment approach] depends on the individual who is struggling. Some do better with individual focus. Others do better in groups."
- Benefits of collective care include that it helps build social support networks and can provide scalable care. However,
 concerns have been raised about the complexity of relationships within these groups, particularly for youth whose
 multifaceted identities and experiences may not be fully acknowledged and accepted amongst group members. While
 some papers emphasize the benefits, others caution against over-reliance on these approaches, pointing out the need for
 personalized care and cultural sensitivity to avoid alienating individuals within the group.
- Addressing the root causes of youth mental ill-health (e.g., poverty, isolation, housing insecurity, trauma, toxic stress) from a multigenerational perspective is also critical (McGorry et al., 2024).



"It does not have to be therapy to be therapeutic."

INTERVIEWEE



Mental Health Care Can Extend beyond Traditional Therapy

Community-based interventions, peer support, arts, and digital tools can all provide therapeutic benefits, presenting a broader, more accessible approach to mental health. This idea shifts perspectives from a medicalized view of mental health to a model where everyday activities and community connections also play vital roles.

- Non-traditional approaches can be more accessible and relatable, particularly for youth who might not engage with traditional therapy.
- Building supportive, youth-centered environments included the expansion of digital health tools and community-based services that provide accessible mental and behavioral health support and opportunities for healthy connection and engagement outside traditional clinical settings.
- Interventions that help youth to form strong, supportive relationships, find meaning or a sense of purpose, manage or mitigate stressors in their environments, and feel competent and agentive can all be seen as addressing root causes of youth mental health.
 - One expert shared, "How do you help kids develop meaningful relationships? How do you help them do things that are meaningful? I'm very big on service these days and collective service, working together. Because I think it helps with loneliness; helps with meaning and purpose; it helps with anxiety and depression for young adults."

"I think something that's really important is to consider the factors that are driving youth to go on their phones and breed that disconnection. And maybe [it's] not as much that the phones are the root cause of that disconnection. I think that, in so many situations, youth are turning to their phones because there's not space to [connect] otherwise."

YOUTH INTERVIEWEE AND TEEN MENTAL HEALTH RESEARCHER



The Technology Paradox

Social media, screen time, and digital platforms can contribute to anxiety and depression, but they also offer avenues for support, connection, and innovative therapeutic interventions.

- Research and interviews emphasized the need for a balanced approach, ensuring that digital platforms are used effectively and safely to support youth mental health (Weinstein & James, 2022).
- Social media can exacerbate mental health issues like depression, anxiety, and low self-esteem, particularly through cyberbullying, negative social comparison, and excessive screen time. The negative impact is especially pronounced for girls (Achterberg et al., 2022; Boers et al., 2019; Brunette et al., 2023; Odgers & Jensen, 2020; OSG, 2021; Orben & Blakemore, 2023; Twenge & Farley, 2021; Twenge et al., 2022; Usborne & Taylor, 2010).
- But, as our interviewees shared, nuance is necessary. "There's mixed findings... some studies show positive impacts, especially for youth from marginalized backgrounds... [who] get a sense of belonging from some online spaces." For LGBTQ+ youth, "it's a lifeline."

Singular narratives that point to technology as the sole cause of youth mental health problems lead to overly simplistic and single-minded solutions (e.g., simply banning or restricting youth's access to technology), rather than taking a nuanced approach that identifies root causes, teaches healthy tech habits, and leverages the potential benefits of technology in service of those who need it most.



"There's so much more pressure that teens are facing now from so many areas. And like, the fact that we have to be on the clock. I would [be] in middle school, [and] I was getting emails from my teachers on the weekends, and then high school, these random deadlines [over the weekend]. Like this is also something that's so new to the generation and has obviously never happened before. That's also important to consider."

YOUTH INTERVIEWEE AND TEEN MENTAL HEALTH RESEARCHER



"So I think what we need to look at is not banning kids from social media or the digital ecosystem, but empowering them with the knowledge of how to use this power tool and to recognize it as a power tool, not as a toy, not as a playground, but as a tool that can do great good or great harm."

INTERVIEWEE



Technology as Part of the Solution

While technology is often seen as part of the problem, telehealth and digital mental health tools have the potential to provide solutions. These tools are viewed as crucial for increasing accessibility to mental health care, especially for underserved populations.

- Technology has the potential to be useful for: expansion of telehealth services; coordinating care; offering additional supports; and providing digital peer support and community.
- There is interest in the use of technology to increase access to mental health care from both youth and practitioners, and evidence that internet-based CBT and other online mental health promotion and prevention interventions can be effective in promoting youth mental health. **Those that involve a relational or face-to-face component have been shown to be even more effective** (Alvarez-Jimenez et al., 2021; Andersson et al., 2019; Bell et al., 2022; Brunette et al., 2023; Clarke et al., 2015; D'Alfonso et al., 2017; Hall et al., 2022; McGorry et al., 2024; van Doorn et al., 2023; Worsley et al., 2022).
- Telehealth may be an especially promising way to get youth "in the door" to access mental health services. One clinician shared, "...before the pandemic, we had a 25 to 30% no show rate on first visits...In March 2020, we went all virtual overnight, and our no show rate dropped to zero because they're comfortable and masterful in this environment."
- Al chatbots have also entered the scene as a low-barrier entry into mental health and counseling support, but must be built to effectively connect youth to real human relationships, rather than supplant them. One interviewee shared, "We're coming up with another [tool] called Mirror, because Amy's got depression...This is therapeutic journaling, and there's a way that if she gets worse we can alert her, saying, 'Your symptoms seem worse, reach out to this crisis line or your mother.'"

"We draw artificial boundaries between the real world and the virtual world. For kids, this is a single world. They're seamlessly in and out of the screen environment, and we have to recognize and respect that, but do it in a way that allows them to learn how to be good citizens in this space, how to show respect for each other and for themselves, how to be healthy, and how to be optimistic, as opposed to dystopian."

INTERVIEWEE



Youth Mental Health Organizations and Philanthropic Funding



Beyond Traditional Analysis: Mapping Youth Mental Health Nonprofits

Youth mental health nonprofits in the United States vary widely in terms of programmatic focus. This variability makes it difficult for traditional classification systems like the National Taxonomy of Exempt Entities (NTEE) to capture all of the organizations working in this space. To address this gap, using publicly available IRS Form 990 data and a keyword analysis, we identified nonprofits that aligned with our expansive definition of youth mental health and their private foundation funders.

This analysis provided insights into the geographic distribution of both organizations and philanthropic funding. A heat map of youth mental health nonprofits shows that the highest concentrations are on the West Coast and the Northeast, with a few clusters distributed throughout the rest of the country. However, when looking at the distribution of funding, the picture becomes more stark. Funding is even more concentrated than the organizations themselves, with a relatively small number of geographic areas receiving a disproportionate share of resources.

In addition to geographic disparities, our findings suggest a broader challenge: the philanthropic funding landscape of youth mental health is fragmented, with most funders granting less than \$100K per grant. Lack of sustainable, long-term investment prevents many organizations from achieving their objectives. Additionally, tensions emerge between philanthropic support and long-term sustainability, short-term wins versus long-term systemic change, and the need for better coordination to prevent duplication of efforts. This section concludes with a closer look at how focus areas within mental health receive varying levels of support, underscoring the need to align funding with need.

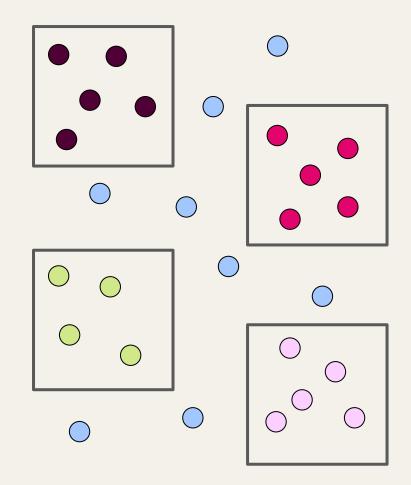
Limitations to Exploring the Youth Mental Health Landscape

The National Taxonomy of Exempt Entities (NTEE) is a classification system the federal government uses to classify nonprofits. Some example sub-categories for Mental Health and Crisis Intervention are provided to the right.

Our experience working with our <u>mental health equity</u> <u>cohort</u> revealed that many of the organizations we were working with and speaking to were not classified into any of these Mental Health and Crisis Intervention categories.

Classification systems like NTEE provide a helpful baseline, but fall short in capturing the breadth of organizations working in a particular sector.

Challenge: how might we identify a more representative set of organizations working to address youth mental health in the United States?



Legend

- F60: Counseling
- F32: Community Mental Health Centers
- F30: Mental Health
 Treatment
- F01: Alliances & Advocacy
- Other Mental Health
 Organizations



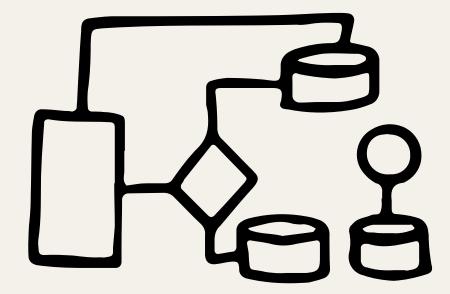
Analysis Approach

4

Overcoming the limitations imposed by rigid classification systems

Create a dataset: procure millions of IRS Form 990 filings for nonprofit organizations and private foundations that contain descriptive programmatic and grant information.

- Develop bag of words search terms: synthesize findings from desk
 research and interviews to create a set of terms that can be used to identify youth mental health nonprofits and their funders.
- ldentify organizations: complement existing classification systems by applying the bag of words search terms to programmatic descriptions to establish a set of youth mental health nonprofits.
 - **Identify funding flows:** identify the private foundation funding source and amount by checking the grant recipient information provided by the private foundation.



The resulting list of organizations reflect New Profit's definition of the youth mental health landscape. Please see appendix for additional information.



Capturing Culturally Responsive Terms

The way youth mental health work is discussed often diverges from jargon-heavy, field-specific language. This disconnect can make it challenging to identify and engage with organizations effectively addressing youth mental health needs. In conversations with leaders in this space, several examples surfaced that provided clarity and helped bridge this gap. These examples not only highlighted the diversity of approaches within the field but also enabled us to refine our bag of words search terms to identify a broader and more representative range of organizations.

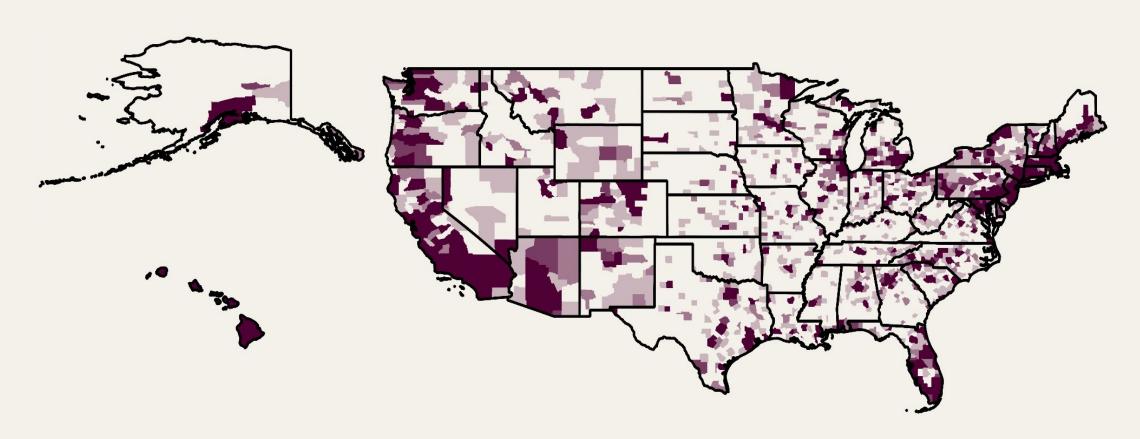
"Joy is probably one of the best ways that I hear mental health talked about, particularly within the Black community, as like finding joy, or, you know, harnessing your joy, empowering your joy. Joy, is one way that I hear a lot of people talk about mental health without like saying mental health."

Interviewee



Youth Mental Health Organizations

The heatmap below illustrates the relationship between population and number of youth mental health organizations at the county level. Even when accounting for population disparities, much of the United States has limited access to the youth mental health ecosystem. This represents a key opportunity for social entrepreneurs and philanthropic leaders to support these areas.



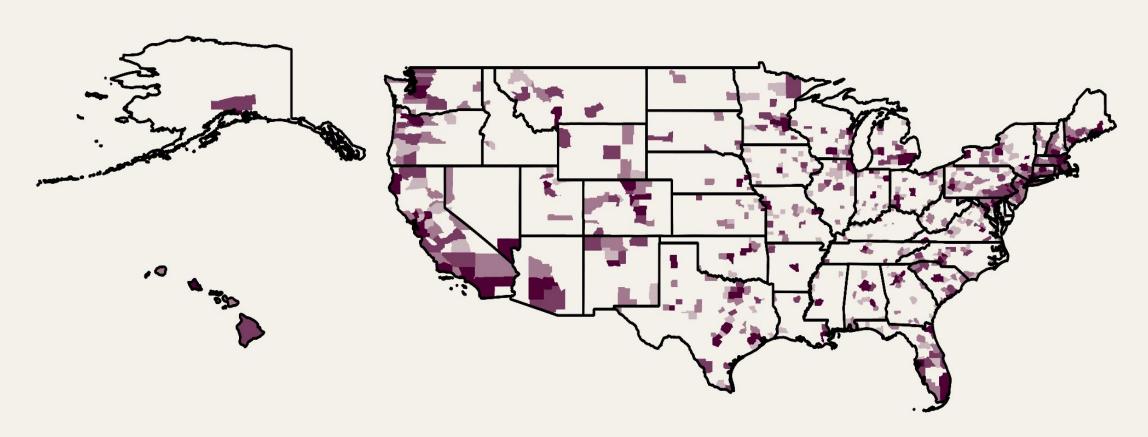
Number of Youth Mental Health Organizations



Limitations of Geographical Analysis: This analysis relies on addresses reported in filings, but many nonprofits serve beyond their listed locations. As a result, the map may not fully reflect their true service catchments. For more details, jump to the slide on <u>limitations</u> in the appendix.

Youth Mental Health Funding

When we look beyond the organizations and examine the funding flows, we see the same underlying theme amplified. The flows are even more concentrated, presenting funders with a critical opportunity to refine their funding strategies to support emerging opportunities in low-access areas.



Concentration of Funding



Tensions Related to Philanthropic Funding

Funding remains a complex issue, with many youth mental health initiatives, particularly smaller, proximate, and community -based organizations, struggling to grow beyond a certain level due to a lack of sustained, long-term funding. While there has been an increase in philanthropic interest, the focus often leans towards short-term wins, rather than systemic change.

Short-Term Philanthropic Support vs. Long-Term Sustainability

Short-term funding from philanthropic organizations is crucial but creates tension between immediate resource needs and long-term sustainability. When initial funding ends, many mental health programs struggle to continue, leading to instability and discontinuity in care. Many organizations are dependent on relatively small grants (e.g., \$100k-\$200k), which makes it difficult for them to plan long-term and expand their services.

Short-Term Wins vs. Long-Term Investments

Funders and policymakers often prioritize initiatives with immediate results, like crisis intervention and short-term therapy. This creates tension between seeing fast impact and investing in long-term solutions, such as prevention, early intervention, and systemic change. Many funders are perceived as cautious, which can prevent innovative, early-stage nonprofits from getting the necessary backing to scale.

Funding Priorities vs. Duplication and Coordination in Mental Health Initiatives

The mental health system is fragmented, with funders often supporting similar initiatives without coordination. This creates tension between the need for a cohesive, effective support system and the reality of individual funders wanting to move quickly and fund causes they care about. This leads to duplicate efforts, inefficiencies, and uneven support.



"I would say the biggest dynamic is that the the field is so dramatically under-resourced... you spend all these time in philanthropic convenings, where everyone's talking about a culture of abundance, and all of that doesn't exist in mental health because you have very good people who've been working really hard for a long time with very, very little money."

INTERVIEWEE



What Does it Take to be a "Top" Funder?

Our analysis indicates that there are more than 6,000 private foundations making contributions to youth mental health organizations. Fewer than 100 of these funders account for 50% of the total giving to youth mental health organizations.

Funding Ranges	Number of Funders
\$5M or More	10
\$1M - \$5M	74
\$500k - \$1M	86
\$100k - \$500k	560
Less than \$100k	5,575

The average contribution amount is ~\$23k.



Recommendations



Collaboratively Establish a System of Care

Improving youth mental health requires a multi-faceted approach that enhances access to care, strengthens coordination across systems, and builds relational environments in which youth can thrive. This means both improving access to mental health care for all young people and strengthening the ecosystems surrounding youth so that it supports their wellbeing, as well as the wellbeing of those who care for them. This looks like supporting families and working to reduce barriers to accessing care such as stigma, geographic and socioeconomic barriers, and lack of culturally responsive and youth-centered services, as well as greater integration across education, healthcare, and community organizations is essential to creating a system of care.

Youth are uniquely positioned to both provide insight into their experiences with mental health and wellbeing and to design innovative solutions to meet their needs. In partnership with supportive adults, youth have the potential to lead on these issues and to reimagine the contexts that support their positive development.

Philanthropy has a unique role to play in catalyzing solutions in partnership with youth, from investing in proximate organizations and social entrepreneurs to leveraging its convening power and filling funding gaps. By prioritizing long-term, sustained investment, supporting effective policy development, and catalyzing new knowledge of what works and for whom, philanthropy can help transform the youth mental health ecosystem into one that is more accessible and effective. Now is the time to move beyond fragmented efforts and invest in solutions that enable all young people to thrive.



"There are a lot of really smart people out there who know what we can do to improve mental health in our country.

But...there wasn't anybody really focused on building power to do the systems change work."

INTERVIEWEE



Enhance Access to Services

These recommendations focus on strategies to improve access to mental health care for all young people, including using telehealth.

- Invest in Building a Diverse, Culturally Responsive Workforce: Increase the number and diversity of mental health providers, particularly for underrepresented groups and in mental health shortage areas. Ensure that all providers are skilled in providing culturally responsive mental health care.
- **Expand Digital and Telehealth Services Responsibly:** Increase availability of telehealth and other digital services to provide remote mental health care, especially in underserved areas. Leverage the affordances of Al and digital technologies, while continuously prioritizing strengthened human relationships as the core objective.
- Enhance Crisis Intervention Services: Improve crisis intervention services like hotlines and mobile crisis teams to offer immediate support for youth in distress.
- Simplify the Referral System: Make the referral system easier for parents to navigate when seeking help for their children.
- Continued Training for Primary Care Clinicians: Provide ongoing education and training for primary care clinicians to better address mental health needs.
- Focus on Prevention and Early Intervention: Emphasize early identification and prevention of mental health issues through universal screening, crisis intervention, and promoting resilience and coping skills.

Improve Coordination and Integration

These recommendations emphasize the importance of integrating mental health care across different systems and sectors.

- Create a Framework of Connectedness: Establish a framework connecting educational institutions, families, and healthcare providers through digital health.
- Enhance Post-Hospitalization Support: Ensure youth receive adequate support and follow-up care after being hospitalized for mental health issues.
- Coordinate Care Across Systems: Develop systems that coordinate mental health services across various agencies, including education, healthcare, and juvenile justice.
- Increase Cross-Sector Collaboration: Take practical steps to enhance collaboration across different sectors to improve
 youth mental health.
- **Support Transition-Age Youth:** Provide specialized services and support for youth transitioning from child to adult mental health services to ensure continuity of care.



Measure What Matters

These recommendations emphasize the need for gap-filling research, strengthened collaboration between and within research and practice, and the implementation of interventions grounded in proximity and evidence that they make an impact on what matters most for youth mental health.

- Improve Data Systems: Enhance systems to better identify persons at risk for suicide and other mental health crises and advance our knowledge of risk factors and effective intervention options.
- Enhance Data Collection and Analysis Methods: Improve the collection and analysis of data related to mental health crisis prevention efforts. Invest in understanding heterogeneity in mental health determinants, diagnoses, treatment, and outcomes. Ask, are we measuring what counts (e.g., relationships), or just what can be counted?
- Strengthen the Research and Practice Community: Enhance collaboration and effectiveness within the research and practice communities so that practice and lived experience informs what we know, and what we know informs practice.
- Increase Funding for Innovative Approaches to Evidence-Building: Allocate more funds towards understanding the experiences of those farthest from access and the range of interventions that effectively serve their needs. Focus on understanding the mechanisms of change and their function in an intervention, rather than replicating one particular form.
- **Translate and Share Knowledge:** Create continuous knowledge translation and sustainable mental health prevention strategies, literacy, and digital navigation tools. Create open science networks. Share what's working and what was learned in failure.

"We really need to get on the prevention front...the analogy that comes to mind...it's like you have a highway where there are a lot of car accidents. You can get more ambulances, you can build more hospital beds, or you can fix the highway. I feel like we're not fixing the highway."

INTERVIEWEE



Build Youth-Centered Environments

These recommendations focus on creating supportive environments in schools, communities, and healthcare settings to foster mental wellbeing.

- **Support Educators and School Staff:** Provide training and support for teachers, counselors, and school administrators to recognize and appropriately respond to mental health issues.
- Foster Youth Identity, Agency, and Resilience: Assist young people in forming healthy identities, gaining independence, and feeling a sense of agency. Build social and emotional skills to help manage stress and employ healthy coping strategies.
- Address Bullying and Cyberbullying: Implement anti-bullying programs and policies to create safe environments for youth both in person and online. Explicitly teach youth healthy tech habits and provide strategies to avoid harmful tech use.
- Create Safe and Supportive School Climates: Create school environments that are safe, supportive, and conducive to learning, social and emotional development, and mental wellbeing.
- Focus on Relationships: Ensure that all youth feel connected to caring adults in their communities.
- Adopt a Youth-Centered Approach: Make mental health services more relevant and accessible to young people.

When we ask youth and listen to their experience, we can co-design solutions responsive to their lived reality.



Support Families and Communities

These recommendations emphasize the role of families and communities in supporting youth mental health.

- **Provide Parental Education and Support:** Offer culturally responsive programs that help parents recognize mental health issues and support their children. These programs should encourage open discussions without fear or shame.
- **Deliver Services by Parents for Parents:** Create and fund services delivered by parents for parents, building a supportive community of peers.
- Provide Planning Assistance: Offer assistance with planning for mental health support at both the family and community level.
- **Help Young People Belong and Connect:** Aid young individuals in feeling a sense of belonging and connecting with appropriate social circles, including family, friends, and neighbors in the community.
- Normalize Mental Health Conversations: Encourage open discussions about mental health in all settings to normalize seeking help and reduce stigma.
- Increase Public Awareness Campaigns: Educate the public on mental health issues through tailored campaigns.



Eliminate Barriers & Address Root Causes

These recommendations focus on addressing unequal access to mental health services and supports and opportunities for investing in proximate interventions that address root causes and areas of highest need.

- Address Socioeconomic Barriers: Recognize and address poverty as a root cause of mental health challenges. Reduce barriers such as lack of insurance or transportation that prevent young people from accessing mental health services.
- **Recruit and Retain Ethnically Diverse Staff:** Employ methods to recruit and retain diverse staff so all youth have access to providers with shared backgrounds and lived experiences.
- **Develop Programs for Underserved Groups:** Create (with youth!) targeted programs for sub-groups of youth, such as LGBTQ+ youth, to address their unique mental health needs and preferred modes of intervention.
- **Emphasize Inclusive and Culturally Responsive Practices:** Focus on culturally responsive and inclusive approaches in training, practice, research, and policy.
- Focus on Root Causes: Tackle broader social determinants of mental health, including socioeconomic status, structural inequality (e.g., unequal access to housing, quality education, employment, developmental relationships, social ties), political polarization, and marginalization that lead to disparate experiences of mental health and wellbeing.
- Reinvent Institutional Structures: Raise awareness and take action to identify and reform or reinvent institutional
 structures that maintain inequality at all levels of the ecosystem.



A Call to Action for Philanthropy

Philanthropy has multiple levers at its disposal to make a crucial difference for youth mental health. The following recommendations are a call to action for philanthropy to step up, fill gaps, and help to catalyze the efforts of organizations and social entrepreneurs doing the essential work of creating ecosystems where all youth can thrive.

- Co-design with youth: All too often, priorities are set and solutions are developed without the input of youth, who are most
 proximate to the challenges and opportunities impacting their mental health. Ensure youth are at the table to co-create solutions
 that are responsive to their lived realities.
- **Invest in proximate organizations and social entrepreneurs:** Organizations on the ground, in communities, that understand and incorporate the lived experience of those they serve into their programming are uniquely positioned to make an impact on youth mental health. This requires long-term, sustained investment and capacity building.
- Leverage philanthropy's convening power: Bring folks together to coordinate stakeholders across the ecosystem, share
 innovative ideas, invest in systems building, and shine a light on the good work being done in communities across the U.S.
- Support effective policy development: Local, state, and federal policies can promote or inhibit growth in the mental health sector, and there are people working at all levels of the system to have an impact. States are finding innovative ways to establish sustainable financing for mental health, including coverage for mobile crisis services.
- **Fill gaps:** While government funding is essential and has traditionally made up the majority of funding for mental health services, given the current policy landscape in the US, philanthropy will be increasingly critical to ensure care is available to all, particularly sub-groups losing access to specialized care, such as LGBTQ+ youth. Interviewees also shared the challenge of leveraging public dollars to support new, innovative programs with the potential for high impact, which is a key place where philanthropy can step in.
- Catalyze new knowledge: Invest in building the evidence base by funding new research and innovation in the field, with a particular focus on the translation of research to practice and raising up local funds of knowledge.
- Engage in system-building across all of the above!



Appendix



Acknowledgements

We extend our sincere gratitude to the Carnegie Corporation of New York for funding this work.

A special thanks to the 20+ interviewees who generously shared their time and perspectives, helping shape this analysis. We are also deeply appreciative of the People Rocket and New Profit teams for their dedication, collaboration, and commitment to refining and strengthening this work at every stage.

And a heartfelt thank you to the People Rocket team—Jake Hale, Emily Meland, and Tessa Forshaw—as well as the core team from New Profit—Tezeta Tamrat, Shruti Sehra, and Julie Asher—whose leadership and contributions were instrumental in bringing this landscape analysis to life.



Expanded Methodology

Two separate approaches were developed to identify nonprofit organizations working in the youth mental health field using a combination of pre-existing classification schemes and text-based analysis. The first method (Approach 1) used the National Taxonomy of Exempt Entities (NTEE) codes. Specifically, organizations categorized under NTEE code group "F", meaning Mental Health and Crisis Intervention organizations. An extra filter was then applied to descriptions of these organizations to check whether they used youth-specific terms. This approach is consistent with traditional analyses of the system and is improved by adding the youth-specific terms to the text analysis. However, this approach is constrained by the limitations of the NTEE classification system.

All nonprofit organizations have a single NTEE code. While these codes are descriptive, they fail to fully account for the scope of services an organization provides. This means that the system is incapable of capturing the full breadth of organizations working in a sector. An alternative approach (Approach 2) was developed to address this constraint. First, Form 990 filings were analyzed for age-appropriate keywords in the same way as Approach 1, and then cross-checked against a set of terms aligned with our definition of youth mental health and based on document reviews and conversations with system stakeholders. For more information on this human-centered methodology, please see our other report: Unlocking the Black Box. This approach enabled the identification of organizations which may not have been captured in the first method; these may be organizations that are operating in related or similar fields, but are still making a contribution to youth mental health.

After the youth mental health organizations were identified, additional steps were taken to map their funding flows. In order to achieve this, organizations were cross-referenced with private foundation Form 990 filings in order to determine the amount and source of financial support they received. Through the association of the identified organizations with the funding flow information, this process offered a better understanding of how private foundations support youth mental health projects and revealed funding opportunities within the sector.

Methodology Supporting Files

Model formulation and key terms can be viewed by visiting the view-only spreadsheet.

Sheet Names:

- Age Terms
- Topic Terms



Limitations

The methods used in this report have a few limitations that constitute future areas of research. The first limitation is the **availability of Form 990 filing data**. Some estimates report a processing delay of more than three years. Therefore, some filings were not available for this analysis. Although the dataset used for this research is comprehensive, it is not exhaustive. Future analyses using newly released filings may result in different findings.

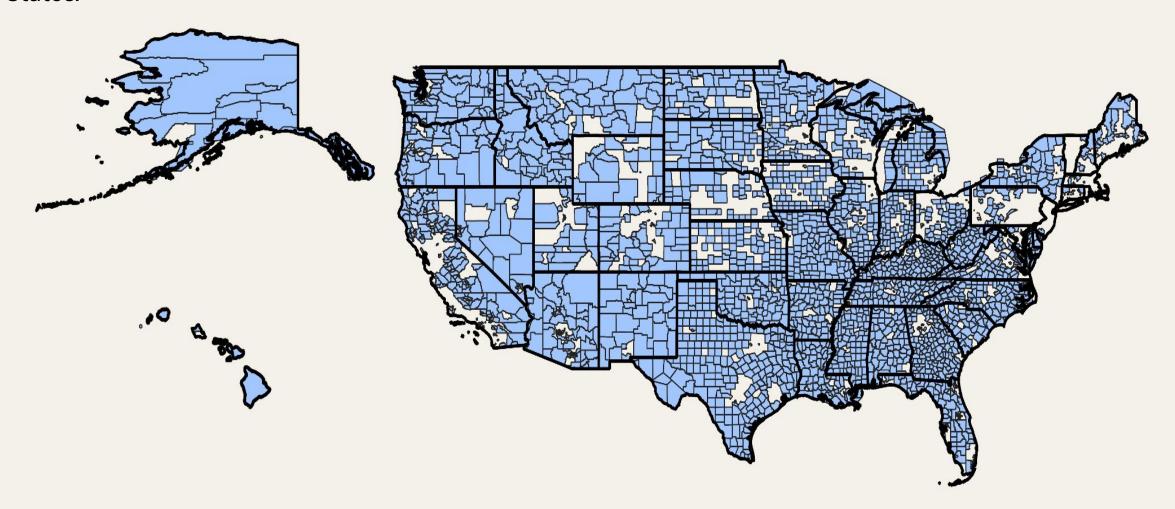
The second limitation is the **scope of organizations included**. This analysis is limited to nonprofit organizations and their private foundation funders. These are organizations that prioritize youth mental health based on their Form 990 programmatic descriptions. There may be other organizations that address youth mental health as part of their larger mission, but those wouldn't be captured unless they explicitly mention it in their Form 990. Therefore, some important actors in the mental health ecosystem are not accounted for such as fiscally sponsored organizations, for-profit organizations, and government agencies. In addition, the funding landscape explored in this study is limited to private foundations, thus, organizations that provide funding through donor advised funds (DAFs) were not captured. Including other organization types and funding sources in the analysis would improve the utility of the findings presented.

There are also limitations associated with **text-based analysis**. The text analysis component was developed to identify additional organizations that get overlooked in traditional analyses that rely on NTEE codes alone. While additional organizations were identified, this approach is unable to classify with perfect accuracy despite efforts to improve and validate the method. Furthermore, the **geographic analysis** in this report is based on the address reported by organizations in their filings. However, many nonprofit organizations provide services beyond county and state boundaries. Identifying an alternative way to capture the full extent of an organization's service catchment would reveal additional insights for the field.

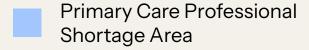
Lastly, the findings presented in this report are **based on research that concluded in late 2024**. Changes in the landscape that have occurred after this time are out of the scope of this analysis and thus require further investigation.

Primary Care Professional Shortage Areas

Primary Care Professional Shortage Areas are less widespread than Mental Health, but still account for most of the United States.



Legend





References

- Achterberg, M., Becht, A., van der Cruijsen, R., van de Groep, I. H., Spaans, J. P., Klapwijk, E., & Crone, E. A. (2022). Longitudinal associations between social media use, mental well-being and structural brain development across adolescence. *Developmental Cognitive Neuroscience*, 54, 101088. https://doi.org/10.1016/j.dcn.2022.101088
- Alvarez-Jimenez, M., Koval, P., Schmaal, L., Bendall, S., O'Sullivan, S., Cagliarini, D., D'Alfonso, S., Rice, S., Valentine, L., Penn, D. L., Miles, C., Russon, P., Phillips, J., McEnery, C., Lederman, R., Killackey, E., Mihalopoulos, C., Gonzalez-Blanch, C., Gilbertson, T., ... Gleeson, J. F. M. (2021). The Horyzons project: A randomized controlled trial of a novel online social therapy to maintain treatment effects from specialist first-episode psychosis services. *World Psychiatry*, 20(2), 233–243. https://doi.org/10.1002/wps.20858
- American Psychological Association (APA). (2021). *Data Tool: Demographics of the U.S. Psychology Workforce*. https://www.apa.org/workforce/data-tools/demographics
- Andersson, G., Titov, N., Dear, B. F., Rozental, A., & Carlbring, P. (2019). Internet-delivered psychological treatments: From innovation to implementation. *World Psychiatry*, 18(1), 20–28. https://doi.org/10.1002/wps.20610
- Asarnow, J. R., Jaycox, L. H., Duan, N., LaBorde, A. P., Rea, M. M., Murray, P., Anderson, M., Landon, C., Tang, L., & Wells, K. B. (2005). Effectiveness of a Quality Improvement Intervention for Adolescent Depression in Primary Care Clinics: A Randomized Controlled Trial. *JAMA*, 293(3), 311–319. https://doi.org/10.1001/jama.293.3.311
- Bell, I. H., Thompson, A., Valentine, L., Adams, S., Alvarez-Jimenez, M., & Nicholas, J. (2022). Ownership, Use of, and Interest in Digital Mental Health Technologies Among Clinicians and Young People Across a Spectrum of Clinical Care Needs: Cross-sectional Survey. *JMIR Mental Health*, 9(5), e30716. https://doi.org/10.2196/30716
- Boers, E., Afzali, M. H., Newton, N., & Conrod, P. (2019). Association of Screen Time and Depression in Adolescence. *JAMA Pediatrics*, 173(9), 853–859. https://doi.org/10.1001/jamapediatrics.2019.1759
- Bridge, J. A., Ruch, D. A., Sheftall, A. H., Hahm, H. C., O'Keefe, V. M., Fontanella, C. A., Brock, G., Campo, J. V., & Horowitz, L. M. (2023). Youth Suicide During the First Year of the COVID-19 Pandemic. *Pediatrics*, 151(3), e2022058375. https://doi.org/10.1542/peds.2022-058375
- Bronfenbrenner, U. & Morris, P. A. (2006). The bioecological model of human development. In R. M. Lerner & W. Damon (Eds.), *Handbook of child psychology: Theoretical models of human development* (pp. 793-828). Hoboken, NJ: John Wiley & Sons Inc.

- Brunette, M. F., Erlich, M. D., Edwards, M. L., Adler, D. A., Berlant, J., Dixon, L., First, M. B., Oslin, D. W., Siris, S. G., & Talley, R. M. (2023). Addressing the Increasing Mental Health Distress and Mental Illness Among Young Adults in the United States. *The Journal of Nervous and Mental Disease*, 211(12), 961. https://doi.org/10.1097/NMD.0000000000001734
- Center for Behavioral Health Statistics and Quality. (2021). *Behavioral health equity report 2021: Substance use and mental health indicators measured from the National Survey on Drug Use and Health (NSDUH), 2015–2019* (Publication No. PEP21-07-01-004). Rockville, MD: Substance Abuse and Mental Health Services Administration.
 - https://www.samhsa.gov/data/sites/default/files/reports/rpt35328/2021NSDUHBHEReport.pdf
- Centers for Disease Control and Prevention (CDC). (n.d.). About Behavioral Health.
 - https://www.cdc.gov/mental-health/about/about-behavioral-health.html
- Centers for Disease Control and Prevention. (2024). *Youth Risk Behavior Survey Data Summary & Trends Report: 2013–2023*. U.S. Department of Health and Human Services. https://www.cdc.gov/yrbs/dstr/index.html
- Centers for Disease Control and Prevention. (2022). Youth Risk Behavior Survey Data Summary & Trends Report: 2011–2021. U.S. Department of Health and Human Services. https://www.cdc.gov/yrbs/dstr/pdf/YRBS_Data-Summary-Trends_Report2023_508.pdf
- Chu, W., Chorpita, B. F., & Becker, K. D. (2022). Race, racial matching, and cultural understanding as predictors of treatment engagement in youth mental health services. *Psychotherapy Research*, 33(5), 669–682. https://doi.org/10.1080/10503307.2022.2150582
- Clarke, A. M., Kuosmanen, T., & Barry, M. M. (2015). A Systematic Review of Online Youth Mental Health Promotion and Prevention Interventions. Journal of Youth and Adolescence, 44(1), 90–113. https://doi.org/10.1007/s10964-014-0165-0
- D'Alfonso, S., Santesteban-Echarri, O., Rice, S., Wadley, G., Lederman, R., Miles, C., Gleeson, J., & Alvarez-Jimenez, M. (2017). Artificial Intelligence-Assisted Online Social Therapy for Youth Mental Health. *Frontiers in Psychology*, 8. https://doi.org/10.3389/fpsyg.2017.00796
- Eisenberg, D., Downs, M. F., Golberstein, E., & Zivin, K. (2009). Stigma and Help Seeking for Mental Health Among College Students. *Medical Care Research and Review*, 66(5), 522–541. https://doi.org/10.1177/1077558709335173
- Hall, J., Jordan, S., van Ommeren, M., Au, T., Sway, R. A., Crawford, J., Ghalayani, H., Hamdani, S. U., Luitel, N. P., Malik, A., Servili, C., Sorsdahl, K., Watts, S., & Carswell, K. (2022). Sustainable Technology for Adolescents and youth to Reduce Stress (STARS): A WHO transdiagnostic chatbot for distressed youth. *World Psychiatry*, *21*(1), 156–157. https://doi.org/10.1002/wps.20947



- Hopkins, L., Lee, S., McGrane, T., & Barbara-May, R. (2017). Single session family therapy in youth mental health: Can it help? *Australasian Psychiatry*, 25(2), 108–111. https://doi.org/10.1177/1039856216658807
- Jiménez, L., Hidalgo, V., Baena, S., León, A., & Lorence, B. (2019). Effectiveness of Structural–Strategic Family Therapy in the Treatment of Adolescents with Mental Health Problems and Their Families. *International Journal of Environmental Research and Public Health*, 16(7), Article 7. https://doi.org/10.3390/ijerph16071255
- Jones, S. E. (2022). Mental Health, Suicidality, and Connectedness Among High School Students During the COVID-19 Pandemic—Adolescent Behaviors and Experiences Survey, United States, January–June 2021. MMWR Supplements, 71. https://doi.org/10.15585/mmwr.su7103a3
- Making Caring Common. (2021). Loneliness in America: How the Pandemic Has Deepened an Epidemic of Loneliness and What We Can Do About It. https://mcc.gse.harvard.edu/reports/loneliness-in-america
- Making Caring Common. (2023). Caring for the Caregivers: The Critical Link Between Parent and Teen Mental Health. https://mcc.gse.harvard.edu/reports/caring-for-the-caregivers
- Making Caring Common. (2023). *On Edge: Understanding and Preventing Young Adults' Mental Health Challenges*. https://mcc.gse.harvard.edu/reports/on-edg
- Making Caring Common (2024). *Loneliness in America: Just the Tip of the Iceberg?* https://mcc.gse.harvard.edu/reports/loneliness-in-america-2024
- McGorry, P. D., Mei, C., Dalal, N., Alvarez-Jimenez, M., Blakemore, S.-J., Browne, V., Dooley, B., Hickie, I. B., Jones, P. B., McDaid, D., Mihalopoulos, C., Wood, S. J., Azzouzi, F. A. E., Fazio, J., Gow, E., Hanjabam, S., Hayes, A., Morris, A., Pang, E., ... Killackey, E. (2024). The Lancet Psychiatry Commission on youth mental health. *The Lancet Psychiatry*, 11(9), 731–774. https://doi.org/10.1016/S2215-0366(24)00163-9
- Misra, S., Jackson, V. W., Chong, J., Choe, K., Tay, C., Wong, J., & Yang, L. H. (2021). Systematic Review of Cultural Aspects of Stigma and Mental Illness among Racial and Ethnic Minority Groups in the United States: Implications for Interventions. *American Journal of Community Psychology*, 68(3–4), 486–512. https://doi.org/10.1002/ajcp.12516
- National Center for Health Workforce Analysis. (2023, December). *Behavioral Health Workforce, 2023*. https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/Behavioral-Health-Workforce-Brief-2023.pdf



- Odgers, C. L., & Jensen, M. R. (2020). Annual Research Review: Adolescent mental health in the digital age: facts, fears, and future directions. Journal of Child Psychology and Psychiatry, 61(3), 336–348. https://doi.org/10.1111/jcpp.13190
- Office of the Surgeon General (OSG). (2021). *Protecting Youth Mental Health: The U.S. Surgeon General's Advisory*. US Department of Health and Human Services. http://www.ncbi.nlm.nih.gov/books/NBK575984/
- Office of the Surgeon General (OSG). (2023). Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community. US Department of Health and Human Services.

 https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf
- Office of the Surgeon General (OSG). (2024). Parents Under Pressure: The U.S. Surgeon General's Advisory on the Mental Health & Well-Being of Parents. US Department of Health and Human Services. https://www.hhs.gov/sites/default/files/parents-under-pressure.pdf
- Orben, A., & Blakemore, S.-J. (2023). How social media affects teen mental health: A missing link. *Nature*, *614*(7948), 410–412. https://doi.org/10.1038/d41586-023-00402-9
- Penner, F., Hernandez Ortiz, J., & Sharp, C. (2021). Change in Youth Mental Health During the COVID-19 Pandemic in a Majority Hispanic/Latinx US Sample. *Journal of the American Academy of Child & Adolescent Psychiatry*, 60(4), 513–523. https://doi.org/10.1016/j.jaac.2020.12.027
- Prichett, L. M., Yolken, R. H., Severance, E. G., Carmichael, D., Zeng, Y., Lu, Y., Young, A. S., & Kumra, T. (2024). COVID-19 and Youth Mental Health Disparities: Intersectional Trends in Depression, Anxiety and Suicide Risk-related Diagnoses. *Academic Pediatrics*, *24*(5), 837. https://doi.org/10.1016/j.acap.2024.01.021
- Reinert, M, Fritze, D & Nguyen, T (July 2024). *The State of Mental Health in America 2024*. Mental Health America, Alexandria VA. https://mhanational.org/wp-content/uploads/2024/12/2024-State-of-Mental-Health-in-America-Report.pdf
- Richardson, L. P., Ludman, E., McCauley, E., Lindenbaum, J., Larison, C., Zhou, C., Clarke, G., Brent, D., & Katon, W. (2014). Collaborative Care for Adolescents With Depression in Primary Care: A Randomized Clinical Trial. *JAMA*, *312*(8), 809–816. https://doi.org/10.1001/jama.2014.9259
- Search Institute. (2025). Developmental Relationships. https://searchinstitute.org/developmental-relationships
- Thomeer, M. B., Moody, M. D., & Yahirun, J. (2023). Racial and Ethnic Disparities in Mental Health and Mental Health Care During The COVID-19 Pandemic. *Journal of Racial and Ethnic Health Disparities*, 10(2), 961–976. https://doi.org/10.1007/s40615-022-01284-9

- Thornicroft, G., Sunkel, C., Alikhon Aliev, A., Baker, S., Brohan, E., El Chammay, R., Davies, K., Demissie, M., Duncan, J., Fekadu, W., Gronholm, P. C., Guerrero, Z., Gurung, D., Habtamu, K., Hanlon, C., Heim, E., Henderson, C., Hijazi, Z., Hoffman, C., ... Winkler, P. (2022). The Lancet Commission on ending stigma and discrimination in mental health. *The Lancet*, 400(10361), 1438–1480. https://doi.org/10.1016/S0140-6736(22)01470-2
- Twenge, J. M., & Farley, E. (2021). Not all screen time is created equal: Associations with mental health vary by activity and gender. *Social Psychiatry and Psychiatric Epidemiology*, 56(2), 207–217. https://doi.org/10.1007/s00127-020-01906-9
- Twenge, J. M., Haidt, J., Lozano, J., & Cummins, K. M. (2022). Specification curve analysis shows that social media use is linked to poor mental health, especially among girls. *Acta Psychologica*, 224, 103512. https://doi.org/10.1016/j.actpsy.2022.103512
- Usborne, E., & Taylor, D. M. (2010). The Role of Cultural Identity Clarity for Self-Concept Clarity, Self-Esteem, and Subjective Well-Being. Personality and Social Psychology Bulletin, 36(7), 883–897. https://doi.org/10.1177/0146167210372215
- van Doorn, M., Monsanto, A., Boeschoten, C. M., van Amelsvoort, T., Popma, A., Öry, F. G., Alvarez-Jimenez, M., Gleeson, J., Jaspers, M. W. M., & Nieman, D. H. (2023). Moderated digital social therapy for young people with emerging mental health problems: A user-centered mixed-method design and usability study. *Frontiers in Digital Health*, *4*, 1020753. https://doi.org/10.3389/fdgth.2022.1020753
- Weinstein, E., & James, C. (2022). *Behind Their Screens: What Teens Are Facing (and Adults Are Missing)*. The MIT Press. https://doi.org/10.7551/mitpress/14088.001.0001
- Worsley, J. D., Pennington, A., & Corcoran, R. (2022). Supporting mental health and wellbeing of university and college students: A systematic review of review-level evidence of interventions. *PLOS ONE*, *17*(7), e0266725. https://doi.org/10.1371/journal.pone.0266725
- Yard, E., Radhakrishnan, L., Ballesteros, M. F., Sheppard, M., Gates, A., Stein, Z., Hartnett, K., Kite-Powell, A., Rodgers, L., Adjemian, J., Ehlman, D. C., Holland, K., Idaikkadar, N., Ivey-Stephenson, A., Martinez, P., Law, R., & Stone, D. M. (2021). Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12-25 Years Before and During the COVID-19 Pandemic—United States, January 2019-May 2021. MMWR. Morbidity and Mortality Weekly Report, 70(24), 888-894. https://doi.org/10.15585/mmwr.mm7024e1





Boston Headquarters

99 Bedford St, Suite 500, Boston, MA 02111

info@newprofit.org www.newprofit.org