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Youth Mental Health Crisis Continues to Grow

Concerns focus especially on rural areas

(Dixon, IL)

Concerns about youth struggling with depression and anxiety became more pronounced during the COVID-19 pandemic. While greater awareness of mental health emerged during the pandemic, the fact remains that the rate of mental health needs for children and teens has been steadily rising since the early 21st century.

Between 2012 and 2018, there was a 34.6% increase in the occurrence of mental health diagnoses among children ages 4 to 17, according to the National Institutes of Health. The Centers for Disease Control and Prevention (CDC) estimates that between 13% and 29% of American children ages 3 to 17 currently have a diagnosable mental health condition. Emergency room visits for pediatric mental health increased 55% between 2012 and 2016, while hospitalizations for mood disorders among juveniles increased 80% between 1997 and 2010.

“Even as funding for mental health increased during COVID-19, so did the demand for services. Funding and resources have historically lagged behind the demand for decades,” says Gloria Martin, Sinnissippi Centers’ Director of Child and Adolescent Services. “Mental Health America ranks Illinois 29th in the country in mental health workforce availability, and the Kaiser Family Foundation estimates that only 23.3% of Illinois residents’ mental health needs can be met with the existing workforce,” adds Martin. According to a report issued by a statewide task force, Illinois was identified as “in crisis” well before the COVID-19 pandemic. , A heartbreaking trend is that suicide is now the second leading cause of death among teenagers ages 15 to 19.

“Many factors contribute to this urgent need,” says Martin. “Foremost is the negative impact of social media, which does not get enough attention. Online bullying and unrealistic standards create immense pressure on adolescents. Academic pressures and fear of school shootings add to chronic stress levels. Social and environmental stressors, such as poverty, abuse, and climate change, also impact mental health,” says Martin. “Biological factors, such as puberty and brain development, affect emotional control and judgment. Sadly, the pandemic worsened overall mental health issues for youth due to social isolation and the loss of caregivers affecting youth far into the future”

Rural areas experience even greater barriers to obtaining mental health treatment for youth. “Accessibility, affordability, availability, and acceptability are more pronounced challenges in rural areas,” says Martin. “To reduce these barriers, Sinnissippi Centers began partnering with area schools in 2015 to place SCI staff on-site to provide mental health services,” adds Martin. With parental consent and in collaboration with school staff, youth are enrolled as Sinnissippi

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Centers clients. Depending on individual needs, students may receive assessments, therapy, and medication monitoring, if needed, onsite in their school setting. Parents are actively engaged through phone, video, in-person, and after-school contacts. “This model has evolved over the past 10 years in close collaboration with our schools to provide greater accessibility and reduce time out of school,” says Martin.

Beginning in 2015 with onsite services in three schools, the Sinnissippi Centers school-based mental health program has grown substantially. As of December 2024, 635 youth were receiving mental health services onsite in their schools by Sinnissippi staff at 42 schools across five counties. In addition to providing onsite school-based services, staff also offer services after school, in person or virtually, during breaks, and over the summer.

Studies referenced by the National Alliance on Mental Illness (NAMI) show that youth with emotional or behavioral problems often experience treatment delays of four years. For example, a youth identified in second grade with behavioral or mental health concerns may not be linked to offsite services until sixth grade. This delay can profoundly affect social, emotional, and academic performance. Youth provided with school-based services at a younger age are more likely to see the severity of issues reduced or resolved, promoting greater academic and social success in school.

“Sinnissippi is proud to help hundreds of youth each year become more successful students and happier individuals,” says Martin.

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