# RIVERSIDE TOWNSHIP
# Mental Health Board
## Consultant's Report
### (March 19, 2025)

1. Dr. Troiani attended the Monday - March 10th Illinois Mental Health Summit meeting and on that same day the Policy Committee meeting of Mental Health America of Illinois.

2. The following is a list with the status of the legislative bills that are being tracked by the Illinois Mental Health Summit. These bills are supported by the Summit and are scheduled to be heard by the committee next week in Springfield. Consider submitting a slip as a proponent of these bills using the links below:

**HB1448** - Prohibits health insurance from requiring prior authorization for community mental health services.
https://my.ilga.gov/WitnessSlip/Create/157495?committeeHearingId=21704&LegislationId=157495&LegislationDocumentId=197285&HCommittees3%2F21%2F2025-page=2&committeeid=0&chamber=H&nodays=7&_=1741977661087

**HB2387** - Various amendments to the outpatient commitment. law https://my.ilga.gov/WitnessSlip/Create/160106?committeeHearingId=21676&LegislationId=160106&LegislationDocumentId=203314&HCommittees3%2F21%2F2025-page=1&committeeid=0&chamber=H&nodays=7&_=1741977809190

**HB2398** - Requires DHFS to collect and publish data about use of prior authorization for psychotropic medications.
https://my.ilga.gov/WitnessSlip/Create/160117?committeeHearingId=21675&LegislationId=160117&LegislationDocumentId=199905&HCommittees3%2F21%2F2025-page=1&committeeid=0&chamber=H&nodays=7&_=1741977949167

**HB2871** - Requires screening for tardive dyskinesia.
https://my.ilga.gov/WitnessSlip/Create/161059?committeeHearingId=21697&LegislationId=161059&LegislationDocumentId=200847&HCommittees3%2F21%2F2025-page=1&committeeid=0&chamber=H&nodays=7&_=1741978104935&GridCurrentCommittees-page=3

**HB2992** - Creates psilocybin pilot project.
https://my.ilga.gov/WitnessSlip/Create/161253?committeeHearingId=21679&LegislationId=161253&LegislationDocumentId=201041&HCommittees3%2F21%2F2025-page=1&committeeid=0&chamber=H&nodays=7&_=1741978212775&GridCurrentCommittees-page=4

**HB2993** - Additional funding for community mental health services.
https://my.ilga.gov/WitnessSlip/Create/161255?committeeHearingId=21697&LegislationId=161255&LegislationDocumentId=201043&HCommittees3%2F21%2F2025-page=1&committeeid=0&chamber=H&nodays=7&_=1741978508207&GridCurrentCommittees-page=3

**HB2994** - Restores confidentiality of juvenile mental health records.
https://my.ilga.gov/WitnessSlip/Create/161256?committeeHearingId=21676&LegislationId=161256&LegislationDocumentId=201044&HCommittees3%2F21%2F2025-page=1&committeeid=0&chamber=H&nodays=7&_=1741978694951&GridCurrentCommittees-page=3

**HB3572** - diversion of unfit misdemeanants.
https://my.ilga.gov/WitnessSlip/Create/162262?committeeHearingId=21650&LegislationId=162262&LegislationDocumentId=202050&HCommittees3%2F21%2F2025-page=1&committeeid=0&chamber=H&nodays=7&_=1741978973499&GridCurrentCommittees-page=4

**HB3697** - Update to CESSA statute.
https://my.ilga.gov/WitnessSlip/Create/162515?committeeHearingId=21704&LegislationId=162515&LegislationDocumentId=202300&HCommittees3%2F21%2F2025-page=2&committeeid=0&chamber=H&nodays=7&_=1741978825191

**HB3707**- Prohibits prior authorization by commercial insurance for community mental health services.
https://my.ilga.gov/WitnessSlip/Create/162527?committeeHearingId=21679&LegislationId=162527&LegislationDocumentId=202312&HCommittees3%2F21%2F2025-page=1&committeeid=0&chamber=H&nodays=7&_=1741979139423&GridCurrentCommittees-page=6

**SB2500** - Updates to CESSA statute.
https://my.ilga.gov/WitnessSlip/Create/162676?committeeHearingId=21662&LegislationId=162676&LegislationDocumentId=202460&SCommittees3%2F21%2F2025-page=1&committeeid=0&chamber=S&nodays=7&_=1741979282408

3. Attachment "A" is the Legislation for 2025 (March 7, 2025, update) being tracked from the Mental Health Summit and Mental Health America of Illinois.

4. Attachment "B" is a report from the Council on Foreign Relations (March 4, 2025) titled How Does Fentanyl Reach the United States?

5. The following two articles examine the mental health crisis with Generation Z.

    - Attachment "C" from the Psychiatric Times (March 7, 2025) an article by John J. Miller, M.D. titled The Anxious Generation.

- Attachment "D" from the Annie E. Casey Foundation (May 12, 2024) Generation Z and Mental Health.

6. Attachment "E" From the Wall Street Journal (Tuesday – March 4, 2025) an article by Scott W. Atlas titled American Still Needs a Covid Reckoning.

7. Attachment "F" Is an article provided by one of our board members from Benevis Practice Services (March 12, 2025) titled Benevis Report Details Bidirectional Relationship Between Oral and Mental Health in Support of World Oral Health Day.

8. Attachment "G" is a recent article from Reuters News Services titled Art as Therapy: Swiss doctors prescribe museum visits.

Respectfully Submitted,

Joseph E. Troiani

Joseph E. Troiani, Ph.D., CADC
RTMHBIL@gmail.com.

# Legislation for 2025

Mental Health Summit and Mental Health America of Illinois Tracking
March 7, 2025

| Bill | Description | Sponsor | Status |
|---|---|---|---|
| | **House Bills** | | |
| HB44 | Community Base Corrections Act provides funding for community services as an alternative to incarceration (2 amendments pending) | Mayfield | Rest. Just.[1] **3/13–9am** Capitol-115 |
| HB55 | Strengthens provisions for oversight of CILAs | Meier (+1) | App-HHS[2] **3/13–8am** Capitol 114 |
| HB57 | Amends the Essential Support Person Act to include CILAs | Meier | MH[3] Passed 22-0 2nd rdg |
| HB1064 | Amends the Community Mental Health Act to allow library districts to provide mental health services | Didech | MH **3/13–10am** Stratton–413 |
| HB1081 | Requires DHFS to apply for an amendment to the home and community based Medicaid waiver to cover therapeutic recreation programs (Am #1 adopted) | Gill (+9) | Hum. Ser.[4] Passed 12-0 2nd rdg |
| **HB1085** | Strengthens mental health parity provisions of of the Insurance Code (reintroduction of HB4475 from 2024) | LaPointe (+42) | MH Passed 17-5 2nd rdg |
| HB1096 | Requires DOC to provide all programs to inmates that are available in any prison irrespective of the inmates projected release date | Davis | Rules |

[1] Restorative Justice and Public Safety Committee

[2] Appropriations–Health and Human Services Committee

[3] Mental Health and Addiction Committee

[4] Human Services Committee

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|---|---|---|---|
| HB1122 | Requires CILAs to notify DHS whenever an emergency call is made from the facility | Meier | App-HHS<br>**3/13–8am**<br>Capitol 114 |
| HB1134 | Increases "personal needs allowance" for those CILA residents on Medicaid to $100/month and provides for cost of living increases | Meier | Rules |
| HB1136 | Provides for easier re-admission to a state dev. dis. facility for persons discharged to a CILA | Meier | Rules |
| **HB1143** | Legalize psilocybin for the treatment of mental illnesses (reintroduction of HB1/SB3696) | Ford | Rules |
| HB1198* | When the petitioner is not a relative requires the appointment of public guardian or state guardian | Costa Howard | Jud-Civ[5]<br>**3/12–8am**<br>Capitol 114 |
| HB1236 | Requires schools to provide trauma services to students who have experienced the death of a relative | West | Educ-P[6]<br>**3/12–8am**<br>Capitol–122B |
| HB1242 | Mandates staffing levels at state psych. hospitals | West | Rules |
| HB1360 | Requires health insurance policies to cover all Alzheimers tests and treatments (am #1 pending) | Gill (+2) | Insurance<br>**3/11–2pm**<br>Stratton–C-1 |
| **HB1365** | Creates temporary licenses for mental health professionals to reduce workforces shortages | Morgan (+) | Health Lic.[7]<br>Passed 12-0<br>2nd rdg |
| HB1425 | Gives preference to family members to serve as guardians | Morris | Jud-Civ<br>**3/12–8am**<br>Capitol-114 |
| **HB1448** | Prohibits use of prior authorization for any | Syed (+5) | MH |

[5] Judiciary-Civil Committee

[6] Education Policy Committee

[7] Health Care Licenses Committee

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| | behavioral health service (except meds) covered by private insurance or Medicaid | | **3/13–10am** Stratton–413 |
| HB1467 | Eliminates criminal defense that defendant believed alleged victim of patronizing a prostitute claim was not intellectually disabled or a minor | La Ha (+8) | Rules |
| HB1587 | Gives residents of nursing homes and SMHRFs the right to go outside as they wish | Moeller | Hum.Ser. **3/12–8am** Stratton-C-1 |
| HB1712 | Requires DPH to train healthcare providers about how to use POLST forms | Grasse (+1) | Pub.H[8] **3/13–8am** Capitol–122B |
| HB1743 | Requires DHS to compensate county jails whenever they fail to accept into treatment within 20 days someone found unfit to stand trial | Tipsword (+18) | App-HHS **3/13–8am** Capitol 114 |
| HB1810 | Improves access to education for persons with intellectual disabilities in prison | Dias (+8) | Rest. Just **3/13–9am** Capitol 115 |
| HB1872& | Requires youth in the custody of DCFS to have a mental health provider and periodic assessments | Kifowit | Adopt Passed 9-3 2nd rdg |
| HB1874 | Provides property tax relief for CILAs | Yang Rohr (+43) | Rev.[9] **3/11–4pm** Stratton C-1 **3/13–8am** Stratton–D-1 |
| HB1895 | Strengthens regulations for group homes for children with intellectual disabilities | Costa Howard | Hum.Ser Passed 12-0 2nd rdg |
| HB2356 | Adds local law enforcement to the list of entities | Ugaste | MH |

[8] Public Health Committee

[9] Revenue & Finance Committee

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| | to be notified when someone poses a clear and present danger to self or others | | **3/13–10am** Stratton–413 |
| **HB2387** | Various amendments to outpatient commitment law (Re-introduction of HB5351 from 2023) | Katz Muhl | Jud-Civ **3/12–8am** Capitol 114 |
| **HB2398** | Requires DHFS to collect and publicize data about prior authorization of psychotropics | LaPointe | Hum.Ser. **3/12–8am** Stratton–C-1 |
| HB2429 | Limits rate increases for assisted living and shared housing housing facilities | Syed | App-HHS **3/13–8am** Capitol-114 |
| HB2438 | Limits use of prior authorization for psychotropic medications covered by Medicaid | West | Rules |
| HB2512 | Requires provision of information about side effects to be given to parents when children get psychotropic meds. under the Medicaid program. Requires data to be collected by DHFS about adverse reactions to psychotropic med. | Davis | Rules |
| HB2528 | Requires improvements in services in supportive living dementia care facilities **(Medicaid subcommittee)** | Avelar | Hum.Ser **3/12–8am** Stratton–C-1 |
| HB2538 | Requires DHS to do a wellness check when an adult developmental disabilities loses a parental guardian | West | MH **3/13–10am** Stratton–413 |
| **HB2545** | Allows appeals of denials of supportive housing | Guzzardi (+4) | Housing **3/12–10am** Stratton–413 |
| HB2562 | Requires additional training for guardians to include training about estates, dementia and Alzheimers Am #1 replaces everything with suspension of all Powers of Attorney when OSG or public guardian is appointed | Costa Howard (+1) | Jud-Civ **3/12–8am** Capitol 114 |
| HB2625 | Allows children and persons with intellectual disability to testify remotely in sexual assault cases | Niemerg | Rules |

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| **HB2871** | Requires screening for tardive dyskinesia | LaPointe | App-HS<br>**3/13–8am**<br>Capitol 114 |
| HB2992 | Creates Psilocybin Equity Pilot Project Act to authorize limited use of drug | Mah (+12) | Executive<br>**3/12–10am**<br>Capitol 118 |
| HB2993 | Requires a monthly directed payment to each community mental health provider based upon the number of Medicaid users | LaPointe | App-HS<br>**3/13–8am**<br>Capitol 114 |
| **HB2994** | Restores confidentiality of juvenile mental health records (narrows scope of Public Act 103-0474) | Mussman | Jud-Civ<br>**3/12–8am**<br>Capitol-114 |
| HB3043 | Creates pilot program to appoint special advocates for persons with intellectual disabilities in the criminal justice system | West | App-HS<br>**3/13–8am**<br>Capitol 114 |
| HB3048 | Creates voluntary registry for people with extra needs to be used by local emergency responders | Manley | Executive<br>**3/12–10am**<br>Capitol–118 |
| HB3078 | Adds physician assistants to the definition of "qualified examiner" in the MHDDCode (among numerous other changes) (Am#1 replaces everything) | Lily | Hum.Ser.<br>**3/12–8am**<br>Stratton–C-1 |
| HB3088 | Allows waivers to permit persons with developmental disabilities to stay in facilities beyond age 22 | Moeller | App-HS<br>**3/13–8am**<br>Capitol 114 |
| HB3157 | Strengthens procedures for restoring FOID cards to persons who have been had them suspended due to mental illness | Hirschauer | Rules |
| HB3350 | Restricts ability of pharmaceutical companies to limit access to 340B drugs | Moeller (+6) | Rules |
| HB3372 | Requires a court to consider whether a supported decision-making agreement would be preferable to a guardianship before appointing a guardian | Mussman | Filed |

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| HB3458 | Provides defense to aggravated battery to a police officer that officer knew defendant had a mental illness and defendant acted abruptly | Davis (+2) | Rules |
| HB3468 | Reintroduction of DHS bill making changes to the law governing the confinement of unfit defendants (see SB2373) | Costa Howard | Rules |
| HB3487 | Requires DFPR to collect demographic data about behavioral health professionals | Syed (+1) | Rules |
| **HB3572** | Allows diversion of persons charged with a misdemeanor and who may be unfit to stand trial | LaPointe | Rules |
| HB3697 | Amends CESSA to allow mobile mental health responders to initiate commitment proceedings-other changes to statute | Cassidy | Rules |
| HB3718 | Enhances powers of DHS to investigate and discipline care staff in mental health and disabilities facilities | Katz Muhl | Rules |
| HB3998 | Repeals provision in Medicaid law which automatically terminates Medicaid expansion under the ACA if the Federal government reduces is cost share below 90% | Ford | Rules |
| HB3999 | Creates the County Co-Responder program allowing sheriffs to create victim assistance programs with behavioral health services | Grant (+1) | Filed |

**Senate Bills**

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| **SB55** | Strengthens mental health parity provisions of of the Insurance Code (reintroduction of HB4475 from 2024) | Villa (+28) | Assignments |
| SB78 | Amends the Community Mental Health Act to allow library districts to provide mental health service | Johnson | Assignments |
| SB118 | Requires DHS to create programs to treat gambling | Morrison | Executive |
| SB126 | Requires insurance to cover Alzheimers treatments and diagnostic testing | Murphy (+6) | Insurance |

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| SB185 | Creates the Mental Health and Substance Use Transparency Act requiring detailed reporting concerning all service providers in the state. | Syverson | B&MH[10] |
| SB188 | Extends repeal date for out of state commitment law | Halpin | B&MH Passed 8-0 2nd rdg |
| SB205 | Provides the personal needs allowance must increase with cost of living | Rose | App-HHS |
| **SB222** | Authorizes "conditional employees" in child care facilities pending background check (not allowed contact with children) | Halpin | Assignments |
| SB273 | Amends Criminal Code to provide that financial crimes against persons with disabilities may be tried in any county where assets are held and enhances penalties | Tracy | Crim Clear[11] |
| SB1231 | Changes procedures for hearings for special education hearings–changes to time periods | Cappel | Education Passed 13-0 2nd rdg |
| SB1263 | Gives residents of nursing homes and SMHRFs the right to leave facility in the absence of medical finding of danger | Aquino | HHS[12] |
| SB1299 | Amends the Assisted Living and Shared Housing Act to give residents more protection from discharge or transfer | Lightford | HHS |
| **SB1327** | Requires parity for mental health claims for disability insurance | Morrison(+1) | Insurance |
| SB1395 | Improves access to education for persons with intellectual disabilities in prisons | Johnson (+54) | Crim |
| SB1411 | Provides that the person designated in the Health Care Surrogate Act be authorized to consent under the Living Will Act when the individual has a terminal condition | Fine | Judiciary |

[10] Behavioral and Mental Health Committee

[11] Criminal Law Clear Compliance Committee

[12] Health & Human Services Committee

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| SB1438 | Strengthen protections for children in group homes | Turner | Assignments |
| SB1469 | Requires improvements in services to persons in supporting living dementia care settings | Peters (+2) | HHS |
| **SB1480** | Requires health insurance to cover mental health crisis services. Requires DHS to create a Statewide Crisis Continuum Strategic Plan | Fine (+3) | Insurance |
| SB1560 | Requires DHS to provide training to hospital staff regarding the BEACON program for resources for youth in need of mental health services | Feigenholtz | Assignments |
| SB1589 | Amends the Line of Duty Compensation Act to provide benefits to mental health professionals employed by law enforcement | Peters | Assignments |
| **SB1603** | Prohibits commercial health insurance or Medicaid from requiring prior authorization for community mental health services | Fine (+2) | Insurance |
| SB1655 | Creates standards and procedures concerning juveniles who may be unfit to stand trial | Collins | Assignments |
| SB1753 | Creates Ensuring Essential Service Act to improve services to persons with dev. disabilities | Cervantes | Assignments |
| SB1824 | Requires courts to consider PTSD as a mitigating factor in sentencing combat veterans. Requires evaluation of combat veterans who have bee arrested to determine whether they are in need of mental health services | Porfine (+1) | Assignments |
| **SB1844** | Requires DHFS to collect and disseminate data about the use of prior authorization in the Medicaid program for psychotropic medications | Feigenholtz | BH<br>Passed 8-0<br>2nd rdg |
| SB1882 | Creates pilot program to appoint advocates for persons with intellectual disabilities in the criminal justice system | Stadelman | Crim. |
| SB2109 | Strengthen powers of guardian of the estate concerning assets held by financial institution | Simmons | Assignments |
| SB2120 | Implements 988 system, including cell phone tax | Fine | Revenue |

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| SB2286 | Prohibits health insurance from requiring prior authorization for preventive services or from imposing copays | Simmons | Assignments |
| SB2287 | Prohibits health insurance from charging persons more for mental health services performed out of network | Simmons | Assignments |
| SB2353 | Prohibits health insurance from creating a limit on the number of outpatient mental health visits | Simmons | Assignments |
| SB2373 | Substantial changes to the law governing the confinement of persons found unfit to stand trial (re-introduction of SB3444 from 2024) | Collins (+1) | Assignments |
| SB2421 | Creates the Psychiatric Residential Treatment Facilities Act for the placement of youth | Fine | Assignments |
| SB2471 | Requires DHFS to provide Medicaid to employed persons with disabilities irrespective of income or assets to the extent permitted by Federal law | Guzman (+2) | App-HHS[13] |
| SB2500 | Amends the Community Emergency Services and Support Act (CESSA). Removes prohibition on the participation of emergency responders in the involuntary commitment process and allows law enforcement to transport persons to hospitals when necessary. Requires data collection concerning involuntary commitment. | Peters | HHS |

**Executive Orders Subject to Legislative Review**

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| EO2501 | Executive Order combines the Division of Mental Health and the Division of Substance Use Prevention and Recovery into the new Division of Behavioral Health and Recovery | **Filed: 2/14/25** In the absence of legislative disapproval becomes law 60 days later |

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| **Bold** | **Legislation supported by the Mental Health Summit** |
| # | Legislation opposed by the Mental Health Summit |
| & | Legislation supported by MHAI–no Summit position |
| * | Legislation opposed by MHAI–no Summit position |

[13] Appropriations_Health & Human Services Committee

The current status of mental legislation being tracked by the Mental Health Summit may be found at https://mentalhealthsummit.wordpress.com/pending-mental-health-legislation/

The full text and current status of all legislation pending in the Illinois legislature may be found at: https://www.ilga.gov/

COUNCIL on FOREIGN RELATIONS

# How Does Fentanyl Reach the United States?

President Trump has imposed steep tariffs on Canada, China, and Mexico in the name of curbing fentanyl flows into the United States. In reality, supplies of the drug—and related deaths—have sharply declined in the past year, though they are still at worrying levels.

Article *by* Mariel Ferragamo

*March 4, 2025 2:36 pm (EST)*

*As fentanyl flows in from the south, the U.S. government has stepped up measures both at the border and beyond to curb the influx. Christian Torres/Anadolu/Getty Images*



*More From Our Experts*

Michael Froman

What's the Matter With Canada?

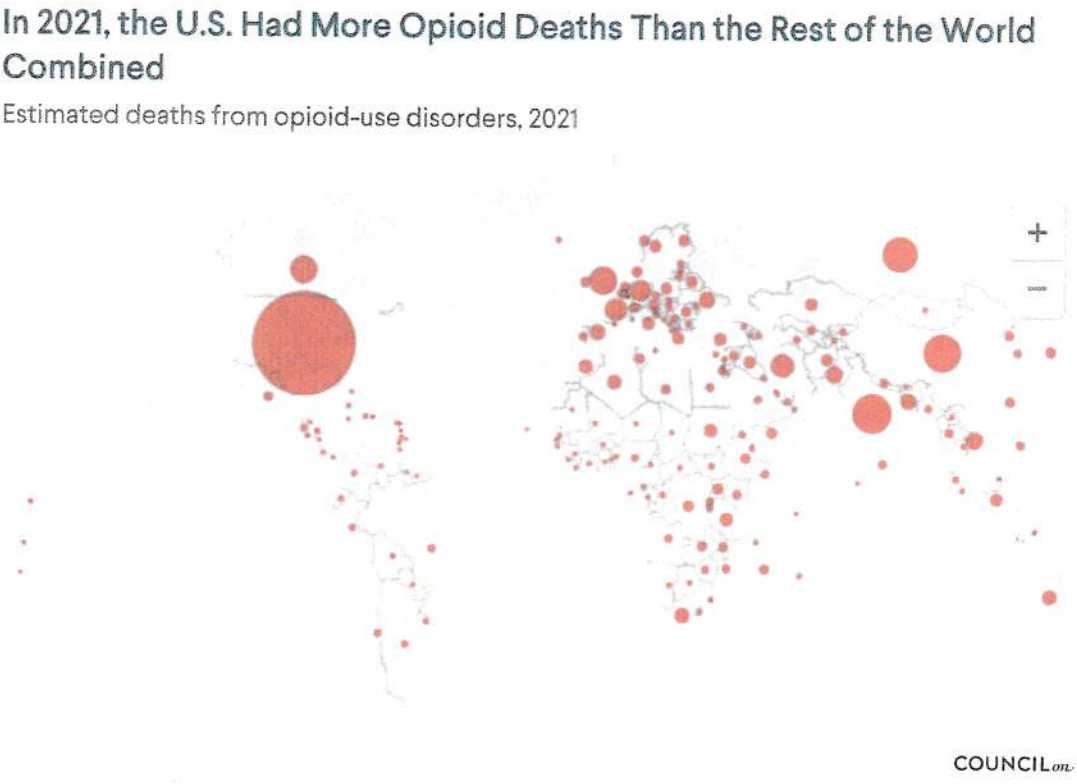
Rush Doshi

Countering Threats Posed by the Chinese Communist Party to U.S. National Security

David Sacks

Unpacking TSMC's $100 Billion Investment in the United States

In March 2025, President Donald Trump followed through with his promise to impose sweeping tariffs on three of the United States' major trading partners: Canada, China, and Mexico. He cited the "extraordinary threat" posed by fentanyl, a lethal and highly potent synthetic opioid and the countries' failure to prevent the flow of illegal fentanyl into the United States.




The opioid crisis has been ravaging the United States for the past several years, although fatalities sharply declined in 2024. At the crisis's peak in 2022 and 2023, drug overdoses caused more than 111,000 fatalities per year, most of them driven by fentanyl. Fentanyl and synthetic opioids quickly rose to become the leading cause of death for Americans aged eighteen to forty-five.

China and Mexico, two countries that see elements of fentanyl traffic to the United States, have stepped up measures to contain the flow of the drug. Canada has done the same, despite it being responsible for almost none of the fentanyl that winds up inside U.S. borders.

## What is the status of the fentanyl crisis?

Annual fentanyl-related deaths remain in the scores of thousands but are trending downward for the first time in years. Fatal overdoses have dropped nationwide by more than 21 percent since June 2023, data from the U.S. Centers for Disease Control and Prevention (CDC) shows. The death toll dipped below eighty-five thousand deaths in a twelve-month period ending in September 2024; while that's still significantly high, it's a level not seen since 2020.

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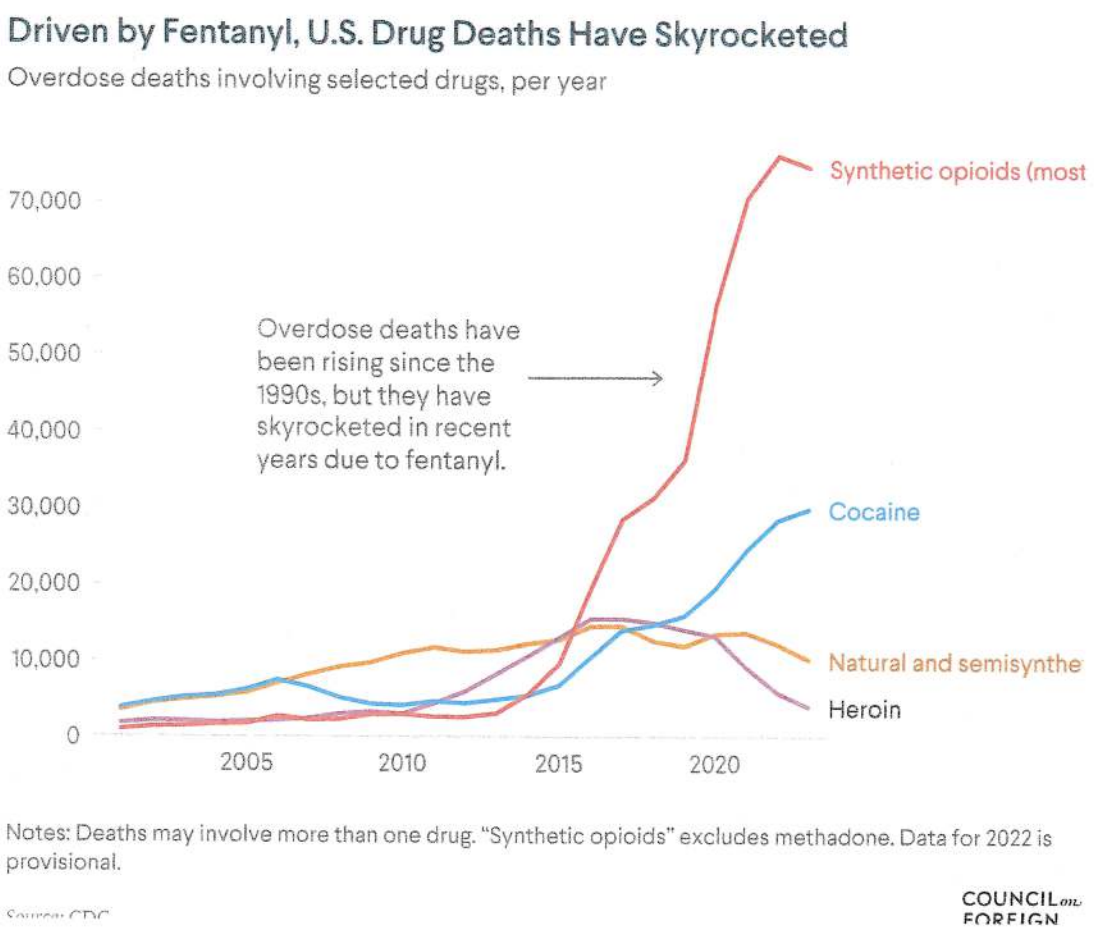
Experts say the decline is in large part due to concerted efforts to curb trafficking by the Joe Biden administration in cooperation with other countries, namely China and Mexico.




Yet in announcing tariffs, the Trump administration has pointed to the countries' roles in trafficking fentanyl into the United States as a reason to impose tariffs, and has claimed that fentanyl deaths range anywhere from three hundred thousand per year to "tens of millions" of mortalities—figures that law enforcement and public health experts say are inaccurate.

## How much U.S. illicit fentanyl supply comes from Canada, China, and Mexico?

### Mexico

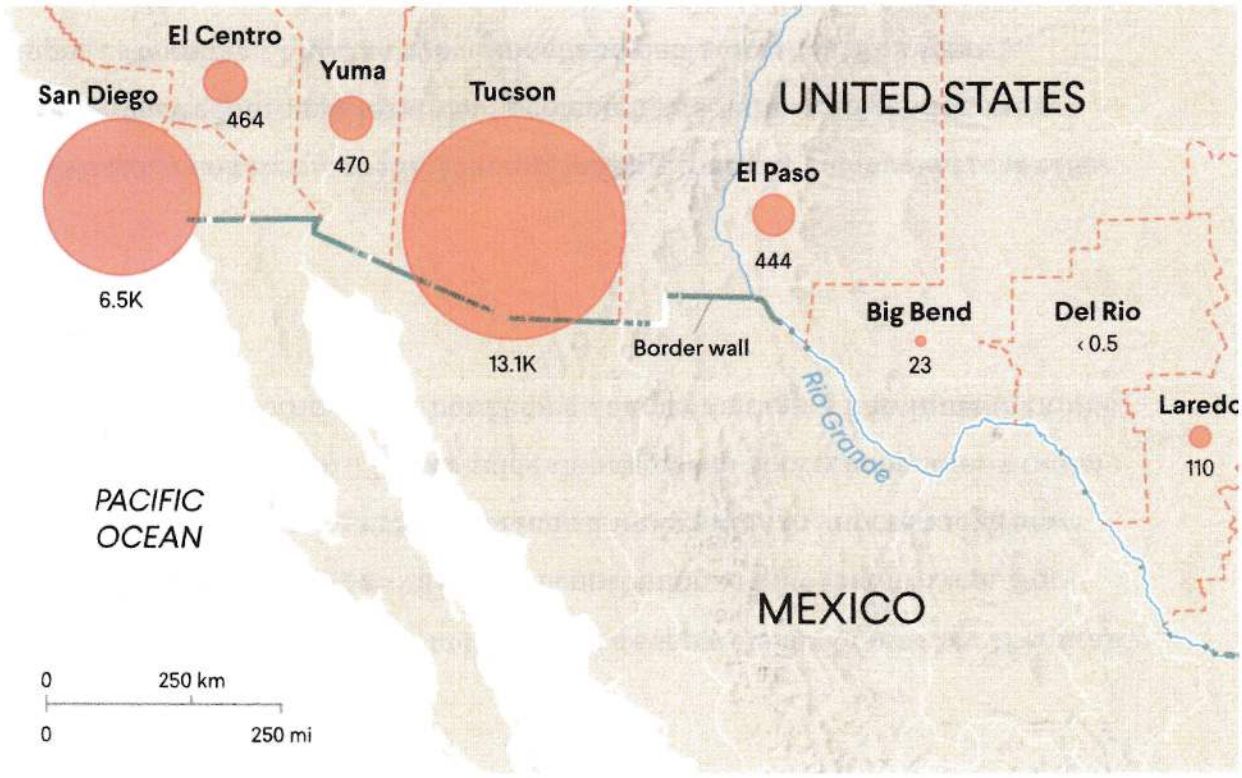
Mexico is a major recipient of precursor chemicals used as ingredients for fentanyl via illicit networks set up by cartels. The cartels, after manufacturing the drug, then often hire U.S. citizens to smuggle it across the border. Due to fentanyl's potency, it is much easier to smuggle undetected as only a small amount is necessary to transport. Mexico has been the

main source of fentanyl into the United States: nearly all of the 21,900 pounds that U.S. law enforcement seized last year was at the southern border while only 43 pounds of fentanyl was seized at the Canadian border, according to U.S. data.

The country has been facing mounting pressure to clamp down; President Claudia Sheinbaum has upped government enforcement toward gangs, and Mexico made the biggest arrest of fentanyl traffickers in its history in December. U.S. Drug Enforcement Administration (DEA) data also indicates that the amount of fentanyl seized at the southern border last year dropped by around 20 percent.

### Where Fentanyl Is Seized

Pounds of fentanyl seized by U.S. Border Patrol sector, fiscal year 2024 (land seizures only)




*Sources:* U.S. Customs and Border Protection; U.S. Department of Homeland Security.

## China

China's role is a little more complicated. Beijing banned fentanyl and all potential fentanyl variants within its own borders in 2019 and maintains that it does not allow the drug to be made. Chinese companies are widely known to make precursor chemicals, many of which have legitimate reasons to produce controlled substances, principally in the medical sector. However, these precursors are often purchased by transnational criminal organizations in Mexico to synthesize fentanyl.

For years, China has remained resistant to tackling the supply chain of precursor chemicals, pointing to its own ban on the drug as its lack of contribution to the fentanyl issue. But Beijing reached agreement in 2024 with the Biden administration to impose tough new measures on precursor chemicals. The two sides also agreed to boost cooperation to stem drug trafficking, which U.S. officials say has helped damper fentanyl's flow into the United States.

## Canada

Canada plays virtually no role in the U.S. fentanyl influx, especially compared to the other countries. The country contributes less than 1 percent to its southern neighbor's street fentanyl supply, as both the Canadian government and data from the DEA report.

Notably, Americans are heavily involved in the fentanyl crisis as well; U.S. citizens have accounted for around 90 percent [PDF] of fentanyl trafficking convictions in recent years.

## How have these countries responded?

The leaders of Canada and Mexico negotiated a pause on implementing tariffs and have since ramped up their antidrug measures. Canada unveiled a $1.3 billion plan to secure the border and appointed a fentanyl czar. Mexico announced that it would immediately reinforce its border with another ten thousand National Guard troops aimed specifically at stopping fentanyl in its tracks.

After Trump's announcement, the Chinese foreign ministry said in a statement that the tariffs will actually undermine the cooperation against drug trafficking. Other U.S. experts warn of the same thing. Trump's move to pause all foreign assistance has already halted anti-fentanyl work in Mexico, officials familiar with the matter told Reuters. Tariffs are slated to go into effect on March 4—a closely watched move to see how it will affect fentanyl flows, as well as costs of living and geopolitical relations.

All three countries have vowed swift tariffs on the United States should Trump's tariffs take effect as scheduled. Both Canada and Mexico have pledged similar tariffs in response to the U.S.-imposed 25 percent levies. China noted that it would take "necessary countermeasures" to defend its interests and announced duties ranging from 10–15 percent to counter the United States' 10 percent tariffs. Trump responded with yet another 10 percent tariff, totaling a 20 percent levy on all Chinese imports.

*Will Merrow contributed to the graphics for this article.*

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# The Anxious Generation

Author(s): John J. Miller, MD

*Epidemiological data show that rates of anxiety, depression, self-injurious behaviors, and suicidality increased for Gen Z in significantly higher numbers than previous generations.*

*New Africa/AdobeStock*

Every so often, a book comes along that serves as a nexus for a wide range of information, observations, phenomena, and intuitions that congeal into an "of course" moment of insight. Such was my experience while reading The Anxious Generation: How the Great Rewiring of Childhood Is Causing an Epidemic of Mental Illness by social psychologist Jonathan Haidt, PhD.[1] In the book, Haidt presents a compelling hypothesis as to how the convergence of various societal and technological changes over time ultimately led to a significant increase in depression, anxiety, self-injurious behaviors, and suicidality that accelerated into an adolescent mental health crisis simultaneously in the United States, United Kingdom, Canada, and many other European countries starting in 2010. It is entirely possible that other countries around the world were also impacted, but confirmatory data are sparser.

**Overprotective and Fearful Parenting**

During the 1980s and accelerating through the 1990s, parents became increasingly fearful of potential harm to their children when away from adult supervision, resulting in increasingly greater constraints on their children's independent play with peers. For many parents, the only appropriate adult supervision included the parent or an adult they knew and trusted. The intent was understandable and well meaning, although the threats to children's safety were decreasing as compared with those in the 1960s and 1970s for various reasons. Nevertheless,

the consequence of this parenting style was a steady decrease in children's and adolescents' unsupervised play with peers and more time spent at home or in an environment perceived as safe. This shift sharply contrasted the developing brain's expectation and needs over thousands of years of evolution to learn social, emotional, cognitive, and interpersonal behavior patterns through same-aged peer play.

**Coincidental Technological Emergence**

Simultaneously, during the 1990s, the internet era began. Personal computers and internet access became increasingly available and were present in most homes in the US by 2001. With more time at home or in supervised settings, the millennials (born between 1981 and 1996) started spending less time playing outside in technology-free environments and more time in virtual environments. During those early years, the computer was commonly in a shared space, which allowed some degree of supervision. Also, the World Wide Web was still in its infancy, had fewer options, and had slower connectivity. This is likely why there was no increase in significant adolescent mental health issues for those first 10 years.

However, by the late 1990s, an awareness grew of potential harmful exposures to children and adolescents when they had unsupervised access to the ever-expanding web. This led to the passing of the Children's Online Privacy Protection Act in 1998, requiring children younger than 13 years to get parental consent before signing a contract for terms of service that allowed access to online applications and allowing the app owner to share data. Hence, 13 years became the de facto age of internet adulthood. Remarkably, there still is no requirement for the app to verify age; rather, the subscriber simply needs to check a box confirming that they are 13 years or older or enter a birth date to confirm age.

**Contradictory Guardrails and Experiences**

The need for supervision in the outside world fostered a pattern of more time spent indoors, often alone and leaving unsupervised access to the virtual world. As a result, children and adolescents were allowed unfettered exploration of web content. Unsurprisingly, the progressive transition from external-based experience to virtual-based experience restructured the developmental exposures that determine the neural development of the adolescent brain. It is well established that the frontal cortex of the human brain is not fully developed until the mid-20s, yet the brain's reward-seeking circuits are fully developed much earlier. This fact was

exploited by app designers who knowingly developed algorithms to positively reinforce "addiction" to the app; this was especially effective in adolescent brains that lacked a mature frontal cortex to put the brakes on impulsive reward seeking on their smartphones.

From 2005 to 2010, smartphone technology exploded, providing adolescents with a pocket-sized computer. Simultaneously, high-speed internet availability increased, and social platforms refined their algorithms to include features such as likes and shares. The **Figure**[2,3] shows a timeline of these advances, which collectively kidnapped adolescents with what Haidt called the 4 foundational harms: social deprivation, sleep deprivation, attention fragmentation, and addiction. Although parents believed their teenage children were safe at home, the privacy of their bedroom provided an infinite menu of internet explorations via smartphones.

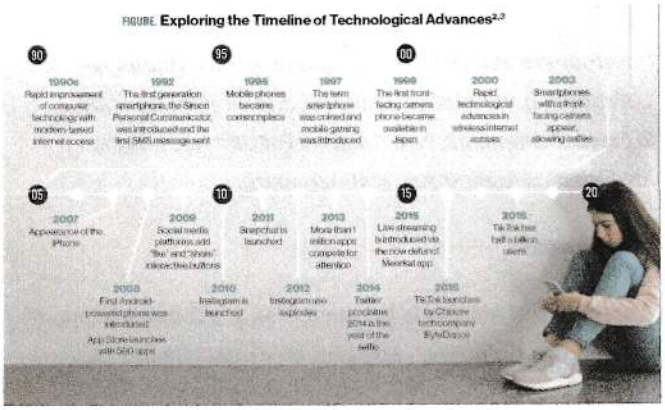


***FIGURE.*** *Exploring the Timeline of Technological Advances[2,3]*

**Generation Z: The Perfect Storm**

Generation Z (Gen Z), children born between 1997 and 2012, became the first generation to have smartphones during puberty. Thus, these children and adolescents had apps constantly vying for their attention at a vulnerable developmental period during adolescence while lacking the skills that historically were acquired during the prepuberty decade of play-based experiences in the real world. The result was a tsunami of mental health crises. Epidemiological data show that rates of anxiety, depression, self-injurious behaviors, and suicidality increased from 2010 to 2015 for Gen Z in significantly higher numbers than previous generations.[4]

**Concluding Thoughts**

Haidt systematically explored and documented the numerous societal and technological factors that contributed to the transition from play-based childhood to phone-based childhood, which he believes is responsible for the significant increase in anxiety and depression in adolescents starting in

2010. The book explains how "overprotection in the real world and underprotection in the virtual world...are the major reasons why children born after 1995 became the anxious generation."[1]

Fortunately, Haidt shared recommendations for parents, schools, governments, and technology companies to reverse course and work toward a healthier environment for children and adolescents to grow and thrive.

With what we have learned from developmental psychologists over the past 100 years as well as our growing understanding of neuroplasticity as a process of the human brain, the conclusions by Haidt should not come as a surprise. My sense is that we became too enamored by the benefits of the technological revolution and missed the enormous detrimental effects. The question we now need to ask ourselves is: What is the best path forward for us and our patients?

**Dr Miller** *is Medical Director, Brain Health, Exeter, New Hampshire; Editor in Chief,* Psychiatric Times*; Voluntary Consulting Psychiatrist at Seacoast Mental Health Center, Exeter/Portsmouth, NH; Consulting Psychiatrist, Insight Meditation Society, Barre, Massachusetts.*

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# Generation Z and Mental Health

Updated May 12, 2024 | Posted March 3, 2021

By the Annie E. Casey Foundation

Members of Generation Z — defined here as individuals born between 1997 and 2012 — are growing up in an age of increased stress and anxiety. Some 84% of Gen Zers believe mental health is a crisis in the United States, and they are over 80% more likely to report dealing with anxiety or depression compared to older generations, according to recent Gen Z studies. Why Focus on Mental Health for Gen Z, Specifically? Former U.S. Surgeon General David Satcher once said, "There is no health without mental health," which is true for all age groups. Gen Zers, ranging from ages 12 to 27 in 2024, are unique because the vast majority are going through a critical stage of development. A large body of research has shown that the age span of roughly 14 through 24 marks a formative phase of life in which profound cognitive, biological and psychosocial changes are taking place. At the same time, these young people must navigate increasing autonomy, forming their identities, developing relationship and life skills, obtaining education and career training and more. This is also a vulnerable time for adolescent mental health, as about 75% of mental illnesses emerge between ages 10 and 24. This critical period is an important window of opportunity to support young people, promote their mental well-being and help set them on a positive path for the future. Gen Zers are also correct in their assessment—they are facing a mental health crisis. Leading organizations such as the American Academy of Pediatrics and the Ameri- can Academy of Child and Adolescent Psychiatry recently declared a national state of emergency for child and youth mental health. And while most young people are physically and emotionally healthy, trends in youth suicide, mental health ER visits, depression and anxiety have been on the rise over the past decade or more. This crisis has affected younger children and millennials, too. Generation Z has been exceptionally open about sharing their struggles, as described in this post. Note: When considering the mental health of Generation Z, it can be useful to remember that: Gen Z is not a monolith. They're extremely diverse — racially, linguistically, culturally and socioeconomically — and more likely to identify as LGBTQ+ than old- er age groups. Naturally, they have many influences on their mental health beyond the generation in which they were born. Comparisons across generations are tricky because it is difficult to tease apart what might be actual generational differences from demographic population shifts or age-related factors, such as developmental phases and differences in health care access. Generation Z Battles Anxiety and Depression Nearly two-thirds (65%) of Gen Zers reported experiencing at least one mental health problem in the past two years, according to a multi-year study released in 2023. This statistic was lower for all older generations, including millennials (51%), Gen Xers (29%) and Boomers (14%).

While these differences may be partially explained by Gen Z's stage of life, some research indicates that Gen Z has higher rates of self-reported mental health challenges compared to previous generations at the same age. For example, the latest CDC Youth Risk Behavior Survey data shows that 42% of Gen Z high schoolers reported persistent feelings of sadness or hopelessness in 2021, which is nearly 50% higher than reports of millennial high schoolers in the early 2000s. Among girls, this figure was 35% for millennial high schoolers in 2001 compared to 57% of Gen Z high schoolers in 2021. Recent surveys of Gen Zers show widespread self-reported struggles with anxiety and depression. For instance: A 2023 Gallup survey found that almost half (47%) of Gen Zers ages 12 to 26 often or always feel anxious, and more than one in five (22%) often or always feel depressed. Figures were even higher for the females and adults in this sample, and they were alarmingly high for LGBTQ+ adults (with 74% feeling anxious and 50% feeling depressed). Among Gen Z young adults ages 18 to 24, a fall 2022 Census Bureau survey found that more than two in five (44%) reported persistent nervous, on edge or anx- ious feelings, and one in three (33%) reported persistent depressed, down or hopeless feelings. These survey questions are well-established screeners for depression and anxiety disorders. According to a 2022 federal survey of nearly 15,000 Gen Z youth ages 12 to 17, one in five (20%) had a major depressive episode in the previous year, equiva- lent to 4.8 million adolescents. An even greater share—25%—had either a major depressive episode or a substance use disorder in the past year. The same federal survey asked different mental health questions of people 18 and older, but similarly found that 20% of Gen Z young adults ages 18 to 25 also experienced a major depressive episode in the past year. This figure tends to be lower for older age groups: 10% for ages 26 to 49 and 5% for those 50 and above in 2022. Further, according to this federal survey, more than one in three (36%) Gen Z young adults ages 18 to 25 had "Any Mental Illness" in the past year, which means any mental, behavioral, or emotional disorder of sufficient length to meet clinical diagnostic criteria, excluding developmental and substance use disorders. This is equivalent to 12.6 million young people. Mental Health ER Visits and Hospitalizations Backup Gen Z Self-Reports In addition to Generation Z's self-reports of depression, anxiety and other struggles, data on mental health hospitalizations and emergency room (ER) visits demonstrate similarly concerning findings. Among young people ages 6 to 24, the share of ER visits for mental health problems nearly doubled from 2011 to 2020—and suicide-related visits increased five□fold—according to a 2023 study. (Gen Z spanned ages 8 to 23 in 2020.) These increases occurred for younger children, adolescents, and young adults, with the largest jump observed for adolescents. Mental health-related ER visits increased significantly across all demographic groups studied, e.g., by gender, race and eth- nicity, insurance type and geography. Additional research found that ER visits for suicide attempts continued to climb in 2021 for youth ages 12 to 17, and that mental health-related ER visits among young people are generally becoming more complex and

resulting in longer hospital stays. Among all youth ages 11 to 20 who are hospitalized in the United States, more than one in five have a mental health or substance use diagnosis, according to the American Academy of Pediatrics. Data show rising mental health hospitalizations and troubling readmission rates among children and youth in the past decade. For instance, a 2023 study found that such hospitalizations increased by more than 25% between 2009 and 2019, and hospitalizations due to suicide or self-injury rose at least 1.6-fold. Why Is Generation Z So Depressed? There is no simple or definitive answer, but experts suggest a range of possible contributors to the rise in mental health problems among young people, including but not limited to: High rates of social media use Worsening stress and social contexts due to issues like climate change, mass shootings, racial violence and the opioid epidemic Long-term effects of economic inequities Recent surveys have asked Gen Zers what they think is contributing to their mental health challenges. Here's what they said: Financial stress and achievement pressure: A majority (56%) of Gen Z young adults ages 18 to 25 say financial worries are negatively influencing their mental health, and half (51%) say achievement pressure is having the same impact, according to a 2022 nationally representative survey by Harvard University. In a similar vein, a 2023 Gallup survey found that more than two-thirds (69%) of Gen Zers ages 12 to 26 say their most important hope for the future is to earn enough money to be comfortable, yet 64% see financial resources as a barrier to achieving their goals or aspirations—by far the top reported barrier. Lack of life direction and purpose: The same Harvard study found that half of Gen Z young adults say their mental health is negatively affected by not knowing what to do with their lives, and almost three in five (58%) lacked meaning or purpose in their lives within the past month. Among young people ages 12 to 26, another 2023 Gallup survey found that the biggest driver of Gen Z happiness is their sense of purpose at either school or work, but 43% to 49% of Gen Zers "do not feel what they do each day is interesting, important or motivating." Climate change and global worries: Nearly half (45%) of young adults ages 18 to 25 think their mental health is harmed by an overall "sense that things are falling apart," and one in three (34%) say climate change is having a negative effect. A recent international study of 10,000 young people ages 16 to 25 also found that more than 80% were worried about the climate crisis, with many expressing feelings of sadness, anxiety, anger and powerlessness. A need for connection with others: Sadly, more than two in five (44%) Gen Z young adults feel like they don't matter to others, and one in three (34%) report loneli- ness, according to the same Harvard survey. This is corroborated by 2023 Gallup findings that about one in three Gen Zers ages 12 to 26 do not often feel loved (31%) or supported (35%) by others, and a similar share (30%) always/often feel like nobody knows them well. This is especially troubling given that these young people are going through a vulnerable developmental stage, and evidence indicates that stable, supportive relationships are important for positive mental health. Gun violence and social issues in America: More

than two in five (42%) Gen Z young adults say gun violence negatively affects their mental health, and 70% see this as a public health issue. Multiple surveys also find that Gen Z is concerned about access to health care, reproductive health care, racial justice, LGBTQ+ rights, and other social issues. Technology likely plays a role, too. On one hand, growing up in a hyperconnected world can provide access to positive social connections and supportive resources. On the other hand, it can fuel a steady drumbeat of negative news stories, encourage unhealthy social comparisons and increase the risk of online harassment. LGBTQ+ youth and young people of color face particular risks of discrimination on social media. Some research links high levels of social media use among youth to adverse out- comes, including depression and inadequate sleep. Those who are already struggling with mental health problems may be more likely to use social media, making it diffi- cult to untangle the effects of technology. What causes depression in young people, generally? Mental health conditions like depression and anxiety disorders are complex and not caused by a single issue. Instead, multiple factors are involved and may range from brain chemistry disruptions and genetic vulnerability to traumatic experiences (e.g., abuse, exposure to violence, death of a loved one) and negative thought patterns. Many other factors and circumstances can increase the risk of these conditions in young people, such as: substance abuse; chronic physical health conditions; low self□esteem; LGBTQ+ youth who lack support; and long-term relationship or school problems. The contributors to depression and other mental illnesses are different for every young person, and each individual is influenced by their unique biological, family, community, cultural and environmental contexts. Generation Z and Suicide The U.S. suicide rate for young people ages 10 to 24 surged by 57% from 2009 to 2019. The rate continued climbing through 2021 before declining in 2022. Suicide was the third leading cause of death for Generation Z overall in 2022, who spanned ages 10 to 25 that year, although it was the second leading cause of death among younger (ages 10 to 14) and older (20 to 24) Gen Zers. Data shows that suicide rates vary by demographic factors, such as age, gender, LGBTQ+ status and race or ethnicity. Girls and young women are more likely to plan and attempt suicide, but boys and young men are more likely to die by suicide per the CDC's Youth Risk Behavior Survey and Leading Causes of Death. In 2022, for instance, males accounted for 78% of suicides among youth ages 10 to 24. Researchers explain that males typically use more lethal means when attempting suicide. American Indian or Alaska Native youth in the same age range have the highest suicide rate compared to other racial/ethnic groups, and Native Hawaiian or Other Pacific Islander youth (not combined with Asian) have the second highest rate. While rates are lower for Asian youth ages 10 to 24, suicide is the leading cause of death for this group, and alarming trends have been observed in recent decades, including suicide rates spiking by 140% from 1998 to 2018 among Asian young people. Rates are also lower for Black youth, although it is still the third leading cause of death for this group, and leaders have been calling

attention to concerning increases here, as well. For example, a 2024 study noted that the suicide rate for Black youth ages 10 to 24 jumped by 37% between 2018 and 2021, the largest increase of all racial and ethnic groups in this period. In addition, the latest Youth Risk Behavior Survey data show that more than one in five (22%) U.S. high schoolers seriously considered attempting suicide in the past year and a startling one in 10 (10%) actually attempted suicide in 2021. Among racial and ethnic groups, the share attempting suicide was highest for American Indian or Alas- ka Native (16%), Black (15%) and multiracial (12%) students. Gen Zers of color disproportionately face risk factors for mental health conditions, such as less access to treatment in addition to exposure to racism, poverty, food insecurity and other adverse childhood experiences. Too many young people experience added stress due to discrimination based on race, ethnicity, sexual orientation and gender identity. Leading health organizations, including the CDC and American Academy of Pediatrics, view racism and discrimination as a major public health concern, acknowledging its known effects on the men- tal health of young people. In 2021–2022. approximately 1.7 million youth ages 12 to 17 (7%) reportedly had been treated or judged unfairly because of their race or ethnicity, and about 636,000 (3%) because of their sexual orientation or gender identity. Further, a 2023 national survey revealed that 60% of LGBTQ+ young people ages 13 to 24 experienced dis- crimination in the past year due to their sexual orientation or gender identity, and about one in four (24%) were physically threatened or hurt for the same reason. Those who were threatened or harmed were much more likely to attempt suicide. Suicide attempts are tragically high for LGBTQ+ high school students, as well, at 22% in 2021, compared to 6% for heterosexual students. And nearly half (45%) of U.S. LGBTQ+ high schoolers seriously considered attempting suicide in the past year, three times the rate (15%) of their heterosexual peers. The vast majority of LGBTQ+ youth say that they want mental health care, but most of them (56%) are not able to get it, according to the 2023 survey noted above. The barriers they list illustrate that too many youth lack the support they need, including fears of discussing concerns (47%) getting permission to access care (41%) and not being taken seriously (40%), among other fears. Other common barriers were not being able to afford it (38%) and being afraid it wouldn't work (33%). In addition to LGBTQ+ youth and young people of color, suicide rates are also high for those with disabilities, youth in rural areas, and those in the foster care or juvenile justice systems. Immigrant and low-income young people face elevated risks for mental health challenges, as well. Read more about teen suicide trends in our post on Leading Causes on Death in Teens, which includes data on suicides by firearm and resources on how to reduce teen deaths. Gen Z Tends To Be Open About Mental Health and Seeking Help, But Can't Always Access Care While Generation Z has been called the most depressed generation, members of this group are more likely than their older peers to seek out mental health counseling or therapy. Some 39% of Gen Zers — a higher rate than any previous generation — report working

with a mental health professional in person or online. Still, access to care remains a problem, as illustrated above for LGBTQ+ young people. According to Mental Health America: 60% of Gen Z youth ages 12 to 17 with major depression do not receive treatment. This is roughly in line with other studies showing that around half of children and youth who need mental health care do not get it. Access to care is a challenge for Gen Z young adults, too. A 2022 Kaiser Family Foundation survey found that almost half (47%) of young adults ages 18 to 29 did not get mental health care in the past year when they thought they might need it, with cost cited among the top barriers. Other commonly reported barriers to getting help include stigma (being afraid or embarrassed), feeling too busy or having difficulty getting time off work, challenges finding a provider, insurance limitations and not knowing how to find services. Even though stigma continues to be a common barrier to mental health treatment, many experts credit Gen Z for helping to reduce stigma around mental health. One study estimated that members of Generation Z are 20% more willing to talk about their mental health than older generations. This is critical, as more openness about emo- tional health issues not only helps de-stigmatize the subject, but also creates more awareness and opportunities to receive and/or provide support. Mental Health and Mental Health Care for Generation Z People of Color Youth of color are less likely to receive mental health care compared to white youth. Many issues contribute to this disparity, including stigma, distrust in providers, a lack of culturally competent providers or difficulty finding providers. Larger structural inequities also contribute to access problems, such as socioeconomic, health insurance and geographic barriers. Mental Health America and others have reported that Asian youth are the least likely to receive mental health treatment compared to adolescents in other racial or ethnic groups. Inequities in access to care and unmet needs have also been documented for Black, Latino, American Indian or Alaska Native and multiracial young people. Lim- ited access to mental health services for youth of color elevates the risk of poor outcomes, and it might explain lower rates of diagnosis for some groups. In communities of color (and society in general), mental illness and mental health care are often stigmatized. For example, research on Asian American, Native Hawaiian and Pacific Islander communities indicates that mental health can be very stigmatized, which affects the likelihood of seeking professional care. Language and culture play an important role in perceptions and communication of mental health issues, as well. For example, Asian Americans tend to have lower rates of mental health diag- nosis because their symptoms are more likely to manifest as physical health problems, according to research. And in some native languages, words such as “depressed” and “anxious” do not directly translate, pointing to the need for providers with shared cultural and linguistic backgrounds. Nearly 75% of U.S. mental health care providers are white, according to the Anxiety and Depression Association of America. Experts note that people of color may be less likely to trust professionals who do not share their cultural backgrounds, and they may not have

confidence that such professionals will provide culturally responsive care. Additionally, trusting health care providers, in general, can be a challenge for people of color given our country's history of systemic racism, slavery and genocide, which has contributed to intergenerational psychological trauma. Therefore, even when Gen Z youth of color opt to seek help, they may struggle to find a professional they trust, who understands their background or language and who provides culturally responsive services. Further, they may be hard-pressed to find a professional at all, recognizing the general shortage of mental health providers and the limited mental health services for adolescents in communities of color. Providers tend to be limited in rural and low-income areas, as well. These youth also may face bar- riers due to cost of care or health insurance. Mental illness frequently goes untreated in communities of color due to higher levels of uninsurance, as reported by the Anxi- ety and Depression Association of America. COVID-19's Effect on Generation Z's Mental Health While mental health trends for Gen Z were going in the wrong direction before the onset of COVID-19 in 2020, the pandemic exacerbated emotional health challenges for youth and had a significant adverse impact on the lives of Generation Z. The pandemic radically changed their family, community, educational, social and employment experiences. It shifted learning online. Created social isolation. Closed community programs. Destabilized the economy. Derailed employment and college for many. Robbed young people of a parent or loved one. And prompted some older siblings to juggle new roles as teachers and caregivers for their families. Many effects of the pandemic continue today. School closures were particularly hard on young people and families, by causing social isolation, weakening learning experiences and removing a critical safety net for families. About two in five families with children (including Gen Zers under 18) had difficulty paying for basic household expenses during the pandemic and at least half lost employment income after the pandemic hit. Schools offer consistent meals, medical screenings and support services for many children and youth. In some areas, schools are also the only source of mental health services for young people — particularly for youth who identify as LGBTQ+ and for individuals from low-income households and families of color. Losing this safety net during the pandemic significantly added to the hardship experienced by millions of children, youth and families. Among Gen Z young adults, many had their college plans, jobs and finances knocked off track. For instance, in October 2020, more than 40% of U.S. households report- ed that a prospective college student was canceling plans to attend community college, according to Census Bureau data. College enrollment rates have continued to decline since the pandemic. Additional Census Bureau data on the KIDS COUNT Data Center demonstrate some of the employment and financial difficulties they faced, as well: In April-May 2020, 63% of young adults ages 18 to 24 reported that they or a household member lost employment income since the pandemic began. Just under one in 10 (9%) young adults said they sometimes or often did not have enough food to eat prior to the pandemic but as of

April-May 2020, 14% said they did not have enough to eat in the past week. While this figure fluctuated over the next two years, it was still 13% as of October-November 2022. In April-May 2020, more than one in five (22%) young adults said they had little or no confidence in their ability to make their next rent or mortgage payment on time. This figure declined to 13% as of the latest data available in March-May 2022. Given all of these challenges, it may not be surprising that mental health concerns climbed during the pandemic, by all accounts. Nearly two in five (37%) U.S. high schoolers said they experienced poor mental health during the pandemic, and over half (55%) said they endured emotional abuse by someone at home, according to the CDC. Among parents, almost half (47%) said the pandemic had a negative effect on their child's mental health, based on a national 2022 Kaiser Family Foundation (KFF) survey. Further, about seven in 10 parents were concerned about the impact of pandemic-caused isolation or loneliness on teens, and more than eight in 10 were worried about depression or anxiety among teens. Most parents were also worried about adolescent struggles with substance use, self-harm and eating disorders. The same KFF survey found that Black and Latino parents were more likely than white parents to be "very worried" about many adolescent emotional health issues. For example, more Latino parents were "very worried" about loneliness or isolation due to the pandemic compared to white parents: 45% vs 27%, respectively. And Black parents were more likely than white parents to worry about teen depression: 53% vs. 39%. (The survey did not break out additional racial or ethnic groups.) Experts note that the pandemic magnified existing health inequities in America, exposing gaps in the mental health and health care systems, with the fallout dispropor- tionately impacting low-income populations and people of color. However, on the positive side, the pandemic generally increased awareness of mental health issues and expanded telemedicine opportunities, which expanded access to services for those facing geographic or other barriers to care. Still, mental health care needs to be better integrated into primary health care, among many other steps to improve mental health outcomes for young people. Read more about how the pandemic disrupted the lives of children and families in 202

THE WALL STREET JOURNAL. OPINION Tuesday – March 4, 2025

# America Still Needs a Covid Reckoning

By Scott W. Atlas

The Alliance for Responsible Citizenship invited me to address the topic "Can In situations be Reformed?" at its annual forum in Lon don last month. ARC, founded by Bar Oness Philippa Stroud and psychol gist Jordan Peterson, is a conference that focuses on the West's failure to cultivate its traditional values, which provided the world with history's most successful societies. I asked the audience: Why, at this moment in history, are we asking how institutions should be reformed, or if they even can be? For decades Why does nobody want to talk about the most tragic breakdown of leadership and ethics in our lifetimes? we have been aware that institutions were failing—incompetent, wasteful and corrupt governments; biased and dishonest journalism; agenda-driven schools and universities. My answer is Covid. The mismanagement of the pandemic hit us personally and exposed a massive, across-the-board institutional failure. It was the most tragic breakdown of leadership and ethics that free societies have seen in our lifetimes. Yet, oddly, the topic remained almost invisible at the weeklong conference, unmentioned by dozens of speakers. It was the elephant in the room, just as lockdowns and man dates are missing from almost all of America's discussion of postelection plans. To understand why the pandemic finally forced us to address institutional failure, we must acknowledge the facts. The virus didn't cause lockdowns. Human beings decided to impose lockdowns, which failed to stop the deaths and the spread. Lock downs inflicted massive damage on children and literally killed people. A review of 34 countries with available data found that through July 2023 "the US alone would have had 1.6 million fewer deaths if it had the performance of Sweden." A January 2023 paper in the Journal of Eco nomic Dynamics and Control estimates that over the next 15 to 20 years, unemployment alone will cause 900,000 to 1.2 million additional American deaths—from the lockdown, not the virus. More than massive incompetence by bureaucrats, more than a lack of critical thinking, we saw a failure of society's moral and ethical compass so pervasive that we have lost trust in most institutions and leaders— trust that is essential to the function of any free and diverse society. Especially in the U.S.—where the Declaration of Independence proclaims that all men are "endowed by their Creator with certain unalienable rights"—it is stunning that liberty fell A scene from Arlington, Va., May 4, 2020. quiescence—frankly, cowardice—and the failure to grasp reality are inconvenient truths that, understandably, no one wants to revisit. so quickly and thoroughly by government decree and with public assent. Why did free people accept Draconian and illogical lockdowns? The answer reveals the reason for the silence on the pandemic. Censorship and propaganda are part of the explanation, tools of control that convinced the public of two lies—that there was a consensus of experts in favor of lockdowns, and

that dissent from that false consensus was dangerous. Yet that alone doesn't explain today's silence about that extraordinary collapse. It is also that so many smart and influential people were complicit. They bought into and even advocated irrational measures that defied data, biology and common sense. That ac Disruption is needed, and many are basking in the victory of history's most disruptive politician, Donald Trump. His win is a repudiation of failed leftist policies, as well as their cultural perversions contrary to common sense. It was also a rejection of media propaganda, cancel culture and censorship. I am concerned that most people demanding disruptive institutional changes are eager to "turn the page" on the human-rights violations, the true constitutional crisis. What about setting the record straight, officially OLIVIER DOULIERY/AFP/GETTY IMAGES recognizing the truth, demanding ac countability? The ultimate disrupter won, and his appointees are now in charge—so is all well? Turning the page on modern history's worst societal failure would be extraordinarily harmful. Failure to demand and issue official statements of truth about the pandemic management after the devastation endured by millions would eliminate all accountability. And accountability is just what we need to restore trust in institutions and among fellow citizens. No doubt, new versions of institutions need to emerge, and old versions of old institutions need to re-emerge, especially when it comes to fostering debate and the robust exchange of ideas. But most solutions come from individuals, not government, and ultimately individuals, not institutions, will save or destroy freedom. There is a disastrous lack of courage in our society. To quote C.S. Lewis, "Courage is not simply one of the virtues, but the form of every virtue at the testing point." We can't have a peaceful, free society if it is filled with people who lack the courage to speak and act with certainty on Hannah Arendt's "elementary questions of morality." That's why we must reckon with the madness of our Covid response. Dr. Atlas is a senior fellow at Stan ford University's Hoover Institution. He served as a Covid adviser to Presi dent Trump in 2020.

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# Benevis Report Details Bidirectional Relationship Between Oral and Mental Health in Support of World Oral Health Day

Poor dental health can negatively affect mental health, and poor mental health can lead to the neglect of oral health, although both are largely treatable. Healthcare providers must break the cycle by addressing care gaps to ensure proper treatment of interconnected health behavior.

March 12, 2025 10:00 ET | Source: Benevis Follow



Atlanta, GA, March 12, 2025 (GLOBE NEWSWIRE) -- Benevis, a leading dental healthcare and orthodontics delivery organization committed to providing quality care to underserved communities, announced the release of its report, Dental & Mental Health Connection, that addresses the bidirectional relationship between poor oral health and mental health conditions and vice versa. The report was published in support of World Oral Health Day this March 20, 2025, to uniquely highlight and bring awareness to the intricate links between oral health and mental health.

Research has indicated that symptoms of depression are connected with mild periodontitis, tooth decay, and missing larger numbers of teeth. Chronic oral infections, such as gum disease, contribute to systemic inflammation, which has also been linked to mental health conditions like depression and cognitive decline. Those with socioeconomic disadvantages, such as little to no insurance, are also at a higher risk for

Day, Benevis issued an alert for healthcare providers not to overlook oral health in relation to mental healthcare. It's important to consider both in care plans, as improving oral health can lead to improvements in mental well-being, and vice versa. Working together, dental and mental health providers can coordinate care and develop tailored treatment plans for patients that improve overall wellness.

"There is a powerful relationship between the mouth and mind, where improving the health of one area can improve the health of the other," said Bryan Carey, CEO of Benevis. "Despite these known connections, oral health is often overlooked in mental health treatment and care. Mental healthcare providers should prioritize dental health to combat the stigma that contributes to behavioral health conditions for better overall mental well-being."

Benevis has a 20-year history of expanding access to affordable care for disadvantaged communities, delivering the highest quality care to children and adults, including 82% who are enrolled in Medicaid and Children's Health Insurance Program (CHIP) plans. Along with the expansion of routine dental care services, orthodontic care plans are a priority for the organization. Benevis' network uniquely reaches more than 100 locally branded dental offices across the U.S., with its care teams prioritizing oral healthcare for underserved children and adults during 1.4 million visits each year.

"As a dentist, I tend to see more disadvantaged children and adults as my Benevis practice welcomes patients who are uninsured or carry Medicaid or CHIP plans. When dental hygiene isn't a priority, I know that a social driver is usually the reason. My patients can come to my office feeling embarrassed, anxious, and sometimes even depressed. When self-care stops, brushing and flossing suffer, and decay can take hold," shared Dr. Carl Boykin, DDS, District Dental Director at Benevis. "No one should have to feel sad when it comes to the health of their mouth and teeth, especially since tooth decay is preventable

For more information, view report here.

**About Benevis**

Benevis is a leading dental healthcare delivery organization focused on delivering life-changing oral care and orthodontics to underserved communities. Through comprehensive care and operational services that expand access to dentistry, Benevis has a 20-year history of providing the highest quality care to approximately 5 million children and adults. Its network reaches more than 100 locally branded dental offices across the U.S. that deliver treatment through 1.4 million visits each year. Benevis also advocates for programs and legislation that ensure all families have access to the oral healthcare they need and deserve. For more information, visit Benevis.com.

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Kay Blazar
Benevis
401-490-9700
benevis@svmpr.com

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# Art as therapy: Swiss doctors prescribe museum visits

Story by Cecile Mantovani and Denis Balibouse • 4d • 2 min read

A patient, who is a part of a project in which doctors prescribe museum visits, looks at artworks in the Art and History Museum in Neuchatel, Switzerland March 11, 2025. © Thomson Reuters

By Cecile Mantovani and Denis Balibouse

NEUCHATEL, Switzerland (Reuters) -Swiss doctors are expanding the range of prescriptions for patients with mental health conditions and chronic illnesses to include strolls in public gardens, art galleries and museums.

The city of Neuchatel, in western Switzerland, launched the pilot project with doctors last month to help struggling residents and to promote physical activity.

A patient, who is a part of a project in which doctors prescribe museum visits, looks at a photograph by Michael von Graffenried in the Art and History Museum in Neuchatel, Switzerland March 11, 2025.
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"For people who sometimes have difficulties with their mental health, it allows them for a moment to forget their worries, their pain, their illnesses to go and spend a joyful moment of discovery," Patricia Lehmann, a Neuchatel doctor taking part in the programme, told Reuters.

A patient, who is a part of a project in which doctors prescribe museum visits, walks past an artwork in the Art and History Museum in Neuchatel, Switzerland March 11, 2025.
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"I'm convinced that when we take care of people's emotions, we allow them somehow to perhaps find a path to healing."

Five hundred prescriptions will be handed out for free visits to four sites, including three museums and the city's botanical garden

During COVID-19 lockdowns, museum closures hit people's well-being, said Julie Courcier Delafontaine, head of the city's culture department.



"That was a real trigger and we were really convinced that culture was essential for the well-being of humanity," she said.

The initiative will be tested for a year and could be expanded to other activities such as theatre.

"We'd love this project to take off and have enough patients to prove its worth and that one day, why not, health insurance covers culture as a form of therapy," said Courcier Delafontaine.

(Writing by Emma Farge; Editing by Alex Richardson)

Dr. Patricia Lehmann, who is a part of a project in which doctors prescribe museum visits, poses during her practice in Neuchatel, Switzerland March 11, 2025.
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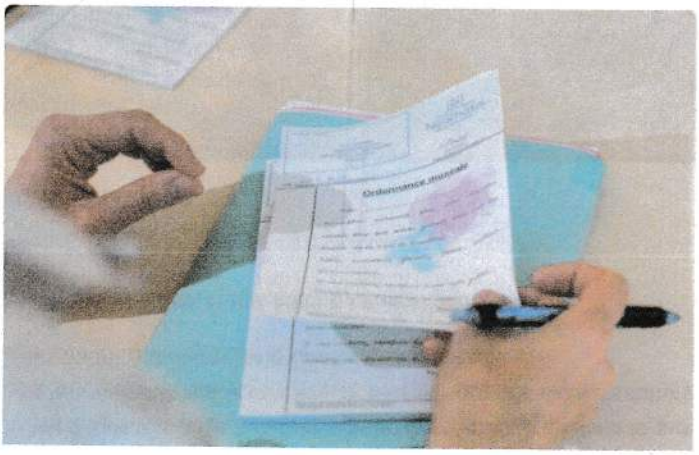
One of them went to a 26-year-old woman suffering from burnout whom Reuters met at the Neuchatel Museum of Art and History, which has masterpieces by Claude Monet and Edgar Degas as well as a collection of automated dolls.



Dr. Patricia Lehmann writes a museum prescriptions during her practice in Neuchatel, Switzerland March 11, 2025.
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"I think it brings a little light into the darkness," she said, asking to remain anonymous.

Authorities say the idea came from a 2019 World Health Organization study exploring the role of the arts in promoting health and dealing with illness.