

# The Mental Health of Gen Z: Crisis vs. Opportunity

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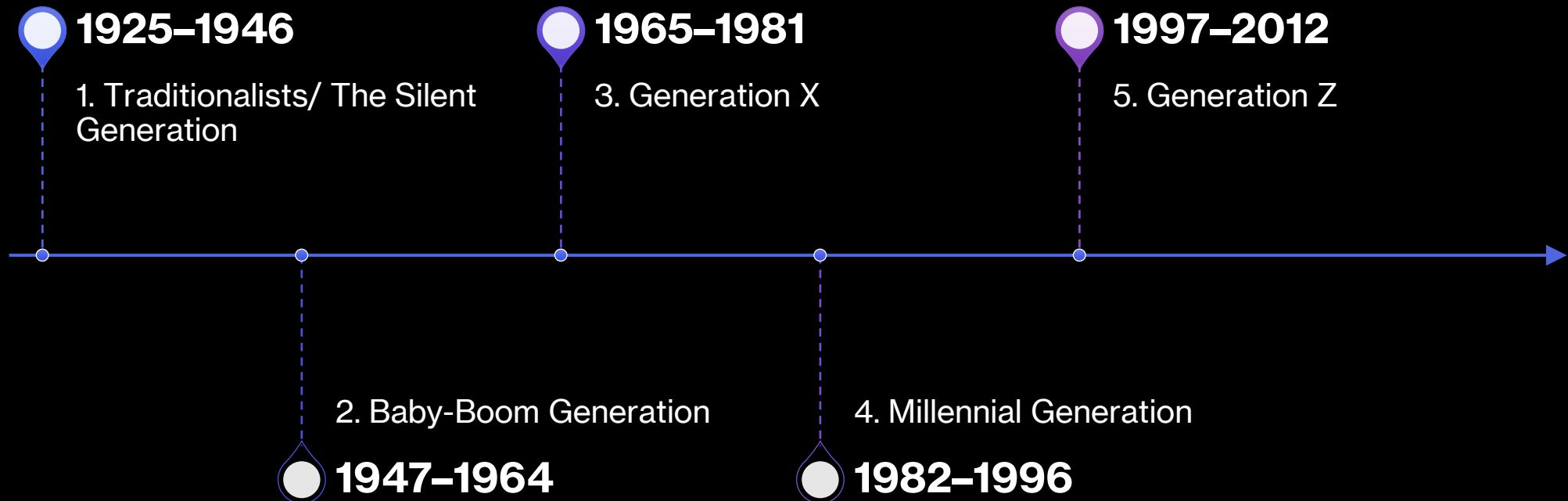
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# Objectives:

Compare and contrast	Compare and contrast Gen Z with older generations
Understand	Better understand issues underlying mental illness in Gen Z including those related to the global COVID-19 pandemic
Feel	Feel equipped to help Gen Z patients and their parents/families navigate depression/anxiety

# Five American Generations in 2022



\*Digital natives

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**I mostly identify as:**

① Start presenting to display the poll results on this slide.

**Table. Characteristics of the Five Generations**

<b>Generation Name</b>	<b>Date of Birth</b>	<b>Approximate Ages</b>	<b>Definitive Events</b>	<b>Characteristics</b>	<b>Primary Concerns</b>
Traditionalists (Silent Generation)	Before 1946	>70	World War II, Korean War	Loyal, disciplined	Maintain skills and health
Baby Boomers	1946-1964	50s and 60s	Television, personal computer	Live to work, conservative	Worry about retirement
Generation X	1965-1980	30s and 40s	AIDs, Gulf War, 1987 stock crash	Work to live, self-reliant	Achieve work-life balance
Generation Y (Millennials)	1981-1996	20s and 30s	World wide web	Work-life blend, socially conscious	Learn and make a difference
Generation 2020	1997-Present	<20	Social media, mobile technology	Hyperconnected but guard privacy	TBD

AIDS, acquired immune deficiency syndrome; TBD, to be determined.

# WHAT IS GENERATION Z



# Gen Z: Defining influences

## Personal

- Smart phones
- Texting
- Social media and networking
- Connectivity 24/7
- FOMO
- LGBTQIA+ rights
- Gen X /Millennial parents

## Global

- War/terrorism
- Gun violence (+school)
- Persisting racism
- Climate change (Greta Thunberg)
- Corporate social responsibility
- Election of Obama/ VP Harris
- Recession of 2007 (older)

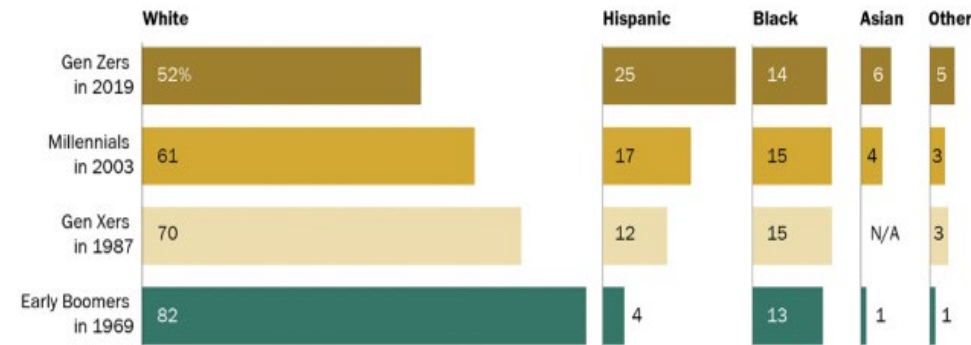


# Characteristics of Gen Z

## Ethnically diverse

### One-in-four members of Gen Z are Hispanic

% of 7- to 22-year-olds who are ...



Note: Figures may not add to 100% due to rounding. Racial groups include only single-race non-Hispanics. Hispanics are of any race. Asians include Pacific Islanders. The CPS did not separately identify Asians until 1988. Hispanic origin was not collected until 1971. The racial and ethnic composition of Boomers in 1969 was imputed on the basis of 8- to 23-year-olds in the 1970 census.

Source: Pew Research Center analysis of 1987, 2003 and 2019 Current Population Survey Annual Social and Economic Supplements and 1970 decennial census (IPUMS).

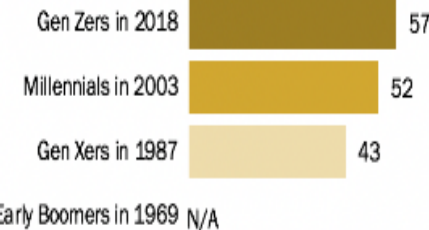
"On the Cusp of Adulthood and Facing an Uncertain Future: What We Know About Generation Z So Far"

PEW RESEARCH CENTER

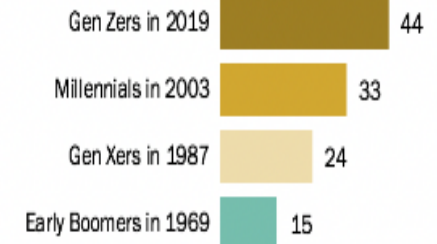
## Well educated

### Gen Zers more likely to be enrolled in college and to have a college-educated parent than Millennials, Gen Xers at a comparable age

Among 18- to 21-year-olds no longer in high school, % enrolled in college



% of 7- to 17-year-olds living with a parent who has at least a bachelor's degree



Note: Share living with a parent who has at least a bachelor's degree is limited to 7- to 17-year-olds living with at least one parent. Those without a parent in the household are excluded.

Source: Pew Research Center analysis of 1987, 2003 and 2018 Current Population Survey October supplement and 1969, 1987, 2003 and 2019 Current Population Survey Annual Social and Economic Supplement (IPUMS).

"On the Cusp of Adulthood and Facing an Uncertain Future: What We Know About Generation Z So Far"

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# Pediatric mental health prior to pandemic

- Leading cause of disability and poor outcomes for children ages 3-17
- 1 in 5 children with mental, developmental, emotional or behavioral issue
- 2016: 7.7 million youth with mental health disorder, **only half** received adequate treatment
- 2009 to 2019: Depression, hopelessness and suicidal thinking increased ~40% among high school students
- 2007-2018: Suicide completion in those age 10-24 increased 57%
- 2001 to 2015: black children age 5-12 1.88 x more likely to commit suicide than white<sup>1</sup>



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**I think teen use of social media is...**

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# Why is Gen Z so afflicted with depression and anxiety?

- **Technology**

- Hyperconnectivity
- Intense feelings of loneliness and isolation when not connected
- Negative news stories 24/7
- Decreased social skills

- **Social media**

- Developmental need for popularity and connection
- Shame in falling short of social media-worthy standard
- Instagram linked to depression, body image and self-esteem issues , social anxiety, etc.
- First generation exposed to harmful content via social media at a young age
- Digital self harm, harassment, bullying and pressure to conform



<https://www.aecf.org/blog/generation-z-and-mental-health>

## Why is Gen Z so afflicted with depression and anxiety?

- Academic pressure
  - Over 60% plan to apply to 4 -year college
  - Worry about acceptance to college of choice
  - Student debt
  - Fear of unemployment (parent or personal)
- School shootings (75% of Gen Z's – major stressor)



# Why is Gen Z so afflicted with depression and anxiety?

- **Economy**
  - June 2020 – 59% of those 18-26 exp. Unemployment and 38% anticipating job loss within 4 weeks
- **Political concerns**
  - Overturn of Roe v. Wade
  - Police related deaths of people of color
  - LGBTQIA+ rights
  - Immigration
- **Uncertainty about the future**
  - Climate change
  - War/threat of nuclear war
  - Uncertain job market
- **Other?**

<https://www.aecf.org/blog/generation-z-and-mental-health>





**Which of the following is a top risk factor for adolescent depression?**

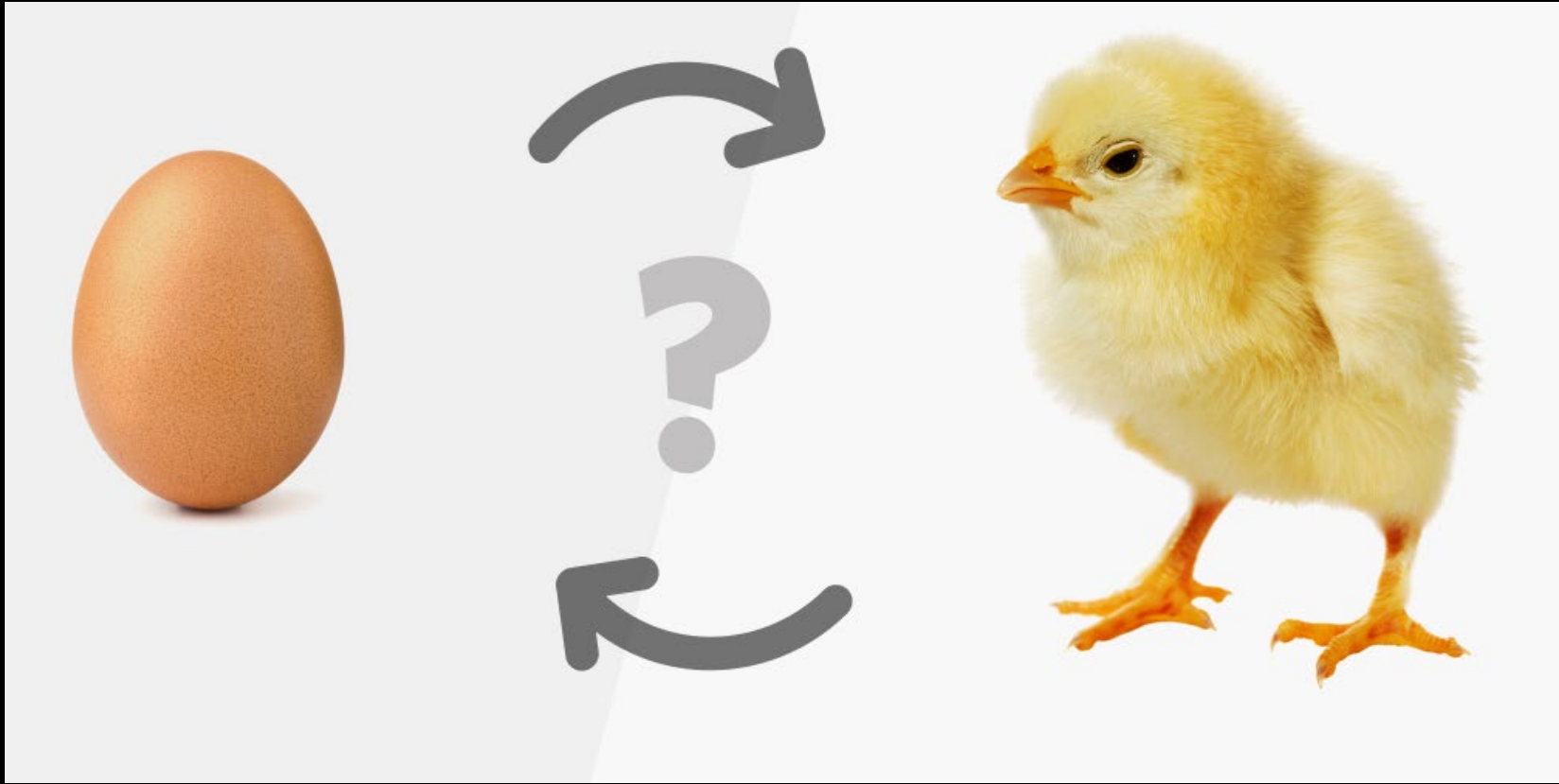
# Risk factors for Gen Z depression/anxiety

1. Family history
2. Exposure to bullying
3. Negative family environment
4. Physical illness/disability
5. Female sex
6. Bereavement
7. Trauma exposure
8. Substance abuse
9. Low self-esteem
10. Social difficulties
11. Academic distress
12. Poverty
13. Loss of family
14. Cognitive distortions

# **COVID-19 pandemic's impact on child and adolescent mental health**



**COVID-19**  
GLOBAL PANDEMIC



# Starting in March 2020...

- Education
- Physical activity
- Socialization
- Nutrition
- Safety
- ALL DISRUPTED



# Social distancing and school closure effects on Gen Z

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Lack of contact with supportive teachers, mentors, coaches

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After school programming closed

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Limited space at home

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Parents = home school teachers

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Parents = working from home

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Lack of grandparent and extended family support

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Economic pressures mount

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- Lack of access to high speed internet in rural and low income areas
- Increased domestic violence and child abuse due to clustered social pressures and lack “safe haven” of school, monitoring
- Limited to no access to mental or physical healthcare
- Residential kids returned to families
- High stress, low support, low coping resources

# Risk factors for development of pediatric mental health symptoms during COVID-19 pandemic<sup>2</sup>



- Disrupted routines
- Increase in ACEs (Adverse Childhood Experiences)
- Financial instability, food shortage, housing instability
- Trauma i.e., loss of family member to COVID-19
- Substance use (parent or personal)
- Increased use of social media





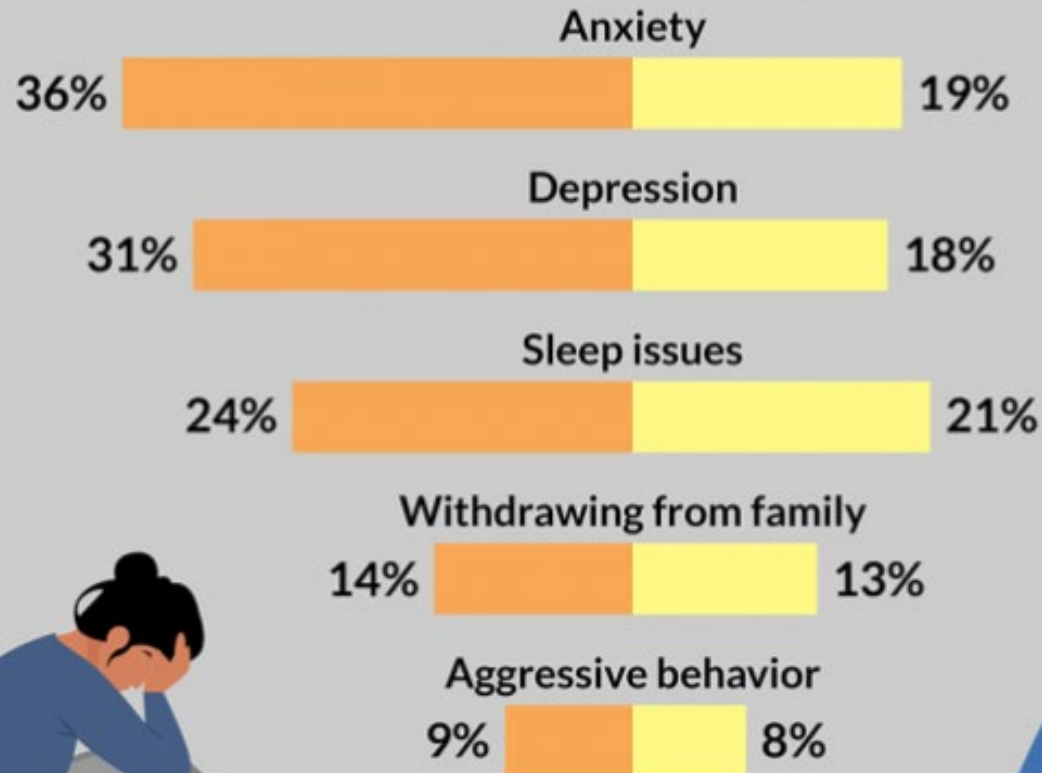


## Effects of the pandemic on teen mental health

Percent of parents noticing a new problem or worsening of an existing problem

### Teen girls

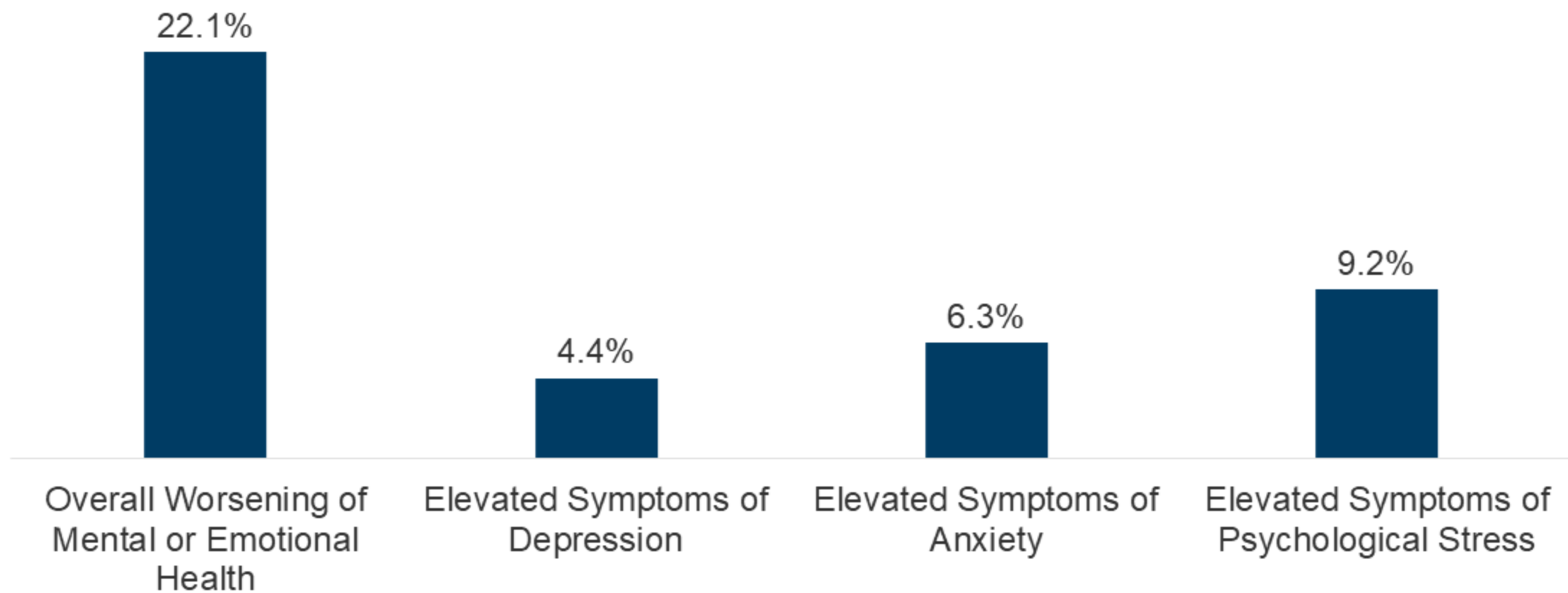
### Teen boys



Source: C.S. Mott Children's Hospital  
National Poll on Children's Health, 2021

Figure 3

## Share of Parents Reporting Worsening Mental Health For Their Children Ages 5-12, October-November 2020



SOURCE: Verlenden JV, Pampati S, Rasberry CN, et al. Association of Children's Mode of School Instruction with Child and Parent Experiences and Well-Being During the COVID-19 Pandemic — COVID Experiences Survey, United States, October 8–November 13, 2020. MMWR Morb Mortal Wkly Rep 2021;70:369–376. DOI: <http://dx.doi.org/10.15585/mmwr.mm7011a1>

## CHILD DEVELOPMENTAL LOSSES WEIGH ON PARENTS, LARGE MAJORITY EXPRESS CONCERN FOR CHILD(REN)'S:

Social life or development

**73%**



Academic development

**71%**



Emotional health or development

**71%**



Cognitive development

**68%**



Physical health/development

**68%**



## PARENTS AGREE THAT:

Disruption to their child's schedule due to the COVID-19 pandemic is stressful for them

**72%**



It feels like the rules around COVID-19 testing change constantly for their child(ren)'s school/daycare

**68%**



Trying to keep up with the rules and regulations for COVID-19 for their child/children's school and activities is difficult

**68%**



# 3 trends in COVID related child and teen mental health



## Successful at home:

Quieter, structure and support of parents, enjoy online learning, not exposed to bullying or social exclusion



## Mildly adversely affected:

Paused academic and social outlets, limited resources for online learning, social/emotional skills paused



## Struggling, adversely affected:

Increasing negative interactions in family, limited structure, lack of parental instruction, internet, safety; job loss, food insecurity



**Children with Autism Spectrum Disorder are at a higher risk of death related to COVID-19 infection.**



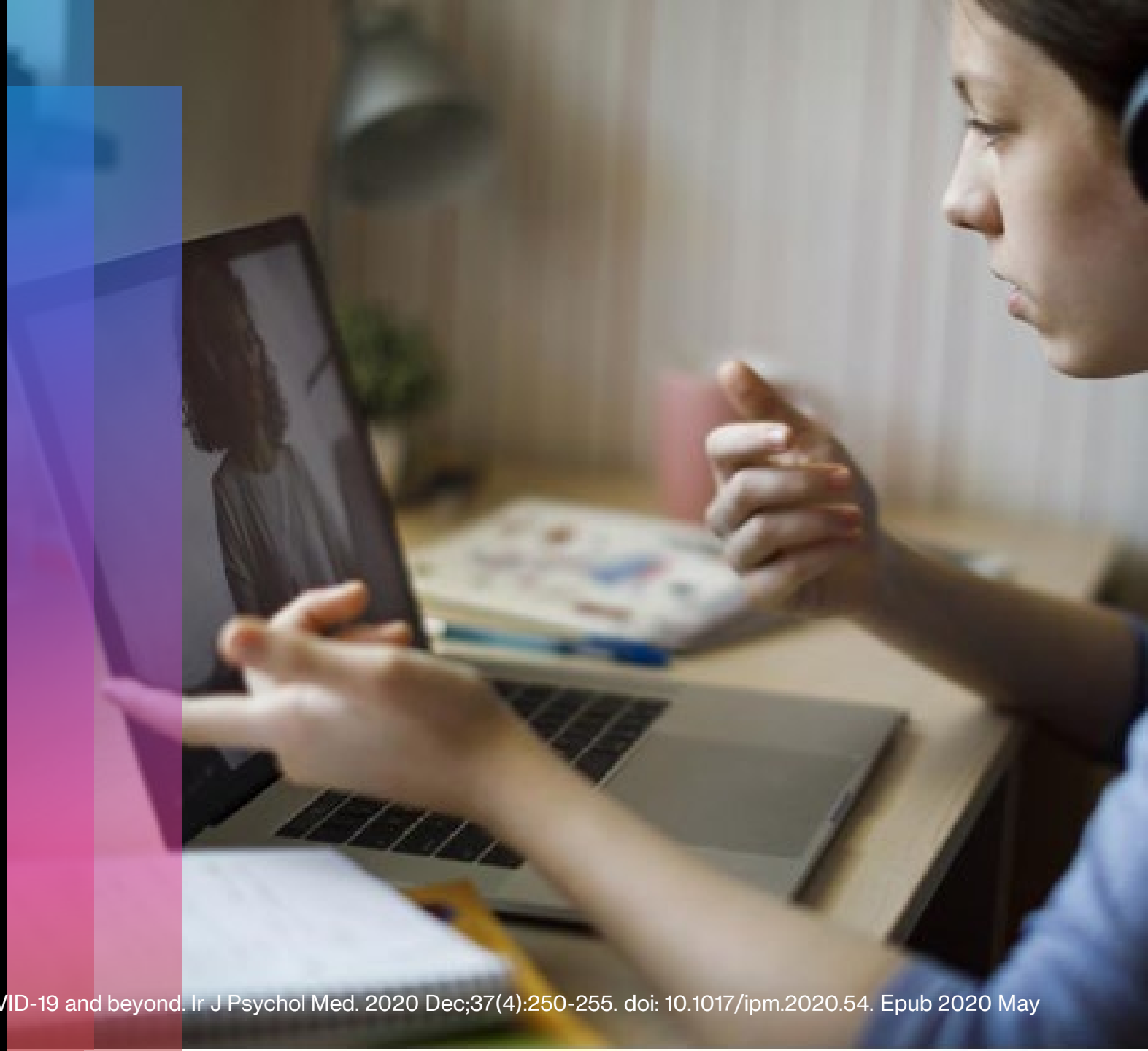
# Children at highest risk of mental health challenges during COVID-19



Ethical and Clinical Considerations During the Coronavirus Era. McGee, Maria E; Edelsohn, Gail A; Keener, Matthew T; Madaan, Vishal; Soda, Takahiro; Bacewicz, Aleksandra; Dell, Mary Lynn J Am Acad Child Adolesc Psychiatry ; 60(3): 332-335, 2021 03

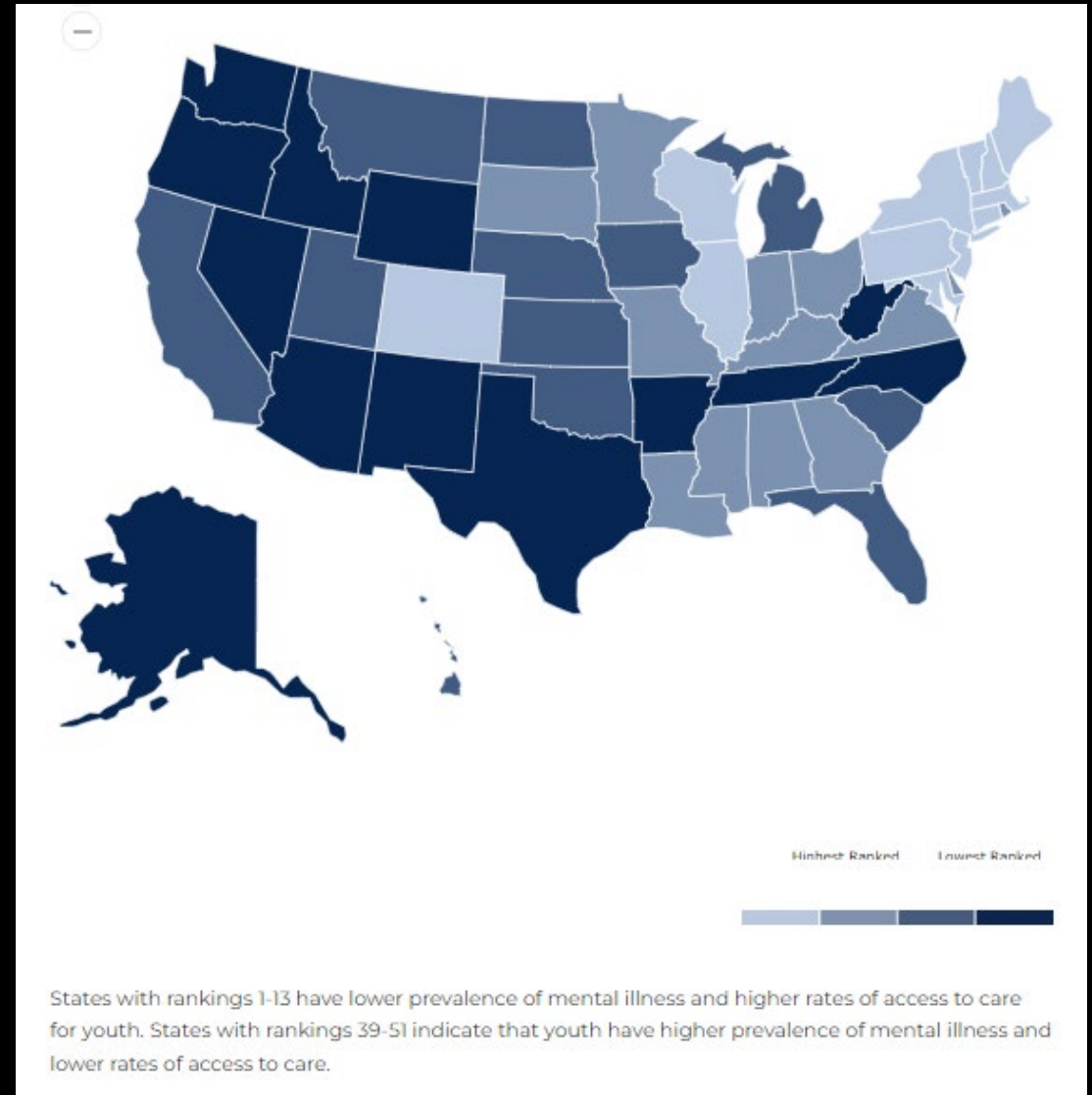
# Reintroducing Telepsychiatry...

- Reduces physical contact/ transmission risk
- Multiple pre-existing rules/laws/reimbursement barriers were waived given the dire need for care
- Licensure across state lines, DEA numbers unnecessary per state, allowed RX controlled substance after one A/V visit
- Allowed to use Facetime, Zoom, Google meets, Messenger ; NO TikTok, snapchat, twitch, etc.



# Why not just wait until we can see kids in person?

- >1 million Americans died of COVID as of July 2022 (1600 children)
- 200,000 children have lost a parent or caregiver
- TN: Ranked 40/50 for pediatric mental healthcare (prevalence of mental illness compared to rates of access to care)



# Why not just wait until we can see kids in person?

- 2020: 6600 suicide completions among 10-24 year olds in US (18 children and/or young adults/day)
- Warning signs of suicidality in youth:
  - **Talk** or Written Words about: Killing Self/Suicide, Hopelessness, No Reason to Live, Being a Burden on Others, Feeling trapped, Unbearable Pain
  - **Behaviors**: Increased use of alcohol or drugs, Withdrawal from usual activities, Searching for way to end life, Isolating from family or friends, Highly worrisome changes in behavior
  - **Mood**: Depression, Anxiety, Loss of interest, Irritability, Humiliation/Shame, Agitation/Anger, Relief/Sudden Improvement



**CRISIS**

**OPPORTUNITY**

## Mental Health of Gen Z

Compared with other generations, Gen Z is least likely to report very good or excellent mental health

Gen Z

45%

Millennials

56%

Gen Xers

51%

Boomers

70%

Older adults

74%

Source: APA. (2018). *Stress in America: Generation Z*

Decreased mental health stigma

Increased mental health awareness

Amplified need for mental health services

More social media conversations

Less time spent with others





- <https://www.tiktok.com/@brainxpproject/video/7079889282101431598>

# Individual opportunities for social media to impact mental health

Facilitate social interaction

Access to peer support network

Promote engagement and retention in services

“Digital phenotyping” – capturing how individuals interact with devices/platforms to study patterns of mental illness and identify optimal time frame for intervention

# Systemic opportunities to impact youth mental health in aftermath of pandemic

Training teachers and school personnel to recognize and address mental health needs in students, incorporation of formal SEL and mental health lessons into curricula

Long-term investments in states' and school systems' mental health workforces and infrastructures

- Students are more likely to receive behavioral health supports if they are offered at school
- <https://sites.ed.gov/backtoschool/landmark2/>

Integrating care for behavioral health needs into pediatric primary care settings

Supporting youth suicide prevention programs to help reduce risks and deliver crisis services.

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**I feel comfortable managing children and teens with mental health issues.**

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# What can primary care providers do?



QUESTION



PERSUADE



REFER

# Question: General Mental Health Screens

## Pediatric Symptom Checklist (Parent or Self >11)

- <https://www.massgeneral.org/assets/mgh/pdf/psychiatry/psc/psc-english.pdf>
- [https://projectteachny.org/wp-content/uploads/2017/09/psc\\_17\\_scoring.pdf](https://projectteachny.org/wp-content/uploads/2017/09/psc_17_scoring.pdf)

## Whole Child Assessment

- <https://lluch.org/sites/lluch.org/files/docs/health-professionals/wca/English-WCAv2-9-11-yr.pdf>

## Strengths and Difficulties Questionnaire

- [https://www.sdqinfo.org/py/sdqinfo/b3.py?language=Englishqz\(USA\)](https://www.sdqinfo.org/py/sdqinfo/b3.py?language=Englishqz(USA))

All screens/surveys are found at:

[https://downloads.aap.org/AAP/PDF/Mental\\_Health\\_Tools\\_for\\_Pediatrics.pdf](https://downloads.aap.org/AAP/PDF/Mental_Health_Tools_for_Pediatrics.pdf)

5. Has the Coronavirus (COVID-19) caused any changes or closings of your

or your child's mental health or other health care providers?

Yes ☐ No ☐

6. If so, do you think the lack of access to care due to Coronavirus (COVID-19) led to you or your child needing to come to this visit today?

Yes ☐ No ☐

7. Did the Coronavirus (COVID-19) delay your or your child's coming to this visit due to fears of getting exposed to Coronavirus (COVID-19)?

Yes ☐ No ☐

8. Has the Coronavirus (COVID-19) affected you or your child in any other ways?

PATIENT

Check all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> Fear of getting infected or family getting sick            | <input type="checkbox"/> Lack of Structure      |
| <input type="checkbox"/> Inability to go places (restaurants, gym, vacations, etc.) | <input type="checkbox"/> Boredom                |
| <input type="checkbox"/> Inability to access food, cleaning or other supplies       | <input type="checkbox"/> Financial concerns     |
| <input type="checkbox"/> More stress due to family members being home more          | <input type="checkbox"/> Inability to socialize |
| <input type="checkbox"/> Needing to provide child care due to school closing        |   |
| <input type="checkbox"/> Other (please describe) _____                              |   |

PARENT/GUARDIAN

Check all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> Fear of getting infected or family getting sick            | <input type="checkbox"/> Lack of Structure      |
| <input type="checkbox"/> Inability to go places (restaurants, gym, vacations, etc.) | <input type="checkbox"/> Boredom                |
| <input type="checkbox"/> Inability to access food, cleaning or other supplies       | <input type="checkbox"/> Financial concerns     |
| <input type="checkbox"/> More stress due to family members being home more          | <input type="checkbox"/> Inability to socialize |
| <input type="checkbox"/> Needing to provide child care due to school closing        |   |
| <input type="checkbox"/> Other (please describe) _____                              |   |

9. Do you anticipate it will be difficult for you or your child to receive follow-up for your current health concern due to Coronavirus (COVID-19)?

Not at all ☐ Somewhat ☐ Yes, definitely ☐

We are aware of the many mental health implications of the current situation involving the Coronavirus. This questionnaire will help us improve clinical care.

If you can fill out the survey please do so, otherwise a parent/guardian should fill out the survey, reflecting the

Date of visit : \_\_\_\_\_

Who is filling out this survey? Choose one: ☐ Patient ☐ Parent/Guardian

1. Is your or your child's reason for seeking care today primarily a:

Medical Concern ☐ Mental Health/Behavioral Concern ☐ Both ☐

2. Do you know anyone personally who has the Coronavirus (COVID-19)?

Yes ☐ No ☐

3. Do you think that the Coronavirus (COVID-19) played a role in your or your child's visit today?

Not at all ☐ Somewhat ☐ Yes, definitely ☐

4. How do you think the Coronavirus (COVID-19) has increased your or your child's symptoms related to this visit?

PATIENT

Check all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> More anxiety                 | <input type="checkbox"/> More aggression                    |
| <input type="checkbox"/> More depression              | <input type="checkbox"/> More family conflict               |
| <input type="checkbox"/> More symptoms of psychosis   | <input type="checkbox"/> More obsessive compulsive symptoms |
| <input type="checkbox"/> More use of substances       | <input type="checkbox"/> More suicidal thoughts or behavior |
| <input type="checkbox"/> More self-injurious behavior | <input type="checkbox"/> It has not increased the symptoms  |
| <input type="checkbox"/> Other (please list) _____    |   |

PARENT/GUARDIAN

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> More anxiety                 | More aggression                    |
| <input type="checkbox"/> More depression              | More family conflict               |
| <input type="checkbox"/> More symptoms of psychosis   | More obsessive compulsive symptoms |
| <input type="checkbox"/> More use of substances       | More suicidal thoughts or behavior |
| <input type="checkbox"/> More self-injurious behavior | It has not increased the symptoms  |
| <input type="checkbox"/> Other (please list) _____    |                                    |

# Question: Depression Screens

- Survey of Wellbeing of Children 0-5 years old  
<https://pediatrics.tuftsmedicalcenter.org/The-Survey-of-Wellbeing-of-Young-Children/Age-Specific-Forms>
- Center for Epidemiological Studies Depression Scale for Children (CESDC)  
[www.brightfutures.org/mentalhealth/pdf/professionals/bridges/ces\\_dc.pdf](http://www.brightfutures.org/mentalhealth/pdf/professionals/bridges/ces_dc.pdf)
- PHQ-9 modified for teens  
[https://www.aacap.org/App\\_Themes/AA-CAP/docs/member\\_resources/toolbox\\_for\\_clinical\\_practice\\_and\\_outcomes/symptoms/GLAD-PC\\_PHQ-9.pdf](https://www.aacap.org/App_Themes/AA-CAP/docs/member_resources/toolbox_for_clinical_practice_and_outcomes/symptoms/GLAD-PC_PHQ-9.pdf)

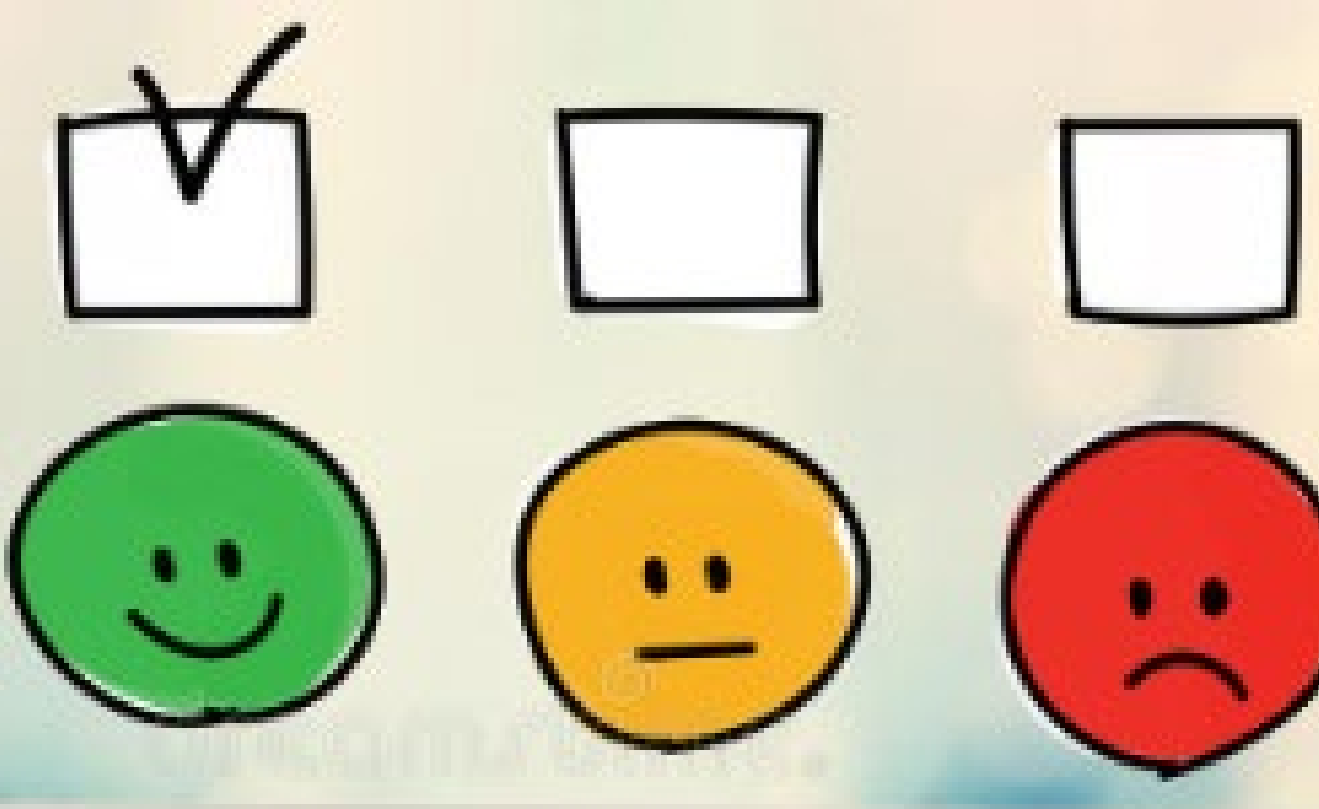






# Question: Anxiety Screens

- Spence Children's Anxiety Scale:  
<https://www.scaswebsite.com/wp-content/uploads/2021/07/scas.pdf>
- Screen for Child Anxiety Related Disorders  
<http://www.midss.org/content/screen-child-anxiety-related-disorders-scared>
- Online GAD-7 screen  
<https://www.mdcalc.com/calc/1727/gad7-general-anxiety-disorder7>

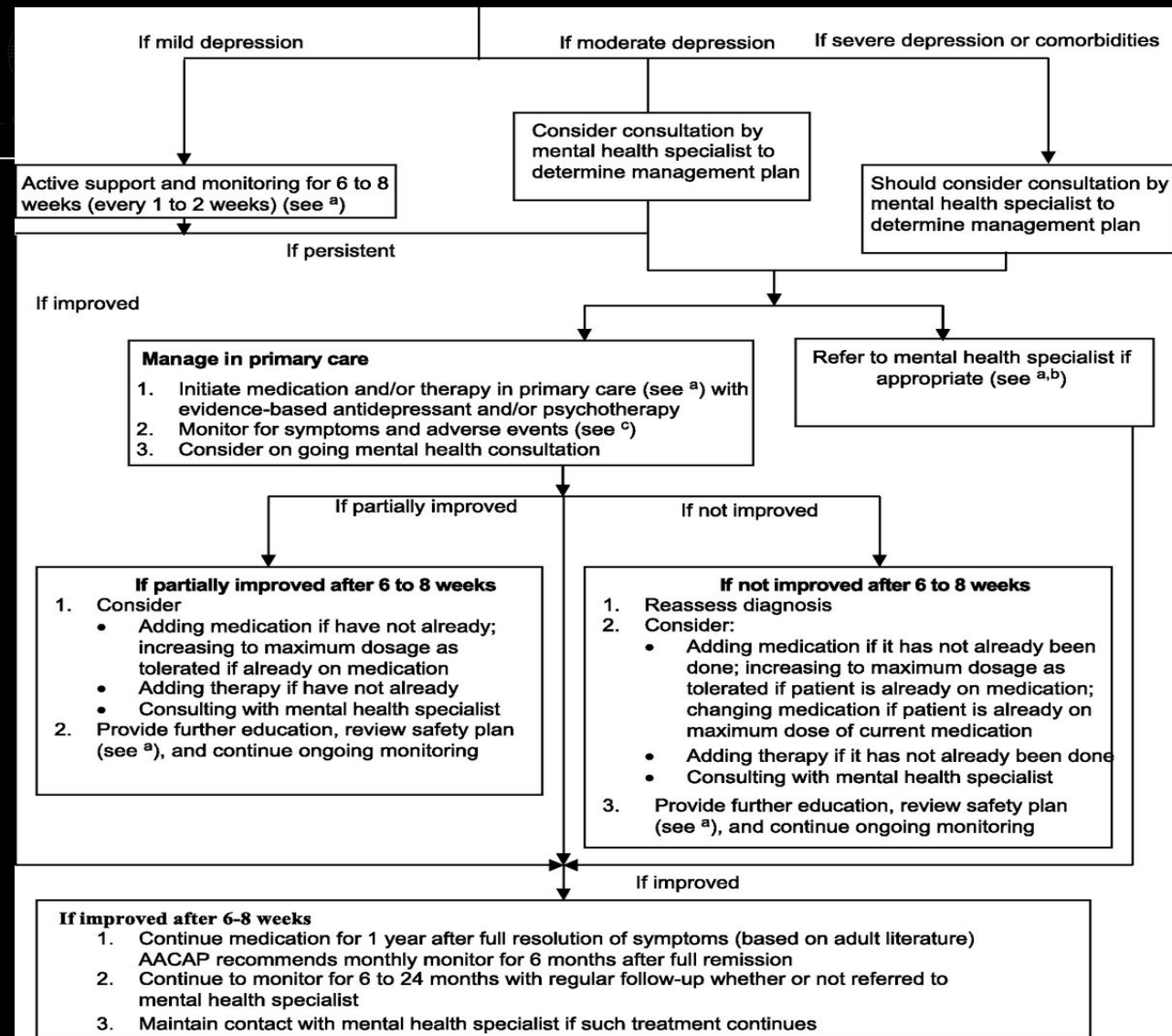


**All screens/  
surveys are  
found at:**

[https://downloads.aap.org/  
AAP/PDF/Mental\\_Health\\_  
Tools\\_for\\_Pediatrics.pdf](https://downloads.aap.org/AAP/PDF/Mental_Health_Tools_for_Pediatrics.pdf)

# Persuade

- Positive screens -> SAFETY FIRST
- More thorough assessment
- Discuss/collaborate with parent/guardian
- Collateral information collection
- Mobilize resources with consent
- Treat or refer?



Clinical management flowchart. <sup>a</sup>Psychoeducation, supportive counseling, facilitate parental and patient self-management, refer for peer support, and regular monitoring of depressive symptoms and suicidality. <sup>b</sup>Negotiate roles and/or responsibilities between PC and mental health and designate case coordination responsibilities. Continue to monitor in PC after referral and maintain contact with mental health. <sup>c</sup>Clinicians should monitor for changes in symptoms and emergence of adverse events, such as increased suicidal ideation, agitation, or induction of mania. For monitoring guidelines, please refer to the guidelines and/or toolkit. AACAP, American Academy of Child and Adolescent Psychiatry.

# Persuade

## Psychotherapy:

**Always recommended if available**

- Cognitive Behavioral Therapy (CBT)
- Interpersonal Therapy – Adolescents (IPT-A)
- Family therapy

## Medication:

**Mod to Severe or therapy unavailable**

- First line: fluoxetine
- Second line: Sertraline (or escitalopram, citalopram or venlafaxine, not paroxetine\*)
- Third line: Alternate MoA: Venlafaxine if not tried above; bupropion (depression only), duloxetine
- TCAs and benzos occasionally used for anxiety
- Stable regimen, 6 months remission minimum then d/c or not...

# Refer

- Current agitation\*
- Suicidal or homicidal ideation or behavior\*
- History of suicide attempt
- Inability of the family to monitor the child's or adolescent's safety\*
- Psychosis\*, bipolar depression\*, comorbidity, recurrent or chronic depressive episodes
- Severe functional impairment\*
- Treatment-resistant depression
- Anytime you, as the PCP, no longer feel comfortable managing

(\* = may require emergent evaluation)

# Objectives completed:

Compare  
and  
contrast

Compare and contrast Gen Z with older generations

Understand

Better understand issues underlying mental illness in Gen Z including those related to the global COVID-19 pandemic

Feel

Feel equipped to help Gen Z patients and their parents/families navigate depression/anxiety (COVID related or unrelated)





# Questions or comments?

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- 423-869-6468



# Sources

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