



STATEMENT OF

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Chairman Wyden, Ranking Member Crapo, members of the committee – I'm Dr. Vivek Murthy. I have the privilege of speaking to you today as Surgeon General of the United States; as vice admiral in the United States Public Health Service Commissioned Corps; and as the father of two young children, who are four and five. They're the reason I'm grateful for this opportunity to speak with you today.

Over the next few years, both of my children will enter an important stage of their education and development, where they'll learn how to build friendships, deal with problems, and lay the foundation of a personal values system. They and millions of their peers will start down the path to adulthood. Each path will be different. All will be filled with challenges along the way.

It's these challenges that I want to talk about today. I'm deeply concerned, as a parent and as a doctor, that the obstacles this generation of young people face are unprecedented, and uniquely hard to navigate. And the impact that's having on their mental health – their emotional, psychological, and social wellbeing – is devastating.

There are a number of long-standing, preventable factors driving this crisis of loneliness and hopelessness.

The recent ubiquity of technology platforms, especially social media platforms, has had harmful effects on many children. Though undoubtedly a benefit to our lives in important ways, these platforms have also exacerbated feelings of isolation and futility for some youth. They've reduced time for positive in-person activities, pitted kids against each other, reinforced negative behaviors like bullying and exclusion, impeded healthy habits, and undermined the safe and supportive environments kids need to thrive.

This increase in social media use has also contributed to a bombardment of messages that undermine this generation's sense of self-worth – messages that tell our kids with greater frequency and volume than ever before that they're not good looking enough, not popular enough, not smart enough, not rich enough.

Meanwhile, progress on the issues that will determine the world they'll inherit, like economic inequality, climate change, racial injustice, LGBTQ rights, the opioid epidemic, and gun violence, feels too slow. It's undermining their sense of long-term safety, security, and opportunity. It's undercutting the fundamental American promise – their hope in the possibility of a better future.

All of these factors affecting youth mental health were true before the COVID-19 pandemic. The pandemic has further exacerbated the stresses young people already faced, and at worst has pushed many to a breaking point. The last two years have dramatically changed young peoples' experiences at home, at school, and in their communities. It's not just the

unfathomable number of deaths, or the instability caused by increased food insecurity, or the loss of healthcare, social services, or housing. It's also the pervasive uncertainty and the nagging sense of fear. It's the isolation from loved ones, friends, and communities at a moment when human support systems are irreplaceable.

At the heart of our youth mental health crisis is a pervasive stigma that tells young people they should be embarrassed if they are struggling with depression, anxiety, stress, or loneliness. It makes a human condition feel inhuman. And it's a reflection of a broader societal perspective that mental health is, at best, the absence of disease, and at worst, a source of shame to be hidden and ignored. This stigma prevents vulnerable kids from seeking help and receiving the long-term recovery supports they need.

I felt that stigma myself, 35 years ago, growing up in Miami as a kid who didn't look the same as the other kids, whose immigrant parents didn't eat the same food or dress the same way other parents did, who didn't live in the biggest house or get picked up after school in a fancy car. And when that led me to feel persistently lonely, isolated and anxious – when it led me to get bullied and called racial slurs by classmates who constantly told me that I didn't belong, I felt a deep sense of shame. Like it was somehow my fault that I was alone and hurting. Like I had nowhere to go and no one, even my unconditionally loving and supportive family, to turn to for help.

A world of shame and stigma, where children can't get the help they need, is not the world I want for my kids, your kids, and kids across our country. But Senators, we are on the verge of beating back one public health crisis in COVID-19, only to see another grow in its place.

In 2019, the year before the pandemic, 1 in 3 high school students reported persistent feelings of sadness or hopelessness, up 40% from a decade prior; 1 in 6 made a suicide plan, a 44% increase over the same 10-year period. From 2011 to 2015, youth psychiatric visits to emergency departments for depression, anxiety, and behavioral challenges increased by 28%. And between 2007 and 2018, suicide rates among youth ages 10-24 increased by 57% -- a total of 65,026 young people lost.

As devastating as these numbers are, the real tragedy is that we are failing to adequately respond to them. Even before the pandemic, we were not doing enough to provide adequate care and treatment options in every community – and COVID has only made this disparity worse. We are not doing enough as a country to build and maintain a sufficient and diverse mental healthcare workforce. We are not doing enough to integrate the mental healthcare system with the rest of the healthcare system, to say nothing of the millions who still lack adequate and affordable insurance coverage. We are not doing enough to provide sufficient access to remote counseling.

And we are not doing enough to prevent, and not just treat, this crisis. Many mental health challenges first emerge early in life – half of all lifetime mental health issues begin by age 14,

and 75% begin by age 24. We are not doing enough to give young people the tools to prevent these challenges during a critical period of development, and the long-term impact is incalculable.

As a result, the average delay between the onset of mental health symptoms and treatment is 11 years – 11 long, isolating, confusing, and painful years.

We have the opportunity and the responsibility to make change happen now. Late last year, I released my Surgeon General's Advisory, which outlines the policy, institutional, and individual changes it will take to reframe how we view, prioritize, treat, and prevent mental health challenges.

Out of the many recommendations in the advisory, I'd like to highlight four today:

First, ensuring that every child has access to high-quality, affordable, and culturally competent mental health care. To do this, we must make sure that children are enrolled in health coverage – far too many children in our country are eligible for coverage under Medicaid and the Children's Health Insurance Program, but aren't enrolled. We need to do better here. We also need to expand our mental health workforce, from clinical psychologists, school counselors, and psychiatrists, to recovery coaches and peer specialists. We have too few providers to meet the growing demand. And we need to make sure care is delivered at the right place and time, whether that's in health care settings like primary care practices, or community-based settings like schools, and whether it's in-person or through telehealth. We know states and school districts are already using funds from the American Rescue Plan Elementary and Secondary Education Emergency Relief Fund to provide more counselors, other mental health providers, and nurses in schools. Those funds are available now to help meet our young peoples' critical mental health needs.

Second, focusing on prevention, by investing in school and community-based programs that have been shown to improve the mental health and emotional well-being of children at low cost and high benefit. Every dollar we spend on prevention is a dollar we won't have to spend on treatment – in fact, one study estimated that investment in early prevention offered a four-fold return down the line. These programs give kids tools to manage their emotions in healthy ways, build supportive relationships, and get help when they need it. They support families, teaching parents how to recognize challenges as they emerge, find available resources, and offer support and care.

We've seen the extraordinary potential of certain strategies and programs – Project AWARE, Beyond Differences, and Family Check-Up, for example. We need to invest in scaling these programs across the country. And that must go hand-in-hand with continuing to address the systemic economic and social barriers, like safety, housing, food and economic insecurity, that contribute to and create the conditions for poor mental health for young people, families, and caregivers.

Third, we need to better understand the impact that technology and social media has on mental health. At a minimum, if technology companies are going to continue to conduct a massive, national experiment on our kids, then public health experts and the public at large must be the ones to analyze the data, to draw the conclusions, and draft the recommendations – not the companies alone. That’s how we give parents and caregivers the ability to make informed choices about their kids’ use of technology. We should also act to ensure that these platforms are built to help and not harm the mental health of our youth, and are designed in an age appropriate way, with the health and wellbeing of all users, especially younger users, coming before profit and scale. Other countries, like the UK and Australia, are already taking innovative steps to protect their children, and so should the United States.

The final recommendation concerns individual and community engagement – the role we each have to play in overcoming the stigma associated with seeking help. No child should feel ashamed of their hurt, confusion, or isolation, and no one should feel too ashamed to ask for help.

If we don’t keep working towards a culture that normalizes and promotes mental health care, that celebrates and finds hope in stories of people seeking help, getting treatment, and successfully recovering, then the consequences of our inattention and neglect will continue to ripple across generation, class, and geography. It’s something we each, as parents, siblings, teachers, friends, and leaders, have the power to start changing today, by choosing to reach out to the kids in our lives, by letting them know that they are not alone in their struggles, and by sharing our own stories.

I look forward to discussing these recommendations and possibilities with you today. Mitigating this crisis is possible, but it will take a bipartisan, all-of-society coalition of young people and their families, schools and healthcare systems, technology and media companies, employers, community organizations, and governments alike. I thank you for recognizing this, and for your shared commitment to action.

Our obligation to act is not just medical – it’s moral. It’s not only about saving lives. It’s about listening to our kids, who are concerned about the state of the world they’re set to inherit, and it’s about our opportunity to rebuild the world we want to give them. A world that fundamentally refocuses our priorities on people and community, and builds a culture of kindness, inclusion, and respect.

My job as Surgeon General is to help lay the foundation for a healthier nation. That foundation isn’t just built by putting warning labels on cigarette packs. It’s built by focusing our attention on our nation’s most pressing public health concerns, and by fostering connection, community, and resilience. A house where people are isolated; where they feel left behind economically, socially, and professionally; where they feel unsafe; and where they feel like they don’t matter, is a house that cannot stand.

But I believe that, if we seize this moment, and step up for children and families in their moment of need, we can lay that foundation now. Throughout our history, progress has been born in the wake of tragedy. I'm eager to partner with you to make it happen again.

Thank you for having me, and for giving this critical issue the attention it needs and deserves.