

KIDS CAN'T WAIT

Children's mental health requires targeted federal solutions.

America is facing a children's mental and behavioral health crisis—and federal policy has not kept pace. Demand for care remains high, yet too many children and adolescents are unable to access timely, appropriate mental and behavioral health services, regardless of whether they are covered by public or private insurance. Persistent shortages in the pediatric mental and behavioral health workforce, combined with gaps in insurance coverage, continue to put care out of reach for families across the country.

Children cannot wait for incremental solutions. Policymakers must act to ensure children have access to a full continuum of mental and behavioral health services that are developmentally appropriate, delivered in the right setting, and affordable for families.

INVEST IN MENTAL HEALTH CARE FOR CHILDREN

To address the crisis in children's mental health, Congress should prioritize policies that would:

- **Strengthen** mental health investment in Medicaid and workforce development.
- **Expand** youth-focused mental health crisis services and suicide prevention.
- **Invest** in community-based systems of care.
- **Permanently extend** and enhance telehealth flexibilities.
- **Bolster** services for children with higher acuity mental health conditions.
- **Improve** implementation of the mental health parity law.

THIS INCLUDES:

Enacting H.R. 1735 / S. 779, the **Early Action and Responsiveness Lifts Youth (EARLY) Minds Act**, bipartisan legislation that will enable states to use a portion of Community Mental Health Services Block Grant funds for prevention and early intervention services for children and adults.



In 2025, children's hospitals' mental health ED cases (ages 3-18) were 50.7% higher than in 2016.⁵



~55%

of children across the country face difficulties obtaining needed mental health care.¹

>1M

youth with private insurance do not have coverage for mental health treatment.²

20%

of high school students reported seriously contemplating suicide.³

9%

of high school students—nearly 1 in 10—reported they had attempted suicide.³

>4M

children covered by Medicaid/CHIP were treated for mental health conditions in 2023.⁴

1. Child and Adolescent Health Measurement Initiative. "Interactive Data Query: National Survey of Children's Health (2023-2024)," Data Resource Center for Child and Adolescent Health, U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), and Maternal and Child Health Bureau (MCHB). Note: Indicator 4.4a from this source was used to calculate the percentage of children (age 3-17 years) who have difficulties obtaining needed mental health treatment or counseling by using the indicator value provided for "did not have difficulty %" and subtracting it from 100%. 2. "The State of Mental Health in America 2025," Mental Health America, October 2025. 3. "Youth Risk Behavior Survey Data Summary & Trends Report: 2013-2023," U.S. Centers for Disease Control and Prevention, August 2024. 4. "T-MHSIS Behavioral Health (BH) Data Book: Treatment of BH Conditions in Medicaid and the Children's Health Insurance Program, 2023," Table A.10. Number and percentage of Medicaid and CHIP beneficiaries treated for a MH condition in 2023, by major enrollment category, U.S. Department of Health and Human Services, December 2025. 5. Data Source: Pediatric Health Information System (PHIS), Data Year 2016-2025. Participating hospitals in PHIS are the largest and most advanced children's hospitals in America, and constitute the most demanding standards of pediatric care in America. Note: n = 43 children's hospitals included in this analysis.