

Health of Boston 2024: Youth Mental Health

Center for Behavioral Health & Wellness

March 24th, 2026



Boston Public Health Commission Mission Statement

To work in partnership with communities to protect and promote the health and well-being of all Boston residents, especially those impacted by racism and systemic inequities.



Live Long & Well

Boston's population health equity agenda to improve life expectancy and reduce racial and ethnic disparities

- Focuses on root causes of inequity:
 - racism
 - social determinants: housing, income, and access to care
- Targets leading drivers of premature death
- Promotes health across the lifespan
 - including mental/behavioral health
- Aligns policy, funding, and cross-sector partnerships

Live Long & Well

Boston's population health equity agenda to improve life expectancy and reduce racial and ethnic disparities

- Mental and Behavioral Health is a strategic initiative
- To improve mental, emotional, and behavioral health, the City approved the creation of a new office within Boston Public Health Commission:

**CENTER FOR
BEHAVIORAL
HEALTH AND
WELLNESS**



Center for Behavioral Health and Wellness

We are working to create a fair, just, and equitable behavioral health system in Boston, with a strong focus on youth.

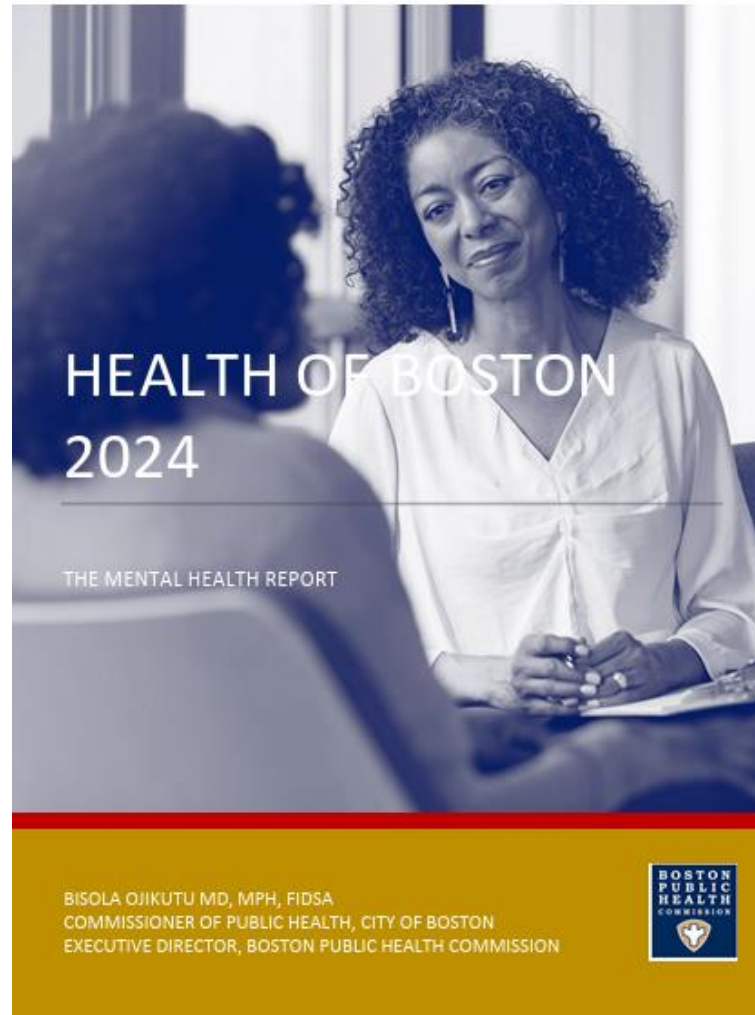
Our goals are to improve mental and behavioral health outcomes, particularly for those affected by racism and systemic inequities.

The Center for Behavioral Health and Wellness (CBHW) envisions a community where everyone feels supported and can thrive.

We are addressing youth mental health with an equity-based approach:

- Build a diverse, culturally responsive, trauma-informed behavioral health workforce
 - Reduce stigma, increase awareness, and address barriers to care for youth
- Expand training and partnerships to strengthen youth behavioral health across Boston

Health of Boston 2024: The Mental Health Report



Health of Boston 2024: The Mental Health Report – Youth Data

What is it?

Provides topic-specific surveillance data on the mental health of Boston residents, with a focus on youth and adults.

Who is it for?

- Residents
- Community advocates
- Medical professionals
- Public health experts
- Policymakers

This Presentation

Focuses on Youth

- Persistent sadness
- Suicide-related indicators
- MH ED visits
- School support

Methods

Data

Youth Risk Behavior Survey (YRBS)

Partnership between the CDC and BPS

- **Survey Years:** 2015, 2017, 2019, 2021
 - 2023 data is now available [here](#).
- **Population:** Boston public high school students
- **Sampling:** Random sample surveys, weighted to represent full Boston public high school population
- Data analyzed by **BPHC PHSI**

Acute Hospital Case Mix Database, Massachusetts Center for Health Information and Analysis

- **Survey Years:** 2017, 2018, 2019, 2020, 2021
- **Population:** ED visits by Boston residents

Analytical Approach

- Logistic regression used to compare demographic groups ($p < 0.05$)
- White students and male students used as reference groups for comparisons

To Note: LGBTQ+ data from 2021 only (due to survey question format change). Transgender data not presented due to sample limitations.

Other Considerations: Culture

- Mental health experiences and expressions vary widely across cultural, racial, and community contexts
- Standard U.S./Western frameworks may not fully resonate or align with community experiences
- Bias, discrimination, and inequities in access influence both findings and care outcomes
- Findings should be interpreted with cultural awareness, especially in a diverse city like Boston

Other Considerations: COVID-19

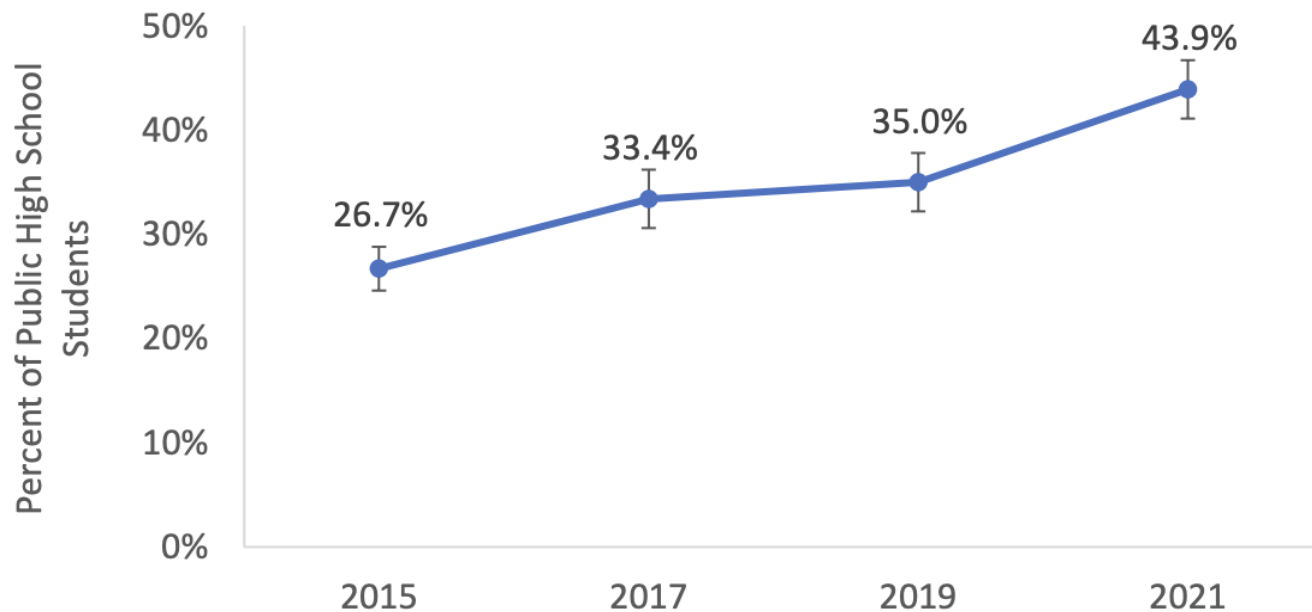
Factors like isolation, reduced school-based support, altered family circumstances, and losing a loved one contributed to heightened mental health issues among youth.

In 2021,

- **37%** of high school students felt their mental health deteriorated during the Pandemic (Adolescent Behaviors and Experiences Survey)
- **5%** increase in students that felt consistently sad or hopeless compared to 2019 data (Youth Risk Behavior Survey)

Persistent sadness is rising among youth

Figure 1. Persistent Sadness Among Boston Public High School Students by Year, 2015, 2017, 2019, 2021

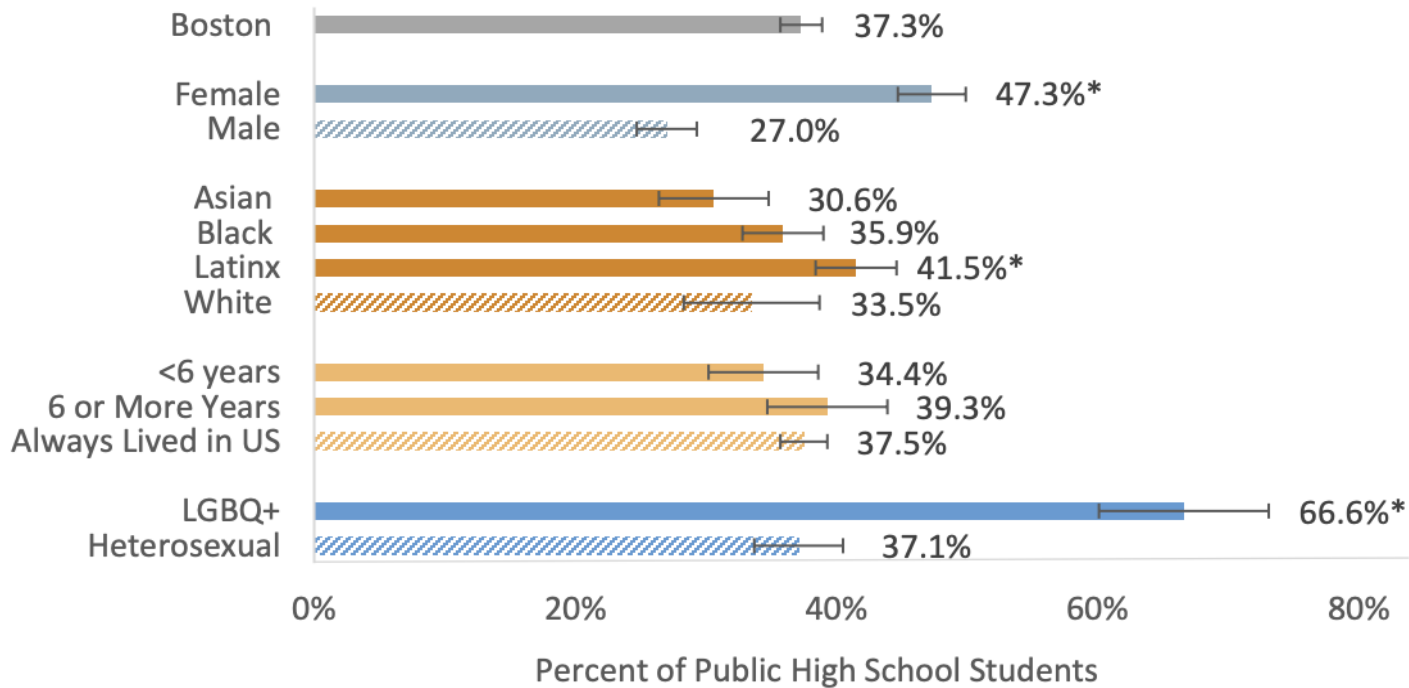


+64% increase
comparing
2015 to 2021



Persistent sadness: Who is most impacted?

Figure 2. Persistent Sadness Among Boston Public High School Students by Selected Demographics, 2017, 2019, 2021 Combined



*statistically significantly higher than reference group

LGBQ+ students

66.6% vs. 37.1%
heterosexual peers

Latinx students

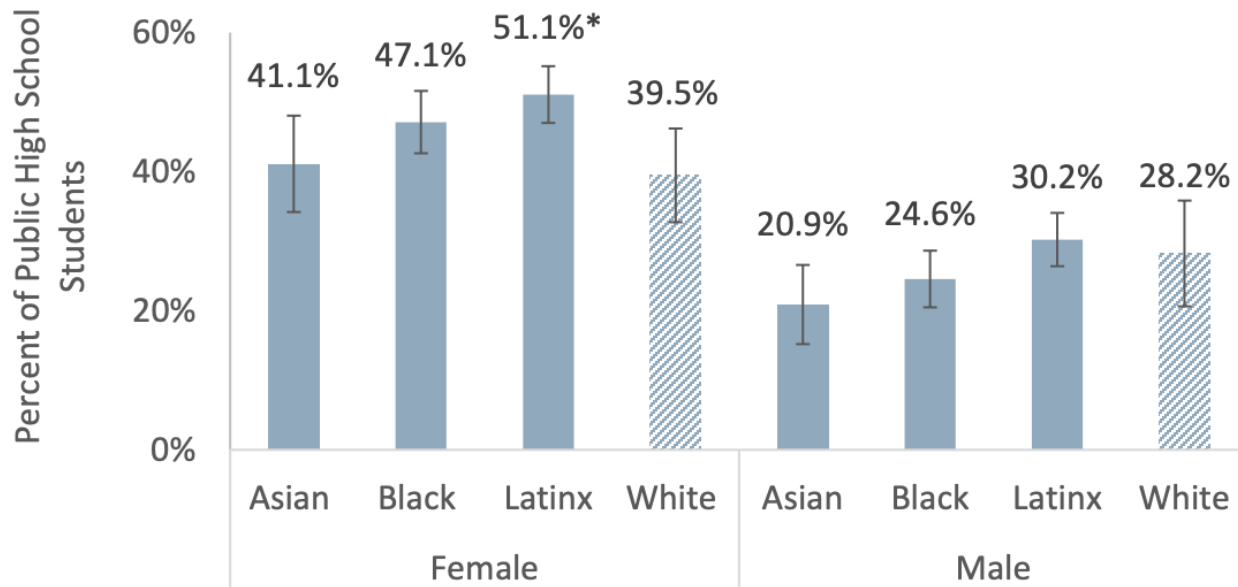
41.5% vs. 33.5% White
peers

Female students

47.3% vs 27% male peers

Persistent sadness: Who is most impacted?

Figure 3. Persistent Sadness Among Boston Public High School Students by Sex and Race/Ethnicity, 2017, 2019, 2021 Combined



*statistically significantly higher than reference group

Latinx female students experience higher rates of persistent sadness.

No significant racial/ethnic differences among male students.

Suicide Related Indicators

Table 1. Suicide-Related Indicators Among Boston Public High School Students by Year, 2015, 2017, 2019, 2021

Suicide-Related Indicators	2015	2017	2019	2021	Trend
Felt sad or hopeless for 2+ weeks	26.7% (24.6-28.7)	33.4% (30.6-36.2)	35.0% (32.2-37.8)	43.9% (41.2-46.7)	↑
Purposely hurt self	14.4% (12.6-16.3)	16.3% (14.6-18.1)	15.4% (13.3-17.4)	19.1% (16.7-21.4)	↑
Considered suicide	11.0% (9.1-12.8)	11.9% (10.1-13.6)	15.6% (13.4-17.7)	15.6% (13.5-17.8)	↑
Planned suicide	9.7% (8.0-11.4)	10.1% (8.6-11.5)	12.7% (10.4-14.9)	14.1% (12.1-16.1)	↑
Attempted suicide	8.1% (6.6-9.7)	5.6% (4.4-6.8)	9.3% (7.4-11.1)	7.0% (5.6-8.5)	No significant change
Treated by doctor following suicide attempt	2.4% (1.6-3.2)	1.7% (1.0-2.3)	3.2% (1.9-4.4)	2.1% (1.3-3.0)	No significant change

4 of 6 indicators increased from 2015–2021

Attempted suicide rate remained stable, but ideation, planning, and self-harm all rose.

Latinx youth
higher persistent sadness vs
 White peers

Black & Latinx youth
higher suicide attempts vs
 White peers

Female youth
 ~2x higher across
all indicators vs male peers

LGBQ+ youth
 ~3-5x higher across
all indicators vs heterosexual
 peers

Suicide Related Indicators: Who is most impacted?

Table 2. Suicide-Related Indicators Among Boston Public High School Students by Selected Demographics, 2017, 2019, 2021 Combined

Suicide-Related Indicators	Boston	Sex		Race/Ethnicity				Sexual Identity		Years in the US		
		Female	Male	Asian	Black	Latinx	White	LGBQ+	Heterosexual	<6 years	6+ years	Always lived in the US
Felt sad or hopeless for 2+ weeks	37.3% (35.7-39.0)	47.3% (44.7-49.8)	27.0% (24.7-29.3)	30.6% (26.4-34.7)	35.9% (32.8-39.0)	41.5% (38.4-44.5)	33.5% (28.3-38.7)	66.6% (60.1-73.1)	37.1% (33.7-40.6)	34.4% (30.2-38.5)	39.3% (34.7-43.9)	37.5% (35.7-39.4)
Purposely hurt self	16.9% (15.7-18.1)	21.9% (20.0-23.8)	11.3% (9.5-13.0)	15.8% (12.7-18.8)	13.8% (11.6-16.1)	19.1% (16.9-21.2)	16.5% (13.0-20.0)	38.3% (32.7-43.9)	12.3% (10.0-14.5)	15.0% (11.6-18.3)	15.5% (12.1-18.9)	17.6% (16.1-19.0)
Considered suicide	14.3% (13.1-15.5)	18.9% (17.1-20.7)	9.3% (7.8-10.8)	14.6% (11.8-17.5)	14.3% (11.9-16.6)	14.0% (12.1-15.9)	14.0% (10.5-17.5)	31.4% (25.9-36.8)	10.6 (8.3-12.9)	12.5% (9.7-15.3)	15.2% (12.1-18.4)	14.4% (13.1-15.8)
Planned suicide	12.2% (11.1-13.3)	16.5% (14.8-18.3)	7.4% (6.1-8.8)	11.4% (8.4-14.3)	12.8% (10.7-14.8)	12.3% (10.6-14.1)	10.6% (7.7-13.4)	29.3% (24.0-34.6)	8.9% (6.7-11.1)	11.2% (8.3-14.2)	14.3% (11.2-17.3)	12.0% (10.6-13.3)
Attempted suicide	7.3% (6.4-8.1)	8.6% (7.2-10.0)	5.4% (4.1-6.6)	4.8% (2.7-7.0)	6.7% (5.1-8.4)	8.8% (7.2-10.4)	3.5% (1.5-5.5)	16.2% (12.4-20.0)	3.4% (1.8-4.9)	7.9% (4.9-10.8)	9.0% (5.9-12.0)	6.7% (5.7-7.6)
Treated by doctor following suicide attempt	2.3% (1.8-2.9)	2.6% (1.7-3.5)	1.9% (1.1-2.6)	n<5	1.6% (0.8-2.5)	3.2% (2.2-4.3)	2.2% (0.5-3.9)	4.8% (2.4-7.2)	1.0% (0.3-1.7)	3.4% (1.5-5.3)	4.0% (1.8-6.1)	1.7% (1.2-2.3)

Purple shading = statistically significantly **higher** than reference group

Suicide Related Indicators: Who is most impacted?

Table 3. Suicide-Related Indicators Among Boston Public High School Students by Sex and Race/Ethnicity, 2017, 2019, 2021 Combined

Suicide-Related Indicators	Boston	Females				Males			
		Asian	Black	Latinx	White	Asian	Black	Latinx	White
Felt sad or hopeless for 2+ weeks	37.3% (35.7-39.0)	41.1% (34.2-48.1)	47.1% (42.6-51.6)	51.1% (47.0-55.2)	39.5% (32.7-46.2)	20.9% (15.2-26.6)	24.6% (20.5-28.6)	30.2% (26.4-34.1)	28.2% (20.6-35.8)
Purposely hurt self	16.9% (15.7-18.1)	20.5% (15.6-25.4)	18.1% (14.3-21.9)	24.3% (21.0-27.6)	23.2% (17.3-29.2)	11.5% (7.0-16.0)	9.3% (6.6-11.9)	12.6% (9.8-15.3)	10.4% (6.4-14.3)
Considered suicide	14.3% (13.1-15.5)	18.6% (13.9-23.4)	20.4% (16.5-24.2)	17.6% (14.7-20.5)	16.8% (11.1-22.6)	11.0% (6.8-15.3)	8.4% (5.8-10.9)	9.1% (6.9-11.4)	11.6% (6.7-16.5)
Planned suicide	12.2% (11.1-13.3)	13.5% (8.5-18.4)	19.7% (16.2-23.2)	14.9% (12.3-17.5)	15.7% (10.9-20.6)	9.4% (5.9-12.9)	5.7% (3.6-7.8)	8.6% (6.5-10.7)	6.1% (2.3-9.9)
Attempted suicide	7.3% (6.4-8.1)	4.5% (1.9-7.1)	8.4% (5.7-11.0)	9.7% (7.3-12.1)	6.0% (2.3-9.7)	5.0% (1.5-8.7)	5.0% (2.8-7.0)	7.0% (4.5-9.1)	n<5
Treated by doctor following suicide attempt	2.3% (1.8-2.9)	n<5	1.3% (0.2-2.3)	3.5% (1.9-5.0)	5.0% (1.1-8.0)	n<5	2.0% (0.6-3.4)	2.6% (1.1-4.0)	n<5

Purple shading = statistically significantly **higher** than reference group
 Yellow shading = statistically significantly **lower** than reference group

Latinx females
higher rates of persistent sadness vs White females

Black females
lower rates of being treated by a doctor following a suicide attempt vs White females

Mental Health Emergency Department Visits

Table 14. Mental Health Emergency Department Visits† Among Ages 0-18, by Condition, 2021

	Boston Overall	Asian	Black	Latinx	White	Female	Male
Any Mental Health Related Visit	169.4	75.3	252.2	166.9	109.0	180.6	157.7
Individual Conditions:							
Anxiety Disorders	43.3	31.5	58.3	36.3	36.7	57.0	29.0
Depressive Disorders	56.9	39.7	80.4	52.2	44.2	80.0	33.0
PTSD and Trauma-Related Disorders	34.0	n<11	63.6	29.7	19.5	37.1	30.8
Attention Deficit Hyperactivity Disorder (ADHD)	66.1	n<11	100.6	68.8	40.6	48.7	84.1
Disruptive Behavioral and Impulse-Control Disorders	30.2	n<11	58.7	25.3	14.5	27.1	33.4

Purple shading = statistically significantly **higher** than reference group
 Yellow shading = statistically significantly **lower** than reference group

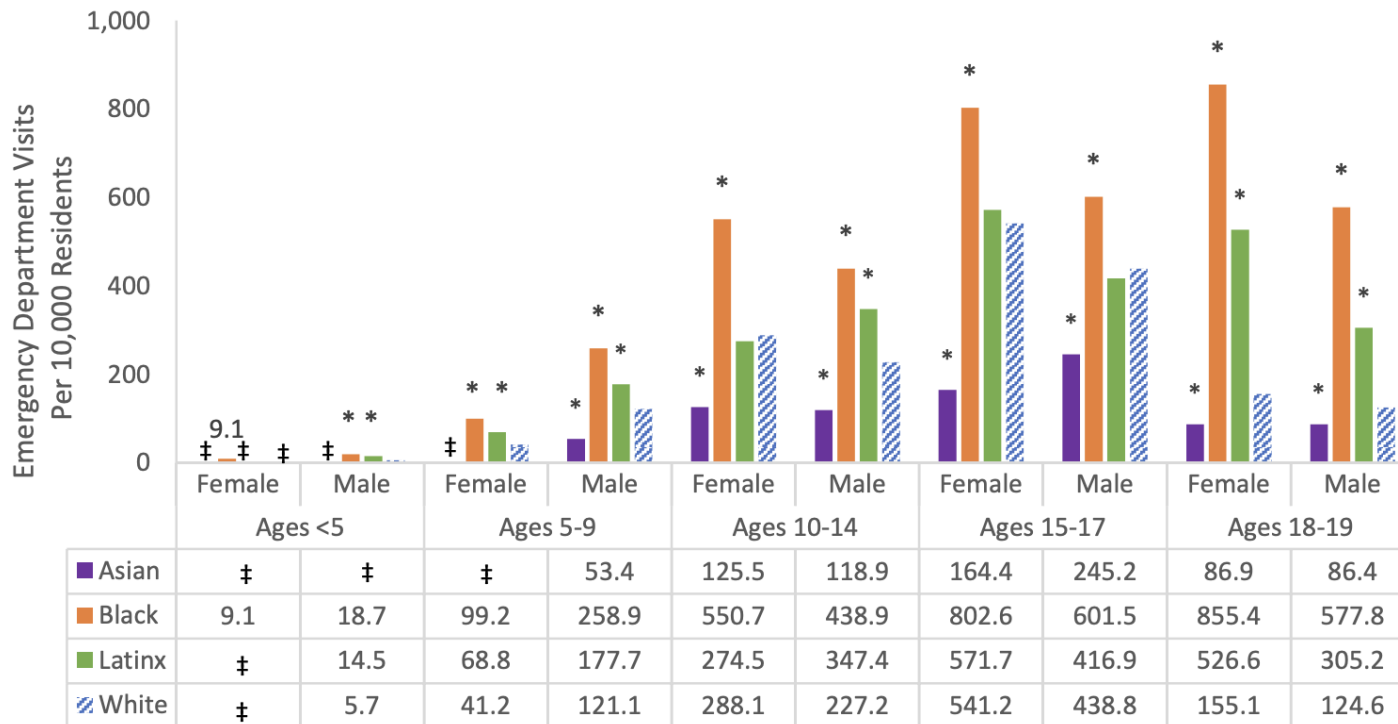
Black and **Latinx** youth experience higher rates of mental health ED visits

Asian youth experience lower rates of mental health ED visits



Mental Health Emergency Department Visits

Figure 32. Youth and Adolescent Mental Health Emergency Department Visits† by Age, Sex, and Race/Ethnicity, 2017 to 2021 Combined

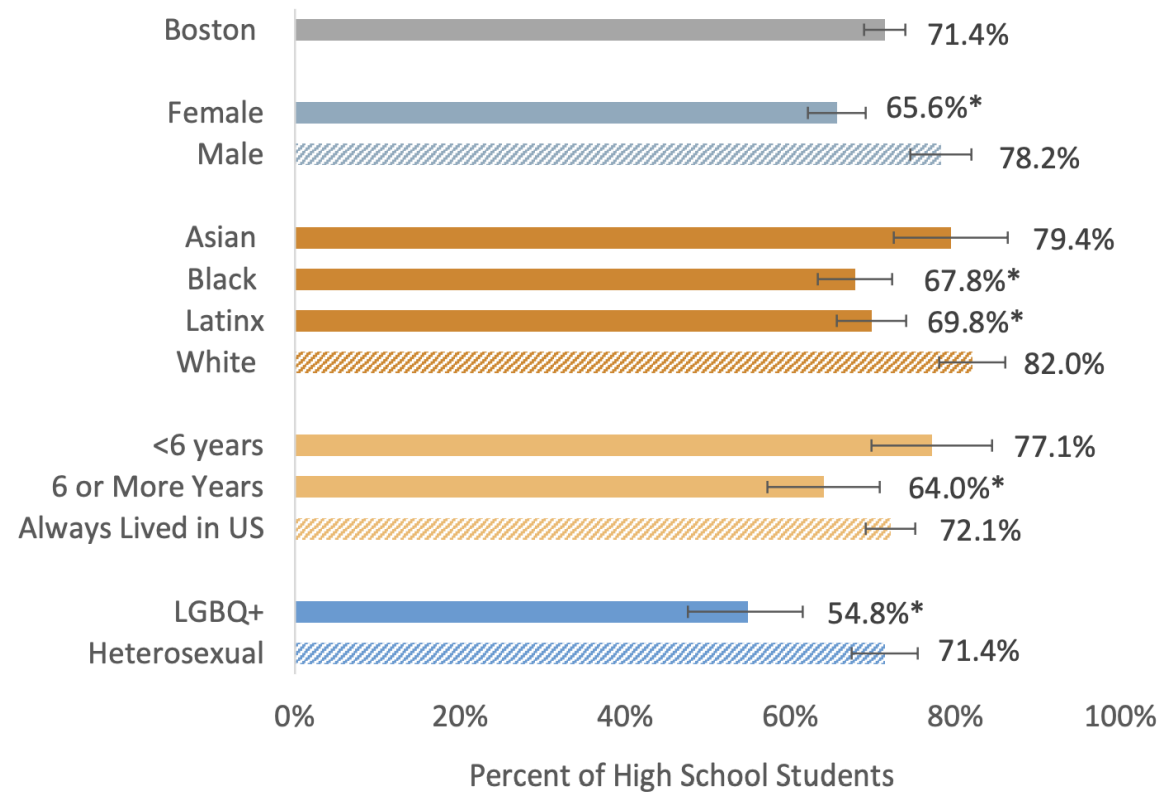


*statistically significantly higher than reference group

Across all ages and genders, **Black** youth consistently have the highest rates of ED visits, between 43%–220% greater than White peers

School Connectedness: A Protective Factor

Figure 15. Boston Public High School Students Who Feel Close to People at School by Selected Demographics, 2019 and 2021 Combined



*statistically significantly higher than reference group

LGBTQ+ students
54.8% vs. 71.4% heterosexual
peers

Female students
65.6% vs 78.2% male peers

Black students
67.8% vs 82.0% White peers

Latinx students
69.8% vs. 82.0% White peers

Do youth get help when they need it?

In 2021, only **43%** of Boston high school students received needed help when feeling sad, empty, hopeless or angry

- Youth that have lived **less than 6 years** in the U.S. experience higher rates of receiving needed help
- No significant differences by sex, race, or LGBTQ+ identity

Recent policies target **LGBTQ+**, and **racially/ethnically marginalized youth**, impacting their mental health.

Policy Implications



AAP leaders: Children are bearing consequences of immigration enforcement actions

November 19, 2025
Steve Schering, Staff Writer

<https://publications.aap.org/aapnews/news/33814/AAP-leaders-Children-are-bearing-consequences-of?autologincheck=redirected>

262,700

trans youth live in states that restrict pronoun use at school

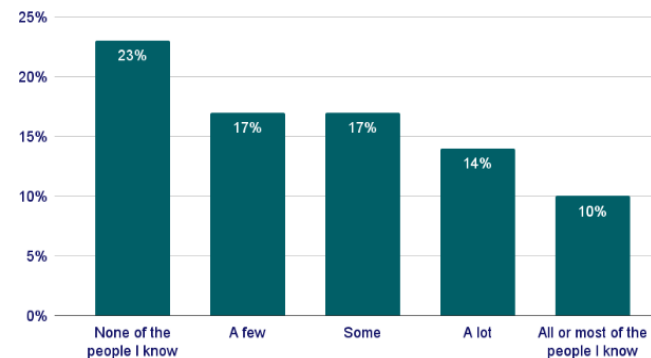
33%

of trans youth in the US live in these states

<https://williamsinstitute.la.wucla.edu/publications/anti-trans-legislation-youth/>

Rate of Past-year Suicide Attempt by Level of Pronoun Respect Among TGNB Young People

The rate of suicide attempts in the past year decreased by the level of pronoun respect received.



<https://www.thetrevorproject.org/research-briefs/pronoun-usage-and-mental-health-impacts-of-pronoun-respect-in-tgnb-young-people/>

Key Takeaways: Youth Mental Health

Youth mental health is getting worse.

- Persistent sadness and suicide-related indicators increased from 2015–2021

Inequities are seen across **all topic areas** in the report.

- **LGBQ+, Black, Latinx, and Female** youth face the highest burden of mental health challenges

Racial disparities in ED visits may reflect gaps in access to timely, preventive mental health care.

Unequal school connectedness were linked to worse mental health outcomes, widening disparities.

Many youth don't receive help when they need it.

- Seeking care needs to be more accessible and less stigmatized.

Mental Health Resources in Massachusetts

988 Suicide & Crisis Lifeline

Call/Text: 988

Free, 24/7, confidential. Trained crisis counselors for anyone in emotional distress or suicidal thoughts.

Behavioral Health Help Line

Call/Text: 833-773-2445

Free, 24/7, 365 days/year. Multilingual support (200+ languages). Mental health assessments, crisis services, and more.

MA Substance Use Helpline

1-800-327-5050

Free, confidential statewide resource for substance use treatment, recovery, and problem gambling.

Mayor's Health Line

617-534-5050

Free, multilingual, confidential. Helps Boston residents access health services regardless of immigration status.

CBHW Youth Mental Health Resources

Heads Up Boston Youth Resources

City-wide campaign to destigmatize mental health among youth in Boston



FOR ME ↗

Get a heads up

Worried about yourself? Click for tips to get the convo going.

FOR MY FRIENDS ↗

Give a heads up

Worried about a friend? Click for tips to get the convo going.

LGBTQ+ Mental Health Resources

Please scan the QR code to view resources supporting LGBTQ+ mental health and wellness including crisis/help lines as well as Boston-based, culturally responsive, youth and parent/caregiver LGBTQ+ resources.

Link: bit.ly/LGBTQmentalhealthresources

This is a compilation of publicly available resources and not an endorsement by BPHC of the organizations or the services they provide.





THANK YOU!

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City Mental, Emotional, and Behavioral Health Resources:

