

# Youth Mental Health Crisis: Economic Impacts and HEOR Opportunities

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## INTRODUCTION/BACKGROUND

The increasing prevalence of mental health diagnoses among youth, particularly post-pandemic, as highlighted by the U.S. Surgeon General’s advisory on youth mental health in 2021, has created a substantial economic burden on healthcare, manifesting in direct and indirect costs. Disparities in access to mental health care, notably tele-mental health services, exacerbate these challenges by contributing to delayed or fragmented care.

This research aims to explore whether integrating individual-level real-world data (RWD) from de-identified medical claims enables the identification of targeted, patient-centered interventions that minimize disparities in treatment access, optimize resource utilization and improve clinical outcomes.

## METHODS

Quantitative analyses were conducted using approximately one billion de-identified patient-level medical claims between 2019 and 2023. The study sample was categorized by mental health conditions, derived from relevant procedure and diagnosis codes. We analyzed trends across diagnosis, age and service location, examining variance across conditions such as gender identity disorders, eating disorders, anxiety, phobic disorders and developmental disabilities.

## RESULTS

Among all age groups, mental health diagnoses with the largest percentage increase in claims included stress (86%), developmental disabilities (75%), anxiety (72%) and depression (52%). Mental health diagnoses with the largest percentage increase in claims among children under 18 included gender identity disorders (152%), eating disorders (131%), phobic disorders (98%), anxiety (82%) and developmental disabilities (77%).

## VIRTUAL VS IN-OFFICE MENTAL HEALTH CLAIMS

**Virtual claims are leveling off**

CLAIMS JUMPED  
**9500%**  
from 2019 to 2023

CLAIMS INCREASED  
**3%**  
from 2022 to 2023

CLAIMS FELL  
**14%** among children  
from 2022 to 2023

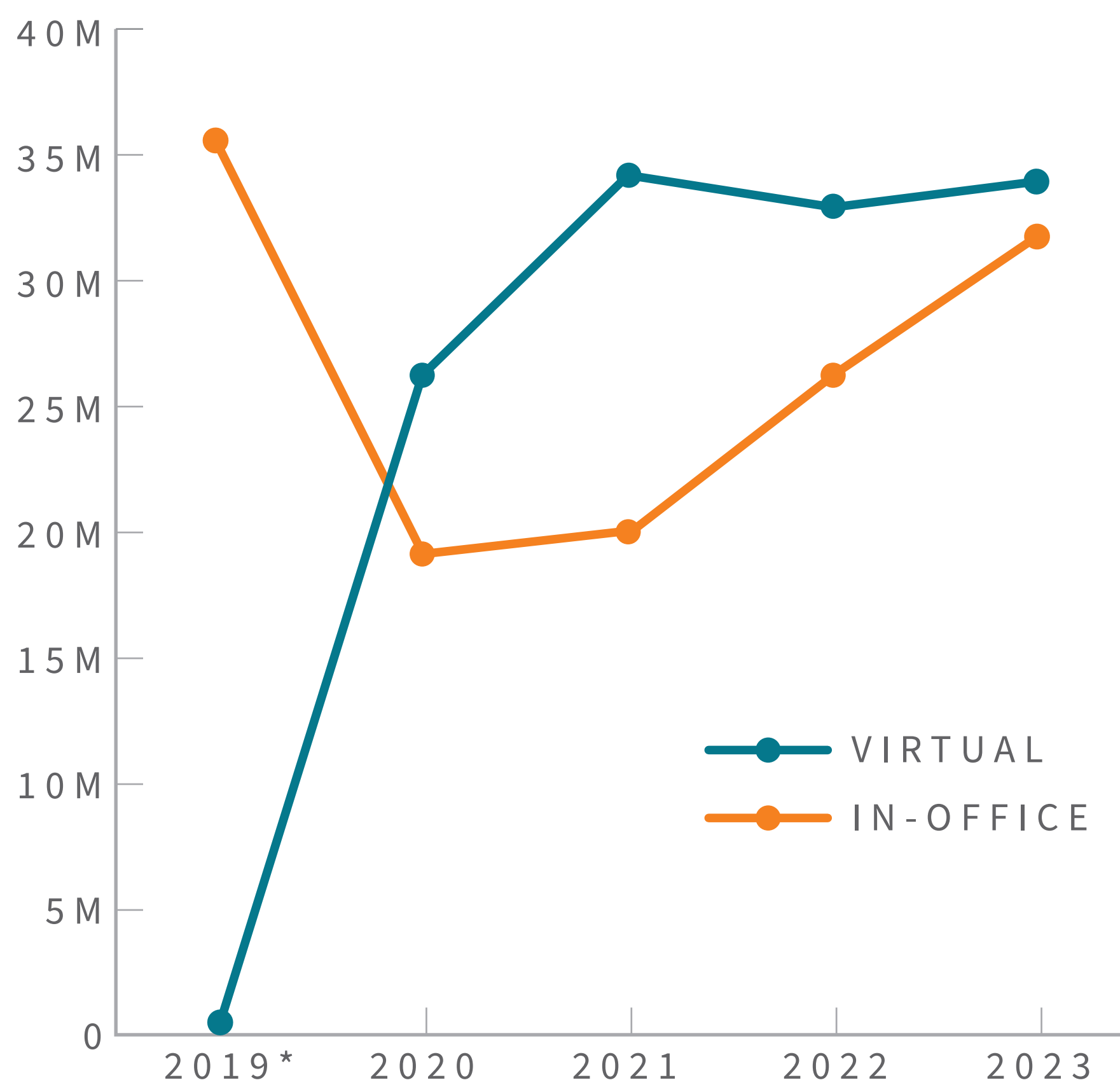
**In-office claims are returning**


CLAIMS DROPPED  
**46%**  
from 2019 to 2020

CLAIMS REBOUNDED  
**59%**  
from 2021 to 2023

CLAIMS WERE  
**10%** less  
in 2023 than in 2019

## VIRTUAL VS IN-OFFICE





Following the exponential spike in virtual mental health care utilization around the peak of the pandemic, claims for virtual care have begun to level out as in-office claims trend toward pre-pandemic levels. The shift away from virtual and back to in-office care is most evident among children and teens under 18. This is a clear indication that healthcare organizations should be prepared with adequate resources for both care venues, with a particular focus on engaging with the younger generation in person.

## DISCUSSION

RWD from de-identified medical claims provides up-to-date insights into patients’ behavioral and healthcare encounter patterns and identifies regional and demographic disparities in care access, facilitating more personalized care and better outcomes.

By analyzing claims data, HEOR professionals can pinpoint cost drivers, particularly those associated with fragmented care and service delays, including tele-mental health. Additionally, this approach helps forecast future needs, enabling proactive decision-making to reduce costly interventions, enhance long-term sustainability and ultimately alleviate the broader economic burden on health systems by minimizing inefficiencies and ensuring more timely, equitable care for youth mental health needs.

## TYPES OF MENTAL HEALTH CLAIMS WITH THE HIGHEST GROWTH

Diagnoses with the biggest increase in volume

Diagnosis	More Patients	More Claims
Stress	50%	86%
Developmental Disorders	34%	75%
Anxiety	34%	72%
Depression	25%	52%

Diagnoses with the biggest percent increase among children

Diagnosis	More Patients	More Claims
Gender Identity	133%	152%
Eating Disorders	108%	131%
Phobic Disorders	77%	98%
Anxiety	61%	82%
Developmental Disorders	33%	77%

Surge in ADHD among adults

Age	More Patients	More Claims
Age 18-44	61%	101%
Age 45-64	45%	70%
Age 65 and up	40%	60%

