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(Original Signature of Member)

119TH CONGRESS  
1ST SESSION

## H. RES. \_\_\_\_\_

Declaring a need for increased investments in youth mental health, recognizing May 31, 2026, as “Youth Mental Health Day”, recognizing September 9, 2026, annually as “Youth Suicide Prevention Day”, and for other purposes.

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### IN THE HOUSE OF REPRESENTATIVES

Ms. ANSARI submitted the following resolution; which was referred to the Committee on \_\_\_\_\_

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## RESOLUTION

Declaring a need for increased investments in youth mental health, recognizing May 31, 2026, as “Youth Mental Health Day”, recognizing September 9, 2026, annually as “Youth Suicide Prevention Day”, and for other purposes.

Whereas young people in the United States have increasingly faced mental health struggles and suicidal ideation;

Whereas youth in the United States face more stressors today than generations before and therefore have immense mental health struggles;

Whereas the stigma surrounding suicide and mental health contributes to the lack of young people seeking needed support;

Whereas the lack of accessible care also leads to young people not receiving lifesaving mental health care;

Whereas young people deserve mental health to be prioritized, including to the extent that physical health is prioritized, so that they can live happy, healthy lives;

Whereas young people deciding to end their own lives because they are in extreme pain and do not have outlets to support them is a large issue in the United States;

Whereas the United States is experiencing a crisis of loneliness because of a lack of social connection among young people;

Whereas loneliness is a factor leading to mental health struggles and suicidal ideation among young people;

Whereas young people feeling connected with their peers and communities can help improve mental health and save lives;

Whereas youth leaders, students, and advocates across the United States have mobilized to raise awareness, demand change, and promote mental health and suicide prevention in schools, online platforms, and communities;

Whereas mental health is a nonpartisan concern that affects young people in the United States of every background, and requires unified national attention and response;

Whereas Black, Indigenous, LGBTQ+, immigrant, and low-income youth often face greater barriers to accessing culturally competent mental health care and experience higher risks of mental health challenges and suicide;

Whereas the Federal Government has taken steps through programs such as the 988 Suicide & Crisis Lifeline and Project AWARE to increase access to behavioral health services;

Whereas, according to the Centers for Disease Control and Prevention—

(1) among United States adolescents ages 12 to 17 in 2021 to 2023—

(A) 20 percent reported symptoms of anxiety in the past two weeks; and

(B) 18 percent reported symptoms of depression in the past two weeks;

(2) among United States high school students in 2023—

(A) 40 percent reported persistent feelings of sadness or hopelessness in the past year;

(B) 20 percent reported seriously considering attempting suicide in the past year;

(C) 16 percent reported making a suicide plan in the past year; and

(D) 9 percent reported attempting suicide in the past year; and

(3) suicide is the second-leading cause of death for children and young people ages 10 to 34;

Whereas, according to the National Institutes of Health—

(1) nearly 20 percent of children and young people ages 3 to 17 in the United States have a mental, emotional, developmental, or behavioral disorder;

(2) suicidal behaviors among high school students increased more than 40 percent in the decade before 2019;

(3) from 2016 to 2018, the rates of emergency department visits with a principal diagnosis related to mental health only increased for ages 0 to 17 years, from 784.1 per 100,000 population to 976.8 per 100,000 population, a 25 percent increase from 2016;

(4) from 2008 to 2020, the rates of death from suicide among people age 12 and over increased 16 percent overall, from 14.0 per 100,000 population to 16.3 per 100,000 population; specifically, the rate for youths ages 12 to 17 increased from 3.7 per 100,000 population to 6.3 per 100,000 population;

(5) globally, nearly 15 percent of young people ages 10 to 19 experience a mental health disorder, accounting for 13 percent of the global burden of disease in this age group;

(6) in 2018 to 2019, about 15 percent of adolescents ages 12 to 17 years had a major depressive episode;

(7) suicide was the eleventh-leading cause of death overall in the United States in 2022, claiming the lives of over 49,400 people; and

(8) suicide was the second-leading cause of death among individuals between the ages of 10 to 14 in 2022 and the third-leading cause of death among individuals between the ages of 15 to 24;

Whereas, according to the Substance Abuse and Mental Health Services Administration—

(1) 18.1 percent of adolescents ages 12 to 17 had a major depressive episode in the past year; and

(2) 3.3 percent of adolescents ages 12 to 17 attempted suicide in the past year; and

Whereas these data statistics are likely deflated given that many young people do not admit to suicide attempts or acts of self-harm: Now, therefore, be it

1       *Resolved*, That the House of Representatives—

2           (1) recognizes the growing mental health crisis  
3       in the United States and recommits itself to ad-  
4       dressing this crisis via increased access to care, re-  
5       ducing stigma, and ensuring all young people are  
6       supported in their mental health;

7           (2) supports the recognition of “Youth Mental  
8       Health Day” in the United States;

9           (3) supports the recognition of “Youth Suicide  
10      Prevention Day” in the United States; and

11          (4) encourages State and local governments to  
12      adopt and promote “Youth Mental Health Day” and  
13      “Youth Suicide Prevention Day” and to invest in  
14      comprehensive school and community-based mental  
15      health initiatives.