HRSA Maternal & Child Health

National Survey of Children's Health

Mental and Behavioral Health – Findings from the Longitudinal Cohort, 2018/2019 and 2024

Data Brief | September 2026

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ABOUT THE NSCH

The Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB) funds and directs the **National Survey of Children's Health (NSCH)**, which the U.S. Census Bureau conducts.

The NSCH is the largest national- and state-level survey on the health and health care needs of children ages 0 – 17, their families, and their communities.

It is an annual household survey completed by a parent or guardian, either by web or paper and pencil.

The **NSCH – Longitudinal Cohort (LC)** followed families of children who participated in the 2018 or 2019 NSCH. In 2024, these families were contacted again to collect follow-up data. The cohort includes children and young adults, who were ages 0 – 17 in 2018/2019 and ages 4 – 23 in 2024.

NSCH-LC CONTENT

Changes over time in:

- Physical and mental health
- Social and emotional well-being
- Health care access and use
- School environment and engagement
- Parent/caregiver mental health
- Income, hardship, and food insufficiency

DATA RELEASE

Access the most recent **data and supporting materials**.

This brief presents findings from the **National Survey of Children's Health-Longitudinal Cohort (NSCH-LC)**, tracking children's mental health from 2018/2019 to 2024. It builds on two previous NSCH data briefs on children's mental health, which used cross-sectional data from 2018 – 2019 and 2023.

The NSCH-LC follows children who previously took part in the NSCH. Parents or caregivers completed surveys at two data collection points: 2018/2019 baseline, when the children were ages 0 – 17, and a 2024 follow-up of these same children and young adults at ages 4 – 23.

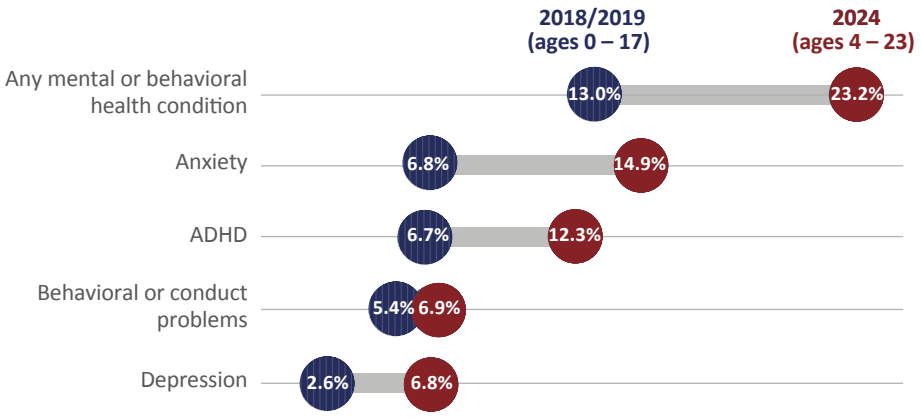
The survey collected information about overall health, medical conditions, and development from childhood through young adulthood. By following the same children over time, the NSCH-LC provides nationally and state-representative data that helps researchers and policymakers understand how health and health-related experiences and outcomes changed between 2018/2019 and 2024.

Prevalence of Mental and Behavioral Health Conditions

Diagnosed mental and behavioral health conditions became more common between 2018/2019 baseline and 2024 follow-up as the same children aged. The increase reflects both changes that occur **with age** and **broader trends over time**.

- The percentage of children and young adults with any current mental or behavioral health condition (including anxiety, attention-deficit/hyperactivity disorder [ADHD], behavioral or conduct problems, or depression) increased from 13.0% at baseline to 23.2% at follow-up. This represents 9.5 million children ages 0 – 17 at baseline and 16.9 million children and young adults ages 4 – 23 at follow-up.
- The prevalence of anxiety increased from 6.8% to 14.9%, ADHD increased from 6.7% to 12.3%, and depression increased from 2.6% to 6.8%. The increase in the prevalence of behavioral or conduct problems was smaller, from 5.4% to 6.9%.
- Anxiety and ADHD were the most common current mental and behavioral health conditions at both time points. Depression was the least common condition at baseline (2.6%), while both depression and behavioral or conduct problems had the lowest prevalence at follow-up, at about 7% each.

Current Mental and Behavioral Health Conditions, 2018/2019 and 2024

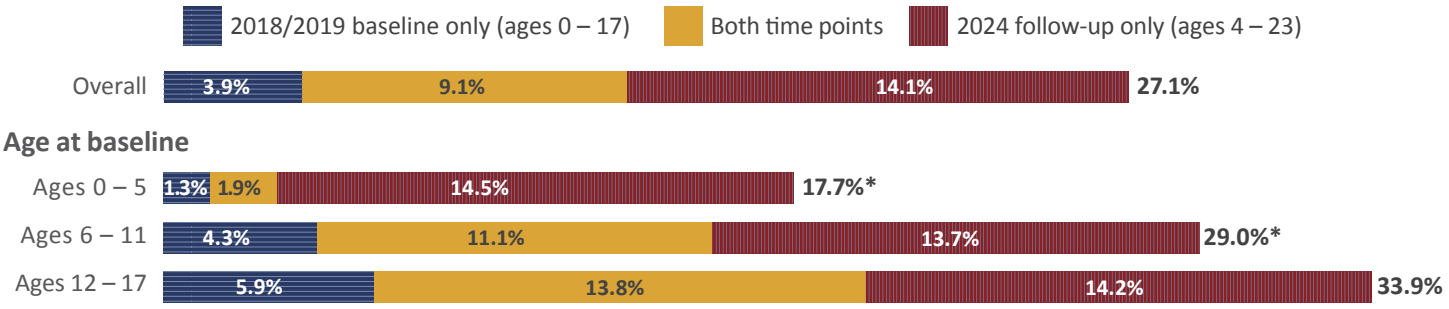


Patterns of Current Mental or Behavioral Health Conditions Over Time

More than 1 in 4 children, ages 0 – 17 at 2018/2019 baseline and ages 4 – 23 at 2024 follow-up, had a current mental or behavioral health condition at one or both time points, with prevalence increasing with age.

- Overall, 27.1% of children who were ages 0 – 17 at baseline had a current mental or behavioral health condition at one or both time points (2018/2019 or 2024). The most common pattern was having a condition at follow-up but not at baseline (14.1%). Another 9.1% had a persistent condition at both time points, and 3.9% had a condition at baseline but not at follow-up.
- The percentage of children having a current mental or behavioral health condition at one or both time points increased with age, rising from 17.1% among children ages 0 – 5 at baseline to 29.0% among those ages 6 – 11 at baseline and 33.9% among those ages 12 – 17 at baseline.
- The percentage of children having a current mental or behavioral health condition at both time points also increased with age, rising from 1.9% among children ages 0 – 5 at baseline to 13.8% among those ages 12 – 17 at baseline.
- In contrast, the percentage of children with a current mental or behavioral health condition at follow-up but not at baseline was similar across age groups, at about 14%.

Patterns of Current Mental or Behavioral Health Conditions by Age at Baseline, 2018/2019 and 2024



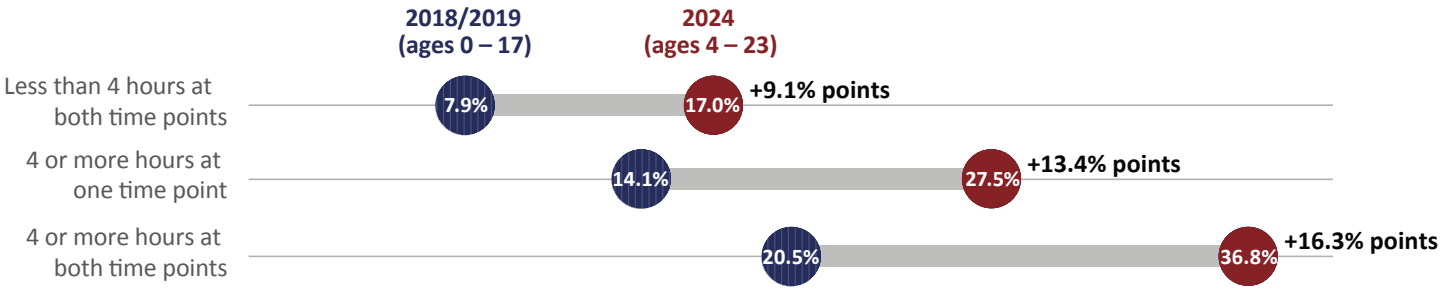
*Note: Percentages may not sum exactly to the total due to rounding.

Patterns of Screen Time Exposure and Mental and Behavioral Health Over Time

High daily screen time exposure (4 or more hours on weekdays) more than doubled between 2018/2019 baseline (ages 0 – 17) and 2024 follow-up (ages 4 – 23). Those with consistently high screen time were more likely to have mental or behavioral health conditions and experience larger increases in these conditions over time.

- The percentage of children who spent 4 or more hours per weekday on screens outside of schoolwork, such as watching television, playing games, using computers or cell phones, accessing the internet, or using social media, increased from 12.4% at baseline (when they were ages 0 – 17) to 28.6% at follow-up (when they were ages 4 – 23). About 6.3% of children had 4 or more hours of daily screen time at both time points (*data not shown*).
- Children followed over time with 4 or more hours of daily screen time at both time points had the highest prevalence of mental or behavioral health conditions at each time point, increasing from 20.5% at baseline to 36.8% at follow-up.
- Children followed over time with less than 4 hours of daily screen time at both time points had the lowest prevalence of mental or behavioral health conditions, increasing from 7.9% at baseline to 17.0% at follow-up.
- The increase in mental or behavioral health conditions was larger among children who were ages 0 – 17 at baseline with 4 or more hours of daily screen time at both time points (+16.3% points) than among children with less than 4 hours at both time points (+9.1% points). These findings are descriptive and do not account for other contributing factors. However, other **research has linked** screen time with mental health outcomes.

Current Mental or Behavioral Health Condition by Screen Time Pattern, 2018/2019 and 2024

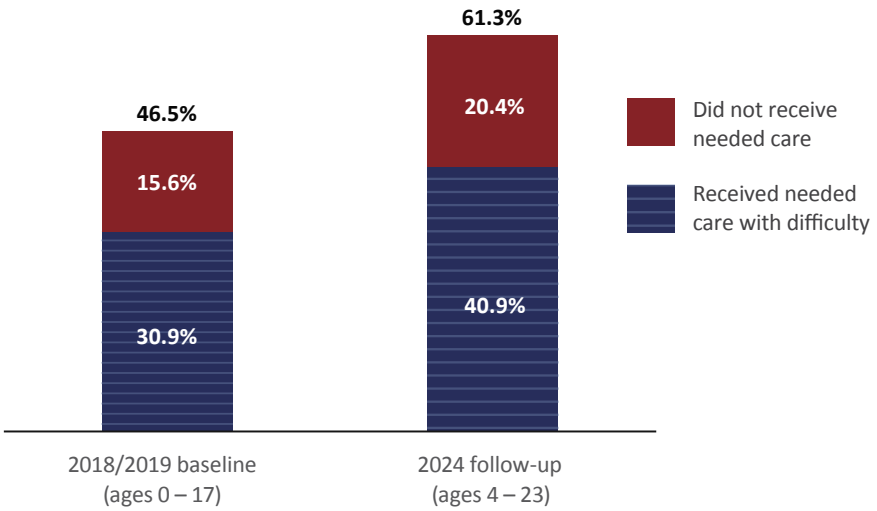


Need for Mental Health Treatment and Access to Care

Among children who were ages 0 – 17 at 2018/2019 baseline, the need for mental health treatment and difficulty receiving treatment increased over time. By 2024 follow-up, more than half of children and young adults who needed mental health treatment experienced access problems.

- The percentage who needed treatment or counseling from a mental health professional increased from 10.2% at baseline to 19.6% at follow-up (*data not shown*). Reports of need may include children without a diagnosed condition and may not capture care received from primary care providers or school counselors.
- Among children who needed mental health treatment, the percentage who did not receive care increased from 15.6% at baseline to 20.4% at follow-up.
- The percentage who received care but had difficulty getting it increased from 30.9% to 40.9%.
- By 2024, about 3 in 5 children and young adults who needed mental health treatment experienced access problems, including about 1 in 5 who did not receive care.

Access Problems Among Children and Young Adults Needing Mental Health Treatment, 2018/2019 and 2024



DATA NOTES

The NSCH-LC began with approximately 60,000 households that participated in the 2018 or 2019 NSCH. Two years of the NSCH were included to optimize sample size for subgroup analysis given anticipated loss-to-follow-up. Of those, 21,768 topical questionnaires were completed by a parent or caregiver for the same selected child or young adult in 2024. The time between data collection depended on when a parent or caregiver responded to the initial and follow-up survey, ranging from 4 to 6 years. Because participants were 4 to 6 years older at follow-up, observed changes may reflect both changes that occur with age and broader trends occurring between 2018/2019 and 2024. Estimates are weighted to account for nonresponse and represent the U.S. population of children ages 0 – 17 in 2018/2019. All estimates met established reliability standards, with 95% confidence interval widths ≤20 percentage points and ≤1.2 times the estimate. Unless otherwise noted, described differences between estimates are statistically significant using two-sided tests ($p<0.05$).

Parents and caregivers were asked whether a doctor or health care provider had ever told them that the child had a mental health condition and whether the child currently had the condition. For behavioral or conduct problems, reports from educators, including teachers and school nurses, were also included. Response options for daily screen time differed across data collection time points and were combined into three comparable categories: 1 hour or less, 2 – 3 hours, and 4 or more hours. Difficulty accessing mental health treatment was measured among children who needed or received mental health treatment or counseling in the past 12 months. Three mutually exclusive categories were used: 1) needed care but did not receive it, 2) received care but had difficulty getting it (somewhat difficult, very difficult, or not possible to obtain), 3) received care without difficulty. For more information about the NSCH-LC design, data collection, and analysis methods, please see available **Technical Documentation.**