A BREAKING THRU COMMUNITY REPORT • CENTRAL FLORIDA

The State of Youth Mental Health

Six Dangers Every Parent Should Know About This School Year

September 2026

BREAKING THRU

ParentPledge.net

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Across Orange, Seminole, and Osceola counties, public schools serve more than 300,000 students—and thousands more young people attend private, faith-based, and home schools. Families receive calendars, schedules, and supply lists at the start of each school year, but many are still looking for clear, practical guidance about the pressures young people may be navigating today.

This report is designed to help. Written for parents and caregivers across Central Florida, it offers context, practical steps, and conversation starters to support children throughout the school year.

Released September 9, 2026

BREAKING THRU

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A Letter to the Parents of Central Florida

> ***We are at that moment again. And this time it is our children who are at risk.***

I want to be honest with you about something, because parents are tired of being handled. No agency can solve this alone. Clinical care is real, necessary, and sometimes lifesaving, but the specialist workforce is limited: the American Academy of Child and Adolescent Psychiatry estimates approximately 10,500 practicing child and adolescent psychiatrists nationwide and reports that only about half of children and adolescents with diagnosable mental-health problems receive the treatment they need. [2][3]

> ***A therapist may get an hour a week. Parents and caregivers shape the rest of the week.***

A child's mental health is shaped by many interacting factors: temperament, family relationships, peers, school conditions, social and economic stress, trauma, online experiences, sleep, substance exposure, and access to effective care. Parents and other trusted adults are among the most important protective influences. A 2024 meta-analysis of 20 randomized trials found a modest but statistically significant overall benefit when parents were included in adolescent psychological interventions compared with the same interventions delivered to adolescents alone. [4]

> ***Your relationship with your child is one of the strongest protective forces available.***

The six dangers in these pages are not all the ones you were warned about. Some barely existed when today's parents were in school. All six can show up in ordinary households, in good families, and in homes where parents are doing everything they know how to do.

Let me also be clear what this report is not. It is not an argument that your child is broken, or that this generation is weak. They are navigating an environment that changed rapidly around them. Some indicators have genuinely improved, and we say so, because you deserve the truth in both directions.

Read this. Do one thing tonight. Then tell three other parents.

Andrae Bailey
Co-Founder, Breaking Thru
Founder and President, Change Everything

The Unique Challenges Facing Our Youngest Generations

Before the six dangers, parents deserve to understand why many young people are struggling in ways that feel unfamiliar.

Several major national indicators worsened sharply during the 2010s. Among U.S. youth ages 12 to 17, past-year major depressive episodes rose from 8.0% in 2010 to 15.7% in 2019. Suicide is now the second-leading cause of death among Americans ages 10 to 24, and the 2023 emergency-department self-harm visit rate for girls and young women ages 10 to 24 was more than double the 2001 rate. [5][6]

Similar concerns have appeared across multiple high-income countries with different healthcare, school, and policy systems. That does not prove a single cause. It does suggest that local policy alone cannot explain the pattern and that broader changes in the environments surrounding adolescence matter.

The first rupture: the 2010s

The timing of the deterioration overlaps with the rapid spread of smartphones and algorithm-driven social media, alongside other major changes in adolescent life. Researchers continue to debate the size and pathways of those effects. What is well supported is that particular patterns of digital use can be associated with sleep disruption, social comparison, online harassment, and displacement of face-to-face time and sustained attention. [10][11]

The second rupture: 2020

Then came a second shock, compressed into months. In-person school, extracurricular activity, ordinary peer contact, and many opportunities to practice independence were interrupted and replaced, in part, by screens.

A 2021 JAMA Pediatrics meta-analysis of 29 studies involving 80,879 young people found pooled prevalence estimates of 25.2% for clinically elevated depression symptoms and 20.5% for anxiety symptoms during the first year of the pandemic, approximately double prepandemic estimates. [7]

> ***The two disruptions compounded each other. Smartphones had already begun replacing some forms of face-to-face connection; the pandemic dramatically accelerated that substitution.***

The point is not that one device, one policy, or one year caused the entire youth mental-health crisis. It is that the conditions of growing up changed quickly, and many parents were never given a map for navigating those changes.

Treatment Alone Cannot Be the Only Strategy

Clinical care is indispensable, especially for children in crisis or with diagnosable conditions. But it cannot be the entire strategy.

Therapy, psychiatric care, and medication can be lifesaving. They can help young people address depression, anxiety, trauma, addiction, isolation, and other symptoms and consequences of distress. Families should not delay appropriate professional care.

The challenge	What it means for families
Capacity	Child and adolescent psychiatry remains a shortage specialty, and major behavioral-health workforce gaps are projected to persist. Access is also uneven by geography, insurance, and family resources.
Need can outpace access	Expanding care matters, but rising need can outpace added capacity. More appointments alone cannot guarantee that population-level youth mental-health indicators will improve.
Daily conditions matter	A clinical appointment cannot by itself restore sleep, remove a phone from a bedroom, rebuild a friendship, stop a predator, or change what happens around a child during the other hours of the week.

International experts have similarly argued that treatment systems must be paired with prevention and broader changes in the conditions surrounding young people. [8]

> ***Treatment systems and prevention systems solve different problems. We are trying to solve a prevention-scale problem with a treatment-scale architecture.***

Clinicians and parents play different, complementary roles. A therapist can help a young person work through symptoms and consequences while parents and caregivers address daily routines, relationships, safety, boundaries, and the conditions that may be driving or worsening those struggles.

That does not make parents a replacement for professional care. It makes them an indispensable part of prevention and recovery.

Central Florida, by the Numbers

A current 2026-27 enrollment snapshot shows the scale of the audience this report is trying to reach.

~182,800
Orange County Public Schools
10-day 2026 count across elementary/VPK, middle, high, charter and alternative categories [1]

~58,200
Seminole County Public Schools
projected 2026-27 enrollment [1]

70,938
Osceola District Schools
computer enrollment, Aug. 2026, including charters [1]

THE NUMBER THAT MATTERS

Taken together, the three public-school systems clearly serve more than 300,000 students. Because the districts report enrollment on slightly different dates and with different inclusion rules, this report intentionally avoids presenting a falsely precise combined total. [1]

> ***About the local estimates: when Central Florida-specific data are unavailable, this report presents credible national or statewide findings as benchmarks. It does not convert teen-only rates into counts of all local K-12 students.***

Where a source applies to a specific age group, such as ages 12-17 or high school students, that age range stays attached to the statistic. Where a local figure comes from a larger geography, such as the 17-county Central Florida ICAC Task Force, the report says so.

One local trend worth naming: enrollment is declining. OCPS reported 7,672 fewer students than projected in its 2026 10-day count, while Seminole projected continued enrollment decline. School-based incident counts can therefore drift downward simply because fewer students are enrolled; rate-based comparisons are often more informative than raw counts. [1]

DANGER 01

Digital Overuse

Heavy screen use crowds out the sleep, movement, and connection children need to develop

Digital devices can educate, connect, entertain, and help young people create. The danger begins when recreational use becomes so heavy or poorly regulated that it crowds out sleep, movement, sustained attention, face-to-face relationships, or activities a child once enjoyed.

8h 39m	50.4%	2x
Average daily entertainment screen media, U.S. teens ages 13-18; school/homework excluded [9]	U.S. teens ages 12-17 with 4+ hours daily screen time; schoolwork excluded [10]	Association reported for >3 hours/day social media and poor mental-health outcomes [11]

WHAT THE EVIDENCE SAYS

CDC data from teenagers ages 12 to 17 found that 50.4% reported four or more hours of daily screen time outside schoolwork. Teens in that high-screen-time group were more often infrequently well-rested than teens with less screen time (59.9% versus 40.1%). These are associations, not proof that screens alone caused the outcomes. [10]

The U.S. Surgeon General has warned that some patterns of social-media use present meaningful risks while also acknowledging that digital spaces can provide connection and support. Adolescents spending more than three hours a day on social media have been reported to face roughly double the risk of poor mental-health outcomes including symptoms of depression and anxiety. [11]

Florida law now includes age-based social-media restrictions and tighter limits on student wireless-device use during the school day. Those are policy tools. Families still control what happens after school and overnight. [12]

Warning signs

- The device is the first thing touched in the morning and the last thing at night
- Real anger, panic, or bargaining when access is interrupted
- Chronic exhaustion or falling asleep in class
- Schoolwork or responsibilities slipping as recreational screen use rises
- Activities, friendships, exercise, or family time quietly disappearing

What you can do

- Charge every device outside every bedroom overnight - including yours
- Delay the first smartphone when possible, and delay social media longer
- Protect phone-free routines such as meals, drives, and the first stretch after school
- Turn off nonessential notifications together
- Model the same boundaries you ask your child to follow

SAY THIS TONIGHT

“I want to try something as a family, and I’m going first. Phones charge outside the bedroom at night - mine included. Let’s try it for two weeks and see how we sleep.”

DANGER 02

Online Gambling

Betting has moved onto the devices young people already use

A phone puts betting promotions, odds, informal wagering, gambling-like game mechanics, prediction markets and, in some cases, access to betting platforms within constant reach. Regulated sportsbooks use age and identity restrictions, but parents should not assume those safeguards eliminate underage exposure or participation.

36%
U.S. boys ages 11-17 who gambled in the prior year [13]

~1 in 2
17-year-old boys who had gambled in the Common Sense survey [13]

+138%
Florida help seekers citing online gambling as primary problem, 2023-2025 [14]

WHAT THE EVIDENCE SAYS

Common Sense Media's 2026 national survey of more than 1,000 boys ages 11 to 17 found that 36% had gambled in the prior year, with prevalence rising to nearly half among 17-year-olds. That finding applies to the surveyed population; it is not a prevalence estimate for every Central Florida student. [13]

Florida-specific youth-prevalence data are limited. What Florida does have is a strong help-seeking signal: the Florida Council on Compulsive Gambling reported a 138% increase from 2023 to 2025 in help seekers citing online gambling as the primary gambling problem. Among help seekers engaged only in online sports wagering in 2025, 96% were male and 62% were age 30 or younger. HelpLine data describe people seeking assistance, not the prevalence of gambling disorder in the general population. [14]

Online gambling is not one thing. It can include regulated sports betting, unregulated sites, informal wagers, prediction markets, and gambling-like mechanics such as loot boxes or wagering virtual game items. The rules and risks differ, but the financial behavior deserves an early family conversation.

Warning signs

- Money appearing or disappearing without explanation
- Intense or secretive interest in odds, spreads, wagers, or prediction markets
- Selling belongings or borrowing from friends
- Mood tied tightly to the outcome of games
- Unexplained spending on loot boxes, virtual items, "skins," or in-game currency

What you can do

- Look together for betting, prediction-market, social-casino, and gambling-adjacent apps
- Explain loot boxes and virtual-item wagering in plain language: real money can be attached to chance-based rewards
- Talk about money and financial responsibility early. Connect a wager to the real things that money could buy or save for
- Watch a game together and point out how often betting is marketed
- Say plainly that gambling carries adult financial consequences

- If you are worried, call or text 888-ADMIT-IT for free, confidential help

SAY THIS TONIGHT

“Betting shows up around sports and games constantly now. Have your friends gotten into it? I’m not looking to punish anybody - I want to understand what it actually looks like for you.”

DANGER 03

Cyberbullying

A Child's Social Environment Does Not Stop at the School Gate

For previous generations, cruelty often had a physical stopping point. Today a conflict can follow a child home through group chats, social feeds, gaming platforms, photos, and messages, with an audience and no reliable closing time.

16%
U.S. high school students electronically bullied during the previous year, 2023 — CDC [15]

21%
U.S. high school girls electronically bullied during the previous year, 2023 — CDC [15]

27%
Teen Snapchat users who experienced name-calling, rumors or threats on the platform, 2025 — Pew Research Center [16]

WHAT THE EVIDENCE SAYS

CDC's 2023 Youth Risk Behavior Survey found that 16% of U.S. high school students had been electronically bullied during the previous year, including through texting and social media. The burden was substantially higher among girls: 21% of female students reported electronic bullying, compared with 12% of male students. [15]

Cyberbullying also takes different forms across the platforms young people use. In a Pew Research Center survey conducted in late 2025, 27% of teen Snapchat users reported experiencing at least one of three forms of harassment on the platform: being called an offensive name, having a rumor spread about them, or being physically threatened. The corresponding shares were 19% among teen Instagram users and 18% among teen TikTok users. [16]

The defining problem for parents is often visibility. A child being humiliated in a group chat late at night may never report it to a school, and shame can make direct questioning feel like interrogation.

Warning signs

- Suddenly avoiding the phone or flinching at notifications
- Refusing school; new stomachaches or headaches on school mornings
- Deleting accounts or suddenly creating new ones
- A friend group disappearing without explanation
- Increasing isolation, more time alone, fewer after-school/weekend activities, less family engagement, or seeming down or quieter than usual

What you can do

- Lead with curiosity, not accusation. Ask about the social environment, not "Are you being bullied?"
- Ask who they sat with at lunch and who makes the school day easier
- Build connection at home so a difficult social day does not become total isolation
- If there is harmful content, screenshot and save it before it disappears
- Report school-related conduct in writing and request the response in writing
- Promise that telling you will not automatically mean losing the phone

SAY THIS TONIGHT

“Who do you feel most comfortable with at school right now? Who makes the day easier? I’d like to know more about the people you feel good around.”

DANGER 04

Online Predators & Sexual Exploitation

Online exploitation can begin in the seemingly safe spaces children frequent every day

We taught a generation not to get into cars with strangers. Today exploitation can begin in a game chat, a direct message, a social feed, or an account that appears to belong to another teenager. In financial sextortion, the offender may never intend to meet the child at all: the goal can be money, obtained through fear and shame.

1.4M+	400K+	137/day
NCMEC online-enticement reports in 2025 [18]	CyberTipline reports with a generative-AI nexus in 2025 [18]	Financial-sextortion reports to NCMEC in 2025, up 37% [19]

WHAT THIS LOOKS LIKE IN OUR REGION

According to an operational figure supplied to Breaking Thru by the Central Florida Internet Crimes Against Children Task Force / Osceola County Sheriff's Office, the 17-county, 65-agency task-force region investigated approximately 20,000 CyberTips in 2024. A CyberTip is a report of suspected online child sexual exploitation; it is not necessarily a verified crime, a unique victim, or a child living in Orange, Seminole, or Osceola County. [17]

Nationally, NCMEC received more than 1.4 million online-enticement reports in 2025. NCMEC also received more than 400,000 CyberTipline reports with a generative-AI nexus that year, including more than 182,000 reports involving users generating or possessing GAI CSAM, attempting to generate it, or using generative AI to engage with or alter an existing CSAM file. NCMEC attributes part of the increase in online-enticement reporting to the 2024 REPORT Act's expanded reporting requirements, and notes more broadly that changes in mandatory reporting and industry detection affect report volume, so trend lines should not be read as a one-to-one measure of crime incidence. [18]

Financial sextortion has often targeted teenage boys. NCMEC reported an average of 137 financial-sextortion reports per day in 2025, up 37% from the year before. NCMEC is aware of at least three dozen teenage boys in the United States who have died by suicide after financial-sextortion victimization. Image-based exploitation also heavily affects girls. Any child, of any gender, can be groomed, pressured, blackmailed, or exploited online. [19]

Warning signs

- A new online "friend" your child has never met in person
- Gifts, game currency, or money from someone you cannot name
- Sudden panic, secrecy, or shame around the phone
- Being pushed to move a conversation to another app
- A child who goes quiet immediately after a burst of online enthusiasm

What you can do

- Tell every child in advance: if an image gets out, I will help you and you will not be in trouble

- Teach the basic response to sextortion: stop communicating, save the evidence, tell a trusted adult, and do not pay
- Review privacy settings on games and social apps together, not secretly
- Do not rely on gender stereotypes; warn every child about grooming, image pressure, blackmail, and financial threats
- Report suspected exploitation to NCMEC's CyberTipline; use Take It Down for qualifying images; contact the FBI when appropriate

SAY THIS TONIGHT

"If anyone online ever pressures you for a picture, or threatens you about one, come to me that same hour. You will not be in trouble. Not for one second. I mean it."

DANGER 05

Dangerous New Drugs

The margin for error is smaller than it used to be

Fewer Florida students report using some substances than a decade ago. That is real progress. But the drug environment has changed: counterfeit pills can contain fentanyl, high-potency cannabis products are more available, and nicotine products are easier to conceal.

6.3%	6.6%	2 of 5
Florida surveyed youth reporting past-30-day marijuana use, 2024 [20]	Florida surveyed youth reporting past-30-day conventional nicotine vaping, 2024 [20]	DEA-tested fake pills with fentanyl containing a potentially lethal dose [22]

WHAT THE EVIDENCE SAYS

Florida's 2024 Youth Substance Abuse Survey reported past-30-day marijuana use of 6.3% and conventional nicotine vaping of 6.6%, both substantially below levels seen earlier in the decade. Those are statewide survey estimates, not counts of Central Florida students. [20]

Florida also made major progress in drug mortality in 2024: total drug-related deaths fell 14%, opioid-caused deaths 32%, and fentanyl-caused deaths 35%, according to the Florida Medical Examiners Commission and FDLE. [21]

At the same time, DEA laboratory testing of counterfeit pills remains a serious warning. DEA's current public fact sheet states that 2 out of every 5 fake pills with fentanyl tested contained a potentially lethal dose. That is a laboratory finding about DEA-tested samples, not the probability that any particular pill in Florida will be fatal. The practical lesson is simpler: a pill obtained outside a licensed pharmacy may not contain what a young person thinks it contains. [22]

Cannabis potency has also increased substantially over past decades, with some concentrates containing far higher THC levels than older plant material. The strength and form of the product matter when parents talk with teenagers about risk. [23]

Warning signs

- Vape devices, pods, or chargers you do not recognize
- Pills that do not match a prescription bottle or were not dispensed by a pharmacy
- Nicotine pouches - small tins or packets that can be easy to hide
- New friends paired with new secrecy
- Flattened mood, lost interest, or a sharp academic drop
- Rapid changes in sleep, mood, behavior, personality, or appetite

What you can do

- Tell them plainly: a pill from anyone but a licensed pharmacy can be dangerous
- Talk about modern cannabis products without pretending they are identical to what adults encountered decades ago
- Ask specifically about vapes and nicotine pouches; broad "are you using drugs?" questions can miss them

- Keep naloxone accessible if opioid exposure is a concern and make sure household members who may need it know how to use it
- Seek professional help when substance use, mood, or behavior changes raise concern

SAY THIS TONIGHT

“I’m not going to pretend nothing has changed since I was your age. A pill can look legitimate and still be fake. If it didn’t come from a licensed pharmacy, I want you to treat it as dangerous.”

DANGER 06

Isolation & the Relationship Crisis

Isolation is the danger underneath the other five

Isolation can make other dangers harder to withstand. A young person with reliable relationships may be more likely to disclose bullying or exploitation, ask for help, or find alternatives to a substance, a bet, or a digital relationship that is becoming unhealthy.

72%
U.S. teens ages 13-17 who have used an AI companion at least once [24]

52%
U.S. teens ages 13-17 who use AI companions regularly [24]

80%
AI-companion users who still spend more time with real friends than with AI companions [24]

By “AI companion,” this report means a chatbot or AI system used for ongoing social or emotional interaction - something a teenager may talk to like a friend, confidant, or relationship. It does not mean every use of a general-purpose AI tool for homework, research, or a one-off question.

WHAT THE EVIDENCE SAYS

Common Sense Media’s nationally representative 2025 survey of U.S. teens ages 13 to 17 found that 72% had used AI companions at least once and 52% used them regularly. Among AI-companion users, about one-third reported choosing an AI companion instead of a real person for an important or serious conversation. At the same time, 80% of users said they still spent more time with real friends than with AI companions. The picture is therefore more complicated than “teens choosing software over people.” [24]

For some young people, an AI companion can become a private place to discuss feelings they are not yet ready to share with another person. That can be a cue for parents to ask, without judgment, whether the child has someone safe to talk to offline. Common Sense Media recommends that no one under 18 use social AI companions in their current form; that is Common Sense Media’s risk recommendation, not a universal scientific consensus. [24][25]

More broadly, social connection is a well-established protective influence, and stable, supportive relationships with adults are central to resilience research. A parent does not need to be perfect to be protective. The important thing is to be reliably present and safe to approach. [26]

Warning signs

- Weekend after weekend with no plans and no apparent interest in making them
- Friendships that exist only on a screen with little or no offline connection
- Dropping after-school activities, clubs, sports, or interests they once enjoyed
- Meals repeatedly taken alone in a bedroom
- Confiding in an AI about feelings they will not discuss with a person
- Withdrawal at home: less conversation, less family engagement, and a growing sense that you no longer know what is happening in their life

What you can do

- Protect in-person time the way you protect homework. Drive them, host friends, make connection easy
- Build one recurring screen-free family ritual
- Connect your child to a trusted adult outside the home: a coach, teacher, relative, mentor, or youth leader
- Ask whether they use AI for companionship or emotional support - with curiosity, not alarm
- Create regular meals or check-in times where conversation can happen without demanding disclosure on cue

SAY THIS TONIGHT

“Who did you actually talk to today - out loud, in person? I’m asking because I’ve realized I don’t always make enough room for that either.”

How These Dangers Reinforce Each Other

Parents often ask which danger to worry about most. A better question is how the dangers reinforce one another.

Breaking Thru's framework identifies seven areas that shape young people's lives: purpose, belief and values; physical health and fitness; technology, social media and AI; substances; relationships and connection; employment and finances; and trauma. The six dangers in this report cut across those areas rather than staying in separate boxes.

> ***They can reinforce one another. Treating them as six isolated problems misses the pattern.***

When this danger is present	It can affect other dangers by...
Isolation	Can make it harder to disclose bullying or exploitation and can increase reliance on a bet, substance, or chatbot for relief or connection.
Digital saturation	Can deliver exposure to gambling, harassment, exploitation, and drug markets while also competing with sleep and in-person time.
Cyberbullying	Can contribute to withdrawal and deepen isolation, which may increase vulnerability elsewhere.
Sleep disruption	Can worsen mood, attention, impulse control, and coping across multiple categories.
Loss of purpose or belonging	Can remove protective routines and relationships that make other dangers easier to resist.

This is why single-issue solutions can disappoint. A phone restriction that does not rebuild friendship may reduce one exposure without addressing loneliness. A gambling filter may block one app without addressing the financial beliefs, peer pressure, or emotional need that made betting appealing.

> ***The encouraging part: many protective conditions work across several dangers at once.***

Sleep, in-person friendship, reliable adult support, family routines, and access to appropriate care can all strengthen a young person's ability to navigate more than one danger at a time. Parents do not need six completely separate strategies. They need a small number of protective conditions practiced consistently.

Ten Things Parents Can Do as the School Year Begins

1. Move chargers out of bedrooms. Yours included. Protect sleep first.
2. Open the phone with them, not behind their back. Ask them to explain anything you do not recognize.
3. Make the sextortion promise: “If an image ever gets out, come to me immediately. You will not be in trouble.”
4. Check for betting, prediction-market, social-casino, and gambling-adjacent apps. Ask about loot boxes and virtual-item wagering.
5. Ask who they sat with at lunch and who makes school feel easier. Listen for connection as well as conflict.
6. Tell them one pill can be fake. Say it plainly: a pill from anyone but a licensed pharmacy can be dangerous.
7. Name one trusted adult outside your home - and make sure your child knows that person is available to them.
8. Put one recurring screen-free family ritual on the calendar.
9. Create a regular meal or check-in time where everyone can talk without phones.
10. Tell three other parents what you learned. Prevention works better when families reinforce the same norms.

> ***Naloxone: If opioid exposure is a concern in your household or community, keep naloxone accessible and make sure people who may need it know how to use it. Naloxone is an emergency response to a suspected opioid overdose; call 911 as well.***

These actions do not replace therapy, medical care, school intervention, or emergency services when those are needed. They are the things parents can begin while professional systems do their part.

What We Are Asking of this Community

A report that only asks parents to try harder is not a plan.

Here is what Breaking Thru is asking of Central Florida, by sector and community role.

Parents

Take the Parent Pledge. Commit to keep learning about the pressures your children face, build a relationship where your child feels safe telling you the truth, act when a warning sign appears, and seek appropriate professional care when needed. Then challenge three parents you know by name.

Schools and school districts

Put practical information in the hands of parents, not only administrators. Share the report, discuss the dangers at parent events, and make referral pathways clear.

Faith communities

Host parent conversations and build intergenerational relationships. Congregations can provide belonging, trusted adults, and recurring spaces where families are known.

Employers

Share parent resources and make it easier for employees to respond when a child is struggling. A parent supported at work has more capacity to show up at home.

Law enforcement and public agencies

Keep telling the community what you are seeing, while defining the data carefully. Parents cannot protect children from emerging dangers they have never been told exist.

Clinicians and health systems

Keep expanding access to evidence-based care and help families understand what treatment can do, what requires urgent attention, and what daily protective routines can reinforce clinical work.

Elected leaders

Fund prevention alongside treatment. Support better measurement of newer dangers - including gambling, exploitation, AI companionship, and social isolation - so policy is built on evidence rather than assumption.

Where to Get Help

Free or confidential resources available now. In an immediate emergency, call 911.

Resource	What it provides
988 Suicide & Crisis Lifeline	Call or text 988; free and confidential, 24/7.
888-ADMIT-IT	Florida Council on Compulsive Gambling HelpLine; call or text.
CyberTipline	Report suspected online child sexual exploitation to NCMEC.
Take It Down	NCMEC service that helps remove or stop sharing of nude, partially nude, or sexually explicit images taken before age 18.
FBI	Report sextortion and other federal crimes: 1-800-CALL-FBI or tips.fbi.gov.
SAMHSA National Helpline	1-800-662-HELP (4357), free and confidential treatment referral/information.
211	Local community resources and family support.
911	Immediate danger or medical emergency.

Join the movement to save our kids, one mind at a time.

Take the Parent Pledge at ParentPledge.net, then challenge three parents you know by name. The pledge asks parents to keep learning, build a relationship where their child feels safe telling the truth, and act when warning signs appear.

Join us Sunday, December 6 at the Kia Center. Breaking Thru and the Orlando Solar Bears will host a major Central Florida parent gathering. Details at ParentPledge.net.

Sources and methods

How this report was built. The framework underlying this report is drawn from Breaking Thru: A Seven-Pillar Framework for Youth Mental Health (May 2026), a cross-disciplinary synthesis prepared by Breaking Thru and presented to the U.S. Department of Health and Human Services. This edition adds claim-level source markers and a technical appendix so prominent statistics can be checked quickly.

What counts as local. District enrollment figures are local. The Central Florida ICAC operational figure is regional to its 17-county task-force jurisdiction. Florida survey and HelpLine data are statewide. National surveys and studies are labeled as national and retain their source age ranges.

What this report does not do. It does not multiply teen-only or high-school-only national rates by the total K-12 enrollment of Orange, Seminole, and Osceola counties. That avoids presenting an age-mismatched projection as a local count.

On causation. Youth mental health is multi-causal. Timing, association, and plausible mechanisms are not the same as proof of a single cause. The report therefore uses causal language only where the evidence supports it and labels broader interpretations as interpretations.

On disagreement. Several areas here remain actively debated: the size of digital-media effects, how reporting-law changes affect exploitation trends, and what help-seeking data can tell us about population prevalence. Those limitations do not erase the dangers; they define what the evidence can and cannot establish.

On terms. “Digital overuse” is used instead of “screen addiction” unless a clinical diagnosis is actually being discussed. “CyberTips” are reports of suspected child sexual exploitation, not cyberbullying incidents. “AI companion” is defined separately from ordinary general-purpose AI use.

The complete claim-by-claim audit follows.

Claim-level sourcing, definitions, calculations, and limitations

This appendix is designed to make the report’s most quotable claims auditable. The body uses bracketed source markers that correspond to the entries below. Where a source is national and age-limited, the report keeps it as a national benchmark rather than multiplying it by the entire Central Florida K-12 enrollment base.

> ***Method rule: Evidence is stated as evidence. Inference is labeled as inference. National rates are not presented as counts of Central Florida children unless the denominator matches the source population and the calculation is shown.***

[1] Central Florida public-school enrollment snapshot, 2026-27

Orange County: Central Florida Public Media, “OCPS cuts $8.5 million after enrollment falls nearly 8,000 students” (Sept. 3, 2026), reporting OCPS 10-day counts: 68,211 elementary/VPK; 35,246 middle; 58,463 high; 18,219 charter; 2,657 alternative, totaling 182,796. Seminole County: Oviedo Community News / Florida Trib (July 29, 2026), reporting SCPS projected 2026-27 enrollment of 58,200. Osceola County: Osceola District Schools, Computer Enrollment as of Aug. 24, 2026, district total 70,938, including charter schools.

Population / measure: Public-school enrollment; district scopes and reporting dates differ slightly.

Locator: OCPS article enrollment table; SCPS projection paragraph; SDOC enrollment report p. 4, District Total.

URL: https://www.cfpublic.org/education/2026-09-03/ocps-cuts-8-5-million-after-enrollment-falls-nearly-8-000-students | https://floridatrib.org/2026/07/29/seminole-county-school-district/ | https://files.smartsites.parentsquare.com/5825/enrollment_report_as_of_2026_08_24.pdf

Use / limitation: The report intentionally says “more than 300,000” rather than presenting a falsely precise combined total. Do not use this total as a denominator for teen-only national rates.

[2] Child and adolescent psychiatry workforce

American Academy of Child and Adolescent Psychiatry (AACAP), “Severe Shortage of Child and Adolescent Psychiatrists Illustrated in AACAP Workforce Maps” (May 4, 2022).

Population / measure: U.S. children ages 0-17; practicing child and adolescent psychiatrists.

Locator: Key workforce bullets: approximately 10,500 practicing specialists; only half of children/adolescents with diagnosable mental-health problems receive needed treatment.

URL:
https://www.aacap.org/AACAP/Latest_News/Severe_Shortage_Child_Adolescent_Psychiatrists_Illustrated_AACAP_Workforce_Maps.aspx

Use / limitation: This entry supports the workforce-shortage framing above; no specific appointment wait-time figure is stated here because a reliably sourced national estimate was not available.

[3] Behavioral-health workforce projections

U.S. Health Resources and Services Administration (HRSA), National Center for Health Workforce Analysis, Health Workforce Projections / behavioral-health workforce materials.

Population / measure: U.S. behavioral-health workforce; projections to 2038.

Locator: Projected shortages page and associated behavioral-health workforce brief/dashboard.

URL: https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand

Use / limitation: Used only to support persistent workforce-shortage framing, not a specific child-psychiatrist wait-time claim.

[4] Parent involvement in adolescent psychological interventions

Pine, A.E.; Baumann, M.G.; Modugno, G.; Compas, B.E. "Parental Involvement in Adolescent Psychological Interventions: A Meta-analysis." Clinical Child and Family Psychology Review 27 (2024), 1-20.

Population / measure: 20 randomized controlled trials; N=1,251 adolescents with current symptoms or elevated risk.

Locator: Abstract / Results; overall g=-0.18, p<.01; significant for externalizing but not internalizing symptoms in moderator analysis.

URL: https://doi.org/10.1007/s10567-024-00481-8

Use / limitation: Supports the value of parent involvement; it does not establish that family environment is the single largest determinant of every child's mental health.

[5] Adolescent major depressive episodes, 2010 and 2019

SAMHSA, National Survey on Drug Use and Health (NSDUH), Mental Health Findings 2010 and 2019 Detailed Tables.

Population / measure: U.S. youth ages 12-17.

Locator: 2010: 8.0% past-year MDE. 2019: Table 9.5B, 15.7% past-year MDE.

URL: https://www.samhsa.gov/data/sites/default/files/NSDUHmhfr2010/NSDUHmhfr2010.htm | https://www.samhsa.gov/data/sites/default/files/reports/rpt29394/NSDUHDetailedTabs2019/NSDUHDetTabsSect9pe2019.htm

Use / limitation: Supports "nearly doubled" from 2010 to 2019 for ages 12-17.

[6] Youth suicide and emergency-department self-harm

U.S. Centers for Disease Control and Prevention, "Health Disparities in Suicide" and NCHS mortality reporting.

Population / measure: U.S. youth and young adults ages 10-24.

Locator: Suicide is the second-leading cause of death ages 10-24; in 2023, girls/young women had an ED self-harm visit rate more than double the 2001 rate.

URL: https://www.cdc.gov/suicide/disparities/ | https://www.cdc.gov/nchs/products/databriefs/db541.htm

Use / limitation: The cited source supports the "more than double the 2001 rate" figure used here; it does not support a specific percentage-increase claim for 2010–2020.

[7] Youth depression and anxiety during COVID-19

Racine, N. et al. "Global Prevalence of Depressive and Anxiety Symptoms in Children and Adolescents During COVID-19: A Meta-analysis." JAMA Pediatrics 175(11) (2021).

Population / measure: 29 studies; 80,879 children and adolescents globally.

Locator: Pooled prevalence: depression 25.2%; anxiety 20.5%; approximately double prepandemic estimates.

URL: https://doi.org/10.1001/jamapediatrics.2021.2482

Use / limitation: The cited source reports separate pooled prevalence estimates for depression (25.2%) and anxiety (20.5%); these are not combined into a single range.

[8] Lancet Psychiatry Commission on youth mental health

McGorry, P.D. et al. "The Lancet Psychiatry Commission on youth mental health: policy and practice." The Lancet Psychiatry (2024).

Population / measure: International youth mental-health synthesis / commission.

Locator: Commission and accompanying institutional summaries on youth mental ill-health burden and investment.

URL: https://doi.org/10.1016/S2215-0366(24)00163-9

Use / limitation: Used for the prevention/treatment architecture discussion; precise budget/burden figures should be quoted only with direct attribution.

[9] Entertainment screen media use

Common Sense Media, The Common Sense Census: Media Use by Tweens and Teens, 2021 (published 2022).

Population / measure: U.S. ages 8-12 and 13-18.

Locator: Table 2 / p. 16: teens ages 13-18 averaged 8 hours 39 minutes of entertainment screen media daily, excluding school/homework.

URL: https://www.commonsensemedia.org/sites/default/files/research/report/8-18-census-integrated-report-final-web.pdf

Use / limitation: Entertainment screen-media measure, not total device time.

[10] Daily screen time among U.S. teens

CDC/NCHS, Data Brief No. 513, "Daily Screen Time Among Teenagers: United States, July 2021-December 2023" (Oct. 2024), plus CDC Preventing Chronic Disease analysis (2025).

Population / measure: U.S. teenagers ages 12-17; schoolwork excluded.

Locator: 50.4% reported 4+ hours daily; high-screen-time teens were more often infrequently well-rested (59.9% vs. 40.1%).

URL: https://www.cdc.gov/nchs/products/databriefs/db513.htm | https://www.cdc.gov/pcd/issues/2025/24_0537.htm

Use / limitation: The report does not multiply this teen-only prevalence by all K-12 enrollment.

[11] Social media and youth mental health

U.S. Surgeon General, Social Media and Youth Mental Health Advisory (2023).

Population / measure: Children and adolescents; cited evidence includes adolescents ages 12-15/13-17.

Locator: HHS summary: more than 3 hours/day social media associated with double the risk of mental-health problems including depression and anxiety; advisory also notes potential benefits and evidence limitations.

URL: https://www.hhs.gov/surgeongeneral/reports-and-publications/youth-mental-health/social-media/index.html

Use / limitation: Association, not proof that screen time alone causes depression/anxiety.

[12] Florida youth social-media and school-device restrictions

Florida Statutes (2026), including s. 501.1736 and Ch. 1006 provisions regarding social-media access and wireless communications devices in schools.

Population / measure: Florida minors / public-school students.

Locator: Current statutory text.

URL: https://www.flsenate.gov/Laws/Statutes/2026/501.1736 | https://www.flsenate.gov/Laws/Statutes/2026/Chapter1006/All

Use / limitation: Described neutrally as existing state restrictions; the report does not characterize pending litigation or enforcement status.

[13] Adolescent boys and gambling

Common Sense Media, Betting on Boys: Understanding Gambling Among Adolescent Boys (2026).

Population / measure: More than 1,000 U.S. boys ages 11-17.

Locator: 36% gambled in the prior year; prevalence ranged from nearly one-third at age 11 to nearly one-half at age 17.

URL: https://www.commonsensemedia.org/press-releases/common-sense-media-releases-new-research-on-adolescent-boys-gambling-habits

Use / limitation: This figure describes the surveyed population of boys ages 11-17 only. It is not presented as a prevalence estimate for all youth and is not converted into a count of the local K-12 population.

[14] Florida 888-ADMIT-IT online-gambling help data

Florida Council on Compulsive Gambling (FCCG), 888-ADMIT-IT HelpLine data, 2023-2025.

Population / measure: Florida help seekers; not a population-prevalence survey.

Locator: 2025 report: +138% Florida help seekers citing online gambling as primary problem since 2023; online-sports-wagering-only help seekers in 2025: 96% male and 62% age 30 or younger. FCCG also reports +426% online-gambling help contacts since 2019-20 and 51% of sports-betting help seekers began at/before age 20.

URL: https://gamblinghelp.org/wp-content/uploads/2026/02/888-ADMIT-IT-HelpLine-Data_Online-Sports-Betting-Impacts-in-Florida-CY-2023-through-CY-2025-01.31.2026.pdf | https://gamblinghelp.org/shining-the-light-on-teen-problem-gambling-risks-for-world-teen-mental-wellness-day/

Use / limitation: HelpLine trends show demand among people seeking help; they do not measure the prevalence of gambling disorder in Florida youth.

[15] Electronic bullying among U.S. high school students

CDC, Youth Risk Behavior Survey Data Summary & Trends Report: 2013-2023 / 2023 YRBS Results.

Population / measure: U.S. high school students.

Locator: 2023: 16% of students were electronically bullied during the previous year; 21% of female students and 12% of male students.

URL: https://www.cdc.gov/yrbs/results/2023-yrbs-results.html | https://cdc.gov/yrbs/dstr/pdf/YRBS-2023-Data-Summary-Trend-Report.pdf

Use / limitation: These are national high-school figures and are not converted into counts of all Central Florida K-12 students.

[16] Harassment and cyberbullying experiences on social-media platforms

Pew Research Center, Teens' Experiences on TikTok, Instagram and Snapchat (published 2026; survey conducted Sept. 25–Oct. 9, 2025).

Population / measure: U.S. teen users ages 13–17 of Snapchat, Instagram, and TikTok.

Locator: 27% of teen Snapchat users reported at least one of three experiences on Snapchat: offensive name-calling, rumor-spreading, or physical threats; corresponding figures were 19% for Instagram and 18% for TikTok.

URL: https://www.pewresearch.org/internet/2026/04/15/teens-experiences-on-tiktok-instagram-and-snapchat/

Use / limitation: The 27% figure applies specifically to teen Snapchat users, not all teens and not all social-media users.

[17] Central Florida ICAC CyberTip volume

Central Florida Internet Crimes Against Children Task Force / Osceola County Sheriff's Office operational figure supplied to Breaking Thru: approximately 20,000 CyberTips investigated in 2024 across a 17-county, 65-agency task-force region.

Population / measure: Task-force reports/investigations across 17 counties; not unique victims; not limited to Orange, Seminole, and Osceola counties.

Locator: Agency-provided local operational data used in Breaking Thru briefing materials.

URL: No public source URL is available; this is an operational figure supplied directly to Breaking Thru by the task force.

Use / limitation: This figure is an agency-supplied operational count rather than an independently published statistic, provided to Breaking Thru directly by the task force. CyberTips are reports of suspected online child sexual exploitation, not cyberbullying incidents.

[18] NCMEC online enticement and generative-AI reports

National Center for Missing & Exploited Children (NCMEC), CyberTipline data and 2024/2025 reporting.

Population / measure: CyberTipline reports of suspected child sexual exploitation; reports can include duplicates and are not verified crimes or unique victims.

Locator: 2025: more than 1.4 million online-enticement reports; more than 400,000 CyberTipline reports carried a generative-AI nexus, including more than 182,000 reports involving users generating or possessing GAI CSAM, attempting to generate it, or using generative AI to engage with or alter an existing CSAM file. For reference, 2024: 546,333 online-enticement reports (+192% from 2023) and +1,325% growth in generative-AI-related reports.

URL: https://ncmec.org/ourwork/impact | https://www.ncmec.org/blog/2025/ncmec-releases-new-data-2024-in-numbers

Use / limitation: NCMEC attributes part of the year-over-year increase in online-enticement reporting to the 2024 REPORT Act's expanded mandatory-reporting requirements; trend lines should not be read as a one-to-one measure of underlying crime. The report defines CyberTips at first use and does not present them as cyberbullying data.

[19] Financial sextortion

NCMEC, CyberTipline Data, 2025; NCMEC, "2024 in Numbers" (historical comparison).

Population / measure: CyberTipline financial-sextortion reports; known suicide cases.

Locator: 2025: average 137 financial-sextortion reports per day, up 37% from 2024. NCMEC is aware of at least three dozen teenage boys in the United States who have died by suicide after financial-sextortion victimization. For reference, 2024: nearly 100 reports per day and at least 36 known deaths since 2021.

URL: https://ncmec.org/gethelpnow/cybertipline/cybertiplinedata | https://www.ncmec.org/blog/2025/ncmec-releases-new-data-2024-in-numbers

Use / limitation: Observed gender patterns do not mean boys are the only financial victims or girls the only image-based victims; any child can be exploited.

[20] Florida youth substance use

Florida Department of Children and Families, 2024 Florida Youth Substance Abuse Survey (FYSAS) State Report.

Population / measure: Surveyed Florida youth, primarily middle and high school grades as defined by FYSAS.

Locator: Past-30-day: conventional nicotine vaping 6.6%; marijuana 6.3%; both substantially below earlier years.

URL: https://development.myflfamilies.com/external/services/samh/florida-youth-substance-abuse-survey/documents/FYSA-2024/61431.pdf

Use / limitation: Statewide survey rates are not converted into counts of all local K-12 students.

[21] Florida drug-related deaths, 2024

Florida Department of Law Enforcement / Medical Examiners Commission, 2024 Drugs Identified in Deceased Persons report; FDLE release Oct. 16, 2025.

Population / measure: Florida deaths involving drugs.

Locator: Total drug-related deaths -14%; opioid-caused deaths -32%; fentanyl-caused deaths -35% in 2024.

URL: https://www.fdle.state.fl.us/news/2025/october/florida-achieves-significant-decline-in-opioid-and-drug-related-deaths-in-2024

Use / limitation: Used to acknowledge genuine progress, not to imply that counterfeit-pill risk has disappeared.

[22] DEA counterfeit-pill laboratory testing

U.S. Drug Enforcement Administration, "Fake Prescription Pills" fact sheet.

Population / measure: DEA laboratory samples of counterfeit pills containing fentanyl; not a random sample of every pill in Florida.

Locator: Current DEA page states 2 out of every 5 pills with fentanyl tested contained a potentially lethal dose; DEA identifies 2 mg as a potentially lethal amount in public-safety materials.

URL: https://www.dea.gov/factsheets/fake-prescription-pills

Use / limitation: The report makes the sampling limitation explicit and does not state that every counterfeit pill has a 40% fatality probability.

[23] Cannabis potency

National Institute on Drug Abuse (NIDA), Marijuana/Cannabis research materials on THC potency trends.

Population / measure: U.S. confiscated cannabis samples and product categories over time.

Locator: NIDA describes substantial increases in average THC concentration over past decades and much higher concentrations in some extracts.

URL: https://nida.nih.gov/research-topics/cannabis-marijuana

Use / limitation: This source supports a general statement about rising average THC concentration; it does not support a specific schizophrenia-attributable-fraction figure or a single precise "today's flower" potency range, so neither appears here.

[24] Teen use of AI companions

Common Sense Media, Talk, Trust, and Trade-Offs: How and Why Teens Use AI Companions (2025).

Population / measure: Nationally representative U.S. teens ages 13-17.

Locator: 72% ever used AI companions; 52% regular use. Among users, about one-third reported choosing an AI companion over a real person for an important or serious conversation. Common Sense also reports that 80% of users spend more time with real friends than with AI companions.

URL: https://www.commonsensemedia.org/research/talk-trust-and-trade-offs-how-and-why-teens-use-ai-companions | https://www.commonsensemedia.org/sites/default/files/research/report/talk-trust-and-trade-offs_2025_web.pdf

Use / limitation: "One-third" is among AI-companion users, not all teenagers. The report does not convert these teen-only figures to counts of all local students.

[25] Common Sense Media risk recommendation for social AI companions

Common Sense Media / Youth AI Safety Institute, Social AI Companions Risk Assessment (2025).

Population / measure: Product risk assessment and policy recommendation.

Locator: Common Sense recommends that no one under 18 use social AI companions in their current form.

URL: https://institute.commonsensemedia.org/risk-assessments/social-ai-companions

Use / limitation: The report attributes this recommendation to Common Sense Media rather than presenting it as scientific consensus.

[26] Social connection and protective relationships

U.S. Surgeon General, Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community (2023); Harvard Center on the Developing Child resilience materials.

Population / measure: U.S. population / child-development evidence.

Locator: Advisory documents broad declines in social connection and identifies connection as protective; child-development literature identifies stable, supportive relationships with adults as important resilience factors.

URL: https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf | https://developingchild.harvard.edu/science/key-concepts/resilience/

Use / limitation: The report uses “well-established protective influence” rather than asserting a universally ranked “strongest known protective factor.”

Calculation and denominator notes

- Regional enrollment: the current three-district snapshot supports the rounded statement “more than 300,000 public-school students.” District reporting scopes and dates differ, so the report does not state an exact combined count.
- Screen use: 50.4% applies to U.S. teens ages 12-17, not all K-12 students. No local count is calculated.
- Gambling: 36% applies to U.S. boys ages 11-17 in the Common Sense survey, not all students. No local count is calculated.
- Cyberbullying: The CDC’s 16% figure applies to U.S. high school students and measures electronic bullying during the previous year; the 21% figure applies specifically to female U.S. high school students. The Pew 27% figure applies specifically to teen Snapchat users ages 13–17 who reported at least one of three forms of harassment on that platform. None of these figures is converted into a Central Florida student count.
- AI companions: 72% and 52% apply to U.S. teens ages 13-17. The “one-third” finding is among AI-companion users, not all teens. No local count is calculated.
- FYSAS substance-use rates are statewide survey estimates for the surveyed youth population; they are not multiplied by the region’s K-12 enrollment.
- Central Florida ICAC’s approximately 20,000 CyberTips figure covers a 17-county task-force region and represents reports/investigations, not unique victims or verified crimes. The underlying agency documentation should be retained with the report file.

Definitions used in this report

Term	Working definition
Teen / teenager	Used only when the cited source uses a teen age range, with the age range stated where material.
Student	A person enrolled in school; local enrollment figures refer to public-school enrollment only.
Digital overuse	Heavy or poorly regulated recreational screen use that can interfere with sleep, attention, activity, or relationships. This report does not use “screen addiction” as a clinical diagnosis.
AI companion	A chatbot or AI system used for ongoing social or emotional interaction, such as a friend, confidant, or relationship simulation. This is distinct from one-off use of a general-purpose AI tool for homework, information, or productivity.
CyberTip	A report to NCMEC’s CyberTipline involving suspected online child sexual exploitation. A CyberTip is not necessarily a verified crime, a unique victim, or a local child.
Online gambling	An umbrella term that can include regulated sports betting, unregulated gambling sites, informal wagering, prediction markets, and gambling-like game mechanics. The report distinguishes these where relevant.
Online sexual exploitation	Online conduct in which a child is groomed, coerced, solicited, blackmailed, extorted, or otherwise exploited for sexual images, sexual activity, or related financial demands.

Verified Help-Line Contacts and Sources

- ✓ ***988 Suicide & Crisis Lifeline:*** *Call or text 988; free and confidential, 24/7. https://988lifeline.org/*

- ✓ ***888-ADMIT-IT:*** *Florida Council on Compulsive Gambling HelpLine; call or text. https://gamblinghelp.org/*

- ✓ ***CyberTipline:*** *Report suspected online child sexual exploitation to NCMEC. https://report.cybertip.org/*

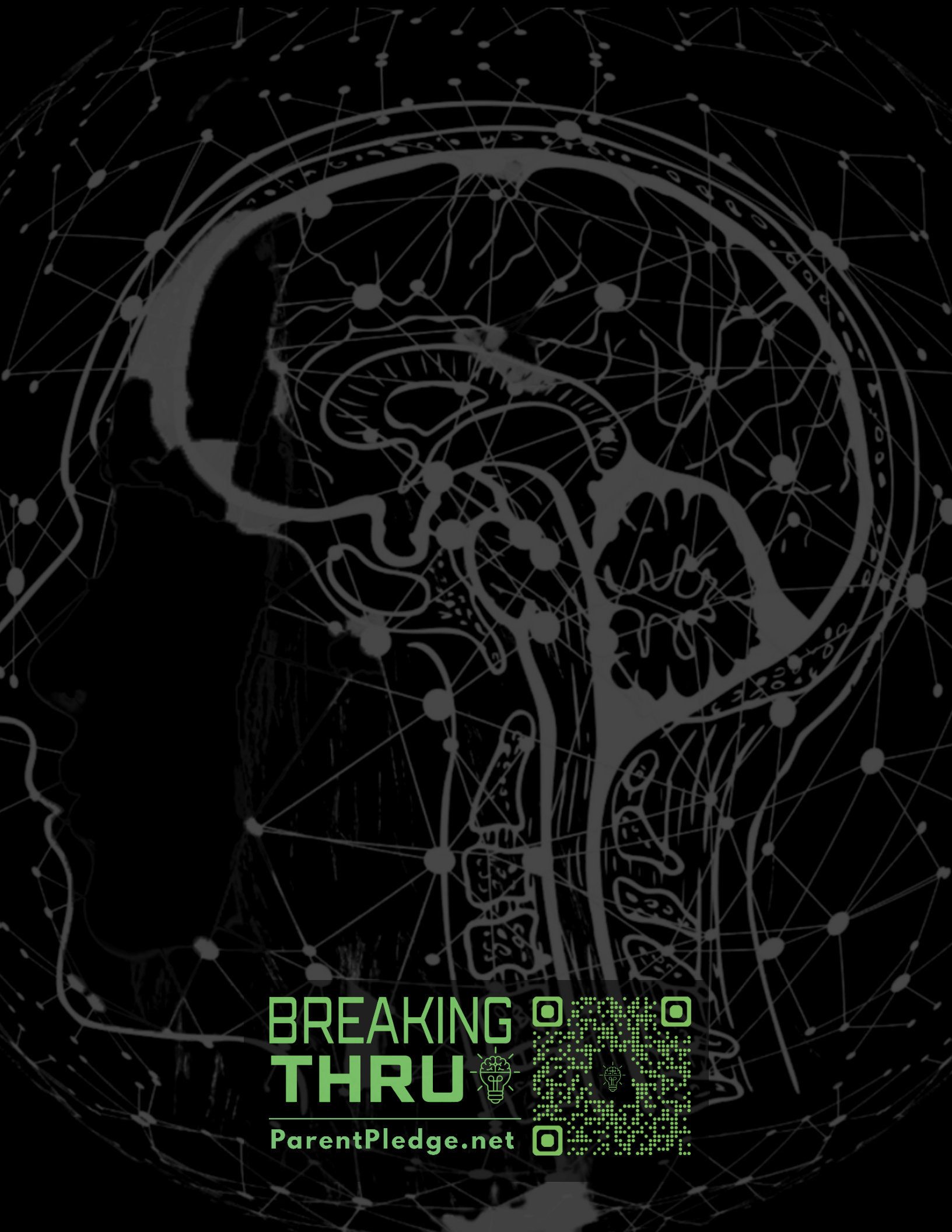
- ✓ ***Take It Down:*** *NCMEC service that helps remove or stop sharing of nude, partially nude, or sexually explicit images taken before age 18. https://takeitdown.ncmec.org/*

- ✓ ***FBI:*** *Report sextortion and other federal crimes: 1-800-CALL-FBI or tips.fbi.gov. https://tips.fbi.gov/*

- ✓ ***SAMHSA National Helpline:*** *1-800-662-HELP (4357), free and confidential treatment referral/information. https://www.samhsa.gov/find-help/helplines/national-helpline*

- ✓ ***211:*** *Local community resources and family support. https://www.211.org/*

- ✓ ***911:*** *Immediate danger or medical emergency.*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