



**NEW YORK CITY DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE**

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*Health Commissioner*

Testimony

of

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Division of Mental Hygiene**

**New York City Department of Health and Mental Hygiene**

before the

**New York City Council**

**Committee on Mental Health and Substance Use**

**Committee on Children and Youth**

**Committee on Oversight and Investigations**

On

**Oversight: The Effects of Social Media and Screen Time on Youth Mental Health  
Introduction 451-2026**

April 21, 2026

Council Chambers – City Hall

New York, NY

Good afternoon, Chair Stevens, Chair Caban, Chair Krishnan and members of the Committees. I am Dr. Jorge Petit, Executive Deputy Commissioner and Director of Community Services for the Division of Mental Hygiene at the New York City Department of Health and Mental Hygiene (the Health Department). I am joined today by Marnie Davidoff, Assistant Commissioner for Children, Youth, Families, and Intellectual Developmental Disabilities and colleagues from the Department of Youth and Community Development. Thank you for the opportunity to testify today.

This is my second week on the job, having started at the Health Department just last week. I come to this hearing with more than 30 years of experience in public behavioral health as a community psychiatrist and physician leader – with a deep personal connection to the communities we serve. I previously served at this very agency as Associate Commissioner for the Division of Mental Hygiene from 2004 to 2007, and I am honored to return in this new capacity under Commissioner Dr. Alister Martin. I am also a father. Watching my own sons navigate a world shaped by social media has given me a ground-level view of what our data reflects: that the pressures young people face today are real, relentless, and deserve our full attention as public health leaders and as a city.

Adolescence is a pivotal period for developing the social and emotional habits that shape mental health and wellbeing. When children and youth have good mental health, they are empowered to realize their abilities, have fulfilling relationships, learn and work productively, and engage with their communities.

Before I speak to what we currently know about the relationship between social media and mental health, I will first describe the Health Department’s work to promote and protect youth mental health broadly.

We strive for a city where all children, youth, families and communities have equitable access to the conditions, opportunities, resources and care they need for good mental health. Beyond treating a young person’s mental health needs, we must also holistically support them to help them achieve their goals and live fulfilling lives.

We advance this vision by providing public health surveillance and insights, supporting a continuum of services, and providing technical assistance and guidance to our providers and communities. This includes behavioral health supports across the life span. From our perinatal mental health clinics to our programs supporting young adults with serious mental illness to live full, meaningful lives. As the local government unit for youth mental health services in the City, we play a pivotal role in understanding, shaping, and overseeing this landscape.

Public health research and surveillance allow us to glean insight into the state of youth mental health in our city. Unfortunately, many youth in NYC are reporting symptoms associated with poor mental health.

In an [Epi Data Brief](#) we published this month - 35% of public high school students said they had felt sad or hopeless for more than two weeks in the last 12 months. While we are encouraged that this is slightly lower than 38% reported in 2021, we see troubling inequities among youth by race and ethnicity, sexual orientation, and gender identity. High school students who identified as female were more likely to have felt sad or hopeless than males (45% vs. 26%). Latino youth were more likely than white youth to have felt sad or hopeless (41% vs. 33%). LGBTQ youth were more likely to report feeling sad or hopeless compared with non-LGBTQ youth (49% vs. 31%).

Another [Epi Data Brief](#) published in September reported that suicide-related behaviors have increased among New York City public high school students between 2013 and 2023. We are very concerned with this trend, along with the stark inequities by race and ethnicity, sexual orientation, and gender identity we again observed. In 2023, public high school students who identified as Black, Latino, or multi-race, were more likely than white students to report suicidal ideation. 35% of public high school students who identified as gay or lesbian reported suicidal ideation in 2023, compared to 12% of heterosexual students.

This is painful information to hear. These are our families, children, and lives. While this is difficult to share - it is critical to do so with the public, advocates, our government partners, and Council so we can work on solutions together.

That brings me to the wide range of mental health services and supports that the Health Department provides for our City's children and youth. We work closely with the State Office of Mental Health, community-based organizations, and providers to administer a robust array of youth-focused mental health services across our city.

The Health Department's programs cover crisis intervention, suicide prevention, school-based mental health clinics, care coordination, family support, and more. We contract Children's Mobile Crisis Teams, home-based crisis intervention programs, and family-based crisis assessment and stabilization services. Our Caring Transitions program provides support to youth who have been hospitalized or seen at an emergency department for suicidal behavior within 24 hours, and for up to 3 months following discharge. Repeat suicide attempts are greatest within 30 days following discharge, so this provides follow up care during this critical time frame. And of course, 988 is a resource for every New Yorker – including our youth and children.

The Health Department also provides an array of non-clinical resources to assist youth and families in building community, emotional support, skills, and connections to resources. Our Family and Youth Peer Support Program empowers and supports parents and caregivers, as well as children and youth experiencing social, emotional, developmental, substance use or behavioral challenges. This network consists of partner organizations in each borough that provide an array of services, such as emotional support, assistance in navigating child-serving systems, information on mental health conditions and family rights, referrals to appropriate services and resources, skills

development, and recreational activities. All services are free and available for direct access. We also have Adolescent Skills Centers, which provide a range of strengths-based integrated services to address educational, vocations, and social-emotional needs of youth with Serious Mental Illness. Additionally, our technical assistance programs, such as Strong Families and Building Resilience in Youth, help community-based organizations build mental health awareness, counseling skills, and referral pathways.

Paramount to the success of these programs is the ability to center youth voices. This year marks the second year of our Youth Committee on Mental Health, where 23 young people between the ages of 15 and 24, representing all 5 boroughs, come together monthly to inform the programming, policies, and strategies of our youth mental health work. The subcommittees of this group include Suicide Prevention, Crisis Prevention and Services for Youth, and Social Media's Impact on Mental Health.

I'll now speak to what we currently know about the relationship between social media and youth mental health, and the guidance we provide to help families and communities navigate it.

Social media is increasingly shaping the lives of young people. There are some clear and observable ways in which the mental health of children and teenagers is impacted by social media. Some of these impacts show up in the data, while others show up in our everyday lives as parents, caregivers, and educators.

It's important to recognize that social media may have some positive impacts and ensure that we preserve those effects. Among teens, 12% say social media has a positive impact on their mental health and 4% say it has a negative impact on their mental health. The majority of teens (58%) believe social media has both a positive and negative impact on their mental health.

At the same time, between 2013 and 2023, there was an increase from 27% to 35% of public high school students who reported feeling sad or hopeless. Teens who used social media several times a day, or more than once an hour, were significantly more likely to feel sad or hopeless compared with teens who did not use social media.

In 2023, we released a special report on social media and youth mental health to publish the findings from a one-time deep dive into this topic. Following this analysis, we issued guidance for [parents, caregivers](#), and [leaders of youth serving organizations](#) to reduce the harm social media can pose on young people. It includes information to empower social media skill development, reducing exposure to harmful content, and advocating to make social media less harmful.

As a city, we cannot limit our response to education and guidance alone. The Health Department has called on social media platforms to implement stronger default protections for minors, including limits on algorithmic amplification of harmful content, robust age-appropriate design standards, and meaningful transparency in how content is curated for young users. We have also urged our federal and state partners to advance legislative frameworks that hold

platforms accountable and invest in the research infrastructure needed to understand – and address – the long-term mental health impacts of social media on our children. We are pleased New York State took steps on the Safe for Kids Act. We are also supportive of efforts at the federal level, including the Kids Online Safety Act (KOSA), which aims to strengthen protections and accountability for minors online.

With that, I'll turn to Introduction 451, which relates to reporting on the effects that social media has on youth mental health.

The Health Department appreciates Council's interest in this important topic affecting young people, not only in this city but across the world. We think it is important to understand the effects of social media on youth, which we have begun doing through the biennial Youth Risk Behavior Survey (YRBS). The YRBS provides us with data we've used to inform our programming and creates a snapshot of the landscape around youth mental health more broadly. We would like to discuss this work with Council, and how we can meet the goal of providing more information to the public that is actionable and rooted in behavioral health science.

My colleagues from the Department of Youth and Community Development will speak to other pieces of legislation before the committees today.

The Health Department is deeply committed to promoting youth mental health and assisting families in navigating mental health challenges, including those associated with social media. I also want to thank our partner providers who carry out this important and challenging work every single day. Thank you for the opportunity to testify today. I look forward to answering your questions.