

“Not Unwell Enough”: The gap between Mental Health Discourse and Treatment Seeking Among Post-Pandemic Adolescents

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ABSTRACT

The COVID-19 pandemic disrupted adolescent mental health and development in unprecedented ways, yet few studies have examined how young people retrospectively interpret their experience and construct thresholds for help-seeking. This qualitative study explores how adolescents who came of age during the pandemic understand their mental health and how these understandings guided their willingness to seek help. Semi-structured interviews were conducted with high school seniors at a Las Vegas private school in September of 2025, examining their experiences before, during, and after lockdown. Thematic analysis revealed four key findings: First, participants experienced the pandemic as a temporal rupture that hindered their social development while accelerating perceived maturity. Second, despite increased mental health discourse online, the superficial quality of online wellness content generated confusion around authenticity and legitimate suffering. Third, family and peer networks functioned as alternative therapeutic support systems that replaced, rather than facilitating, access to professional care. Finally, expanded mental health discourse, paradoxically, raised the standard of what counted as “sick enough” to warrant help, producing an environment of apathy rather than productive help seeking. The findings suggest that visibility alone does not immediately translate into effective support; adolescents need clear guidance in interpreting their emotional experiences and interventions tailored to their specific circumstances.

INTRODUCTION

The COVID-19 pandemic disrupted adolescent life at a critical developmental stage, altering social routines, educational structures, and daily patterns of interaction. Rates of anxiety and depression among adolescents rose 25% during the first year of the pandemic (WHO, 2022), compounding trends that predated lockdowns. Schools closed, peer networks fragmented, and uncertainty became a defining feature of everyday life. Public health agencies, educators, and media outlets responded with an unprecedented emphasis on youth mental health, framing adolescents as a particularly vulnerable

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population in need of support. By 2021, mental health had become a central theme in school programming, public discourse, and online platforms.

While many studies have documented rising rates in adolescent depression and anxiety during the pandemic, far fewer have examined how young people's understanding of emotional well-being itself has shifted. Prior to 2020, adolescents tended to frame emotional struggles in terms of academic pressure or peer relationships (Yarger, 2023). Emerging work during the pandemic, however, indicated that adolescents began to see their well-being as deeply interconnected with broader social, environmental, and global factors, adopting a clinic vocabulary such as “anxiety,” “depression,” and “burnout,” previously associated with adult discourse (Rider & McMorris, 2021). This broadening of both framework and language suggests a shift in how adolescents conceptualized mental health, yet few studies have investigated whether these discursive shifts altered adolescent help seeking behaviors.

The rates of psychological distress among adolescents were already increasing prior to 2020. For example, the prevalence of depression in the US increased from 8.7% in 2005 to 13.2% in 2017 among adolescents aged 12 to 17 (Galderisi et al., 2019). These rates continued to rise during the pandemic, though the true scale of adolescent distress was possibly underestimated. Prevailing definitions of mental health emphasise stability and productivity — frameworks that may not capture how adolescents experience distress, especially during collective disruption (WHO, 2001). Teens who maintained academic performance and appeared outwardly functional may have not registered as struggling.

The most significant disruption to adolescent life in 2020 was the end of in person schooling and transition to virtual learning (Davico et al., 2024). Isolated at home, many students struggled with motivation and felt apathetic about their educational future (CDC, 2022). Nearly two-thirds of students in the U.S had difficulty completing their schoolwork after the onset of the pandemic , with difficulties concentrated among those experiencing parental job loss, food insecurity, or heightened family stress (2022).

Beyond academic disruption, teens faced a hindered period of social development. Adolescence is a developmental period characterized by identity formation, expanding autonomy, and heightened sensitivity to peer norms (National Academies of Sciences, 2019). The pandemic disrupted many of the social milestones that typically structure this stage— including religious rite of passage, first experiences of independence from the family unit, new interpersonal connections, and extracurricular exploration – while simultaneously prompting new forms of resilience and self-reliance in response to prolonged isolation (2019).

Existing research on adolescent mental health during the pandemic has largely focused on symptom prevalence, service utilization rates, and structural barriers to care (Davico et al., 2024). While essential, these approaches often overlook the interpretive processes through which adolescents decide whether help-seeking is warranted. Access to services is only one component of engagement; equally important is whether individuals perceive their distress as legitimate, serious, and deserving of professional attention. Little attention has been paid to how new forms of maturity and self-reliance mentioned above impacted

adolescent willingness to seek formal support. Understanding these subjective thresholds is particularly important in a post-pandemic context where mental health discourse has become both normalized and highly visible.

With in-person interactions curtailed and typical social milestones canceled, many adolescents turned to social media as a way to cope with isolation during the pandemic (Marciano et al., 2022). Evidence on the effects of this shift is mixed. Some studies show that social media platforms somewhat successfully reduced feelings of loneliness, while others note that there is a positive association between social media overuse and poorer well-being, likely driven by misinformation, rumors and alarming news circulating during COVID-19 (Fung et al. 2020). The latter compounded by the nature of pandemic era content that encouraged compulsive consumption known as “doom scrolling.”

In addition to serving as a social substitute, social media became a primary vehicle for mental health discourse during COVID-19. The prevalence of mental health influencers, ranging from licensed clinicians to self-styled wellness advocates, expanded rapidly offering accessible language for symptoms, trauma, and self-diagnosis to mass audiences (Pretorius 2022). While this digital expansion amplified awareness and visibility, it remains unclear whether the growth of online mental health discourse and services substantively improved adolescent well-being or meaningfully lowered barriers to care.

Before the pandemic, online treatment resources were less easily accessible (Stepanova et al., 2024). During and after lockdowns, however, digital clinical intervention became more common (i.e., telehealth), with online talking therapies constituting the most common form of mental health support at 64.82% (Parsons et al., 2023). Treatment expansion was not limited to the digital world; schools increased their role as mental health access points, incorporating social-emotional learning curricula, on-site counseling services, wellness check-ins, and structured programming designed to identify and support students in distress. The opening of both digital and school-based platforms suggests that the structural gap between access and need may have narrowed, yet, whether this increased availability of support translated into lower subjective thresholds for adolescent help-seeking remains a question.

Despite this growing visibility, mental health remains a confusing and often misunderstood concept for many teens, and individual interpretations of what constitutes a “mental health problem” can strongly influence whether and how young people seek support (Villatoro et al., 2022). Existing research highlights the immediate symptoms of psychological distress during the lockdown, but rarely considers how teens made sense of those experiences over time. This study seeks to explore how adolescents reflect on the changes they experienced during the pandemic, and how these changes influenced their mental health and desire to seek help. Ultimately answering the research

Drawing on retrospective accounts from adolescents in Las Vegas, this study examines how post-pandemic adolescents construct thresholds for mental health help-seeking. This study draws on the concept of mental health literacy (MHL), first defined by Jorm (1997) as “‘knowledge and beliefs about mental disorders which aid their recognition, management or prevention’ which encompasses the ability to recognize specific disorders, knowledge of risk factors and available treatments, attitudes

facilitating help-seeking, and knowledge of how to access health information. The underlying logic of MLH is that improved knowledge leads to better recognition, which in turn facilitates appropriate help-seeking (1997). This knowledge-to-action pathway has informed a substantial body of intervention research aimed at increasing awareness of mental health and promoting help seeking behaviors (1997).. The findings show that increased visibility of mental health discourse paradoxically raised the bar for what counts as legitimate suffering. Rather than uniformly encouraging help-seeking, expanded awareness led adolescents to compare their experiences to more severe narratives of distress, questioning whether they were “struggling enough,” and delaying or avoiding seeking support. By centering teens’ own reflections, this study offers insight into how shifts in mental health discourse shape young people’s evaluation of whether they deserve help

METHODS

This qualitative study was conducted in September of 2025, using semi-structured interviews. Participants were Las Vegas high school seniors from a small private school. Interviews were conducted via Zoom, with each being approximately 45 minutes long. To be eligible participants must be; 1) a senior; 2) Aged 17-18; 3) willing and able to provide consent (including parental consent); 4) comfortable participating in a 30-45 min interview. This study used purposive sampling to recruit a small group of five peers from the researcher’s network. Given the exploratory and vulnerable nature of this study, a small sample size was appropriate for generating detailed and in-depth accounts. The sample represented gender diversity, variation of mental health backgrounds, and both public and private school experiences.

Currently, health literacy is understood to encompass a range of competencies that enable individuals to obtain and maintain health, recognize illness, and navigate health information and services effectively. This includes knowing how and where to access care, how to evaluate health information, and how to properly apply prescribed treatments. It also involves developing skills related to social capital, such as understanding health rights and advocating for improvements in health and healthcare systems. Importantly, health literacy is considered developmentally appropriate, contextually applied, shaped by multiple stakeholders, and disseminated through institutions such as schools, workplaces, and mass media.

This study draws on Kutcher’s model of mental health literacy to evaluate whether increased mental health awareness during the COVID-19 pandemic was developmentally appropriate and contextually relevant for adolescents. Traditional models of mental health literacy often rely on a deficit framework, which assumes that a lack of knowledge leads to reduced help-seeking behaviors. As noted by Jorm (2000), such deficits can also hinder effective communication with health practitioners. In this view, limited literacy contributes to difficulties in recognizing symptoms of mental distress, thereby reducing the likelihood of seeking help.

However, the current study extends Kutcher’s model by challenging this assumption. Findings indicate that increased knowledge does not necessarily translate into greater help-seeking behavior. Participants

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reported heightened awareness of mental health during the pandemic and were able to identify symptoms and resources. Nevertheless, the barrier was not a lack of knowledge, but rather an overgeneralization of information and a lack of interpretive capacity. This gap prevented knowledge from being effectively translated into health-seeking action.

Data collection was guided by a semi-structured interview protocol that addressed three primary domains: 1) personal understanding of well-being before, during and after COVID-19; 2) mental health transformations catalysed by the pandemic; 3) pandemic influence on help seeking behaviors. Audio files and notes were transcribed immediately after the interview with all identifying information removed. All research related files were stored in an encrypted, password-protected storage system. Pseudonyms were used in all write-ups to ensure confidentiality. This study received IRB approval, please see appendix.

Analysis followed an inductive thematic approach using Dedoose software. The transcripts were analyzed inductively, meaning analytical categories emerged from the data rather than imposed beforehand. Initial reading of the transcripts generated preliminary code which were then refined and reorganized as additional transcripts were analyzed. Codes were then grouped into recurring patterns through ongoing comparative analysis. The iterative approach aimed to remain grounded in the participants' personal narrative, while identifying key patterns related to their mental health experience and treatment. Two coders (the student researcher and the PhD mentor) coded the initial subset of transcripts and resolved discrepancies by consensus.

POSITIONALITY

Results

A total of five qualitative interviews were conducted and analyzed. Four key themes emerged : 1) ruptured time and adolescent development; 2) digital worlds and the influence of social media; 3) transformations in familial and peer relationships; and 4) discourse and legitimacy in mental health help seeking.

Ruptured Time

The pandemic represented a major temporal rupture for participants who were coming of age during lockdown. The key theme that emerged from the interviews was “time” or the shifting ways participants experienced social and academic stagnation alongside accelerated maturity during and after the pandemic. Having navigated lockdowns largely on their own, many developed emotional self-management, resilience, and personal responsibility to overcome difficult housing and academic situations. These changes subsequently shaped how participants related to help seeking having grown up through this crisis.

Jonas, who was in sixth grade at a local public school in 2020, describes pre-pandemic as “the best years” of his life and rates his happiness as “100 out of 10.” The sudden isolation, transition to online learning,

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and inability to participate in social and academic events he was looking forward to produced a complete loss of motivation and a sense of stagnation and paralysis. As Jonas recalled, “it’s just like motivation goes out of the drain whenever you’re at home. You just want to be in your bed and you can’t focus at all. I could literally not care if I was late to class, I would not care at all. I started saying to myself, ‘I care less about school’ and that really annoyed me.” This temporal disruption was not only theoretical but deeply embodied in participants’ everyday experiences. Jonas’s account illustrates how the sudden collapse of structure translated into emotional and academic disengagement.

After two years of lockdown in Nevada, by 2022, students began slowly re-integrating into an in-person environment with all COVID-19 precautions in place. A two year absence at that age, meant that students felt they were returning changed from who they were pre-pandemic. This process of re-integration introduced significant academic and social challenges. While Jonas experienced this rupture primarily as a loss of motivation, Leah, who transitioned from public to private school, reflected that a prolonged period of remote learning led to disorientation and academic struggle. Leah recalls, “Math has never been my strong suit... I was so confused and this teacher, it felt kind of expected that I would of course know, because I was coming from the same grade level... I just don’t remember understanding any of it and not feeling very supported in that... It was just my first year that was really rocky. And getting back into the flow of being in a classroom, being academic, when I had just spent all my time not doing that, was a big change.” After two years at home, a traditional classroom setting was suddenly foreign for Leah, contributing to a sense of having fallen behind.

Similarly, when Matthew transitioned to a new school after lockdown he found himself becoming a new kind of student. This transition marked the boundary into greater maturity, as Matthew describes, “I remember afterwards [post-lockdown] being a much more serious student and that imagination and all those things that were so childlike I feel kind of went away s.” Matthew entered lockdown in his mind as a child, and having lost two years of developmental milestones, he felt that he lost his childhood self upon return to school. Returning to a structured learning environment led to an acceleration of maturity, displacing childhood wonder during reintegration.

Beyond academic reintegration, social reintegration required students to navigate unfamiliar forms of connection through masks and social distancing. Reflecting on her return to school, Leah stated “It’s a little weird. I remember we had to eat socially distanced. So that was one odd thing. Normally, when you’re making friends in middle school you’re close to each other. And then we had to social distance. And it just didn’t feel natural.”

Lily, who returned to the same private school post-lockdown acquired newfound social anxieties and felt she could not return to the same social behavior she had before COVID-19. As she explains, “ I make sure that I don’t share food with anyone anymore. I make sure that before I go into any rooms or anywhere that I have never been to, I use hand sanitizer or wash my hands. Especially with people that I don’t really know, I try to keep my distance a little bit until I get to know them. I have this kind of like, I don’t want to say phobia, but something definitely changed after COVID.” The social disruption of the pandemic, resulted in a redefinition of participants both as academic and social beings, producing a disjuncture with

who they were before. As Lily explains, “I was kind of young before COVID, but I do remember I was very, very happy, like a normal child would be. But after COVID, I feel like a lot of phobias came with the virus ending. I do stuff now. I take precautions that I wouldn't have taken beforehand.”

The post pandemic period also marked a significant phase of emotional self-revelation around mental health among adolescents, as many felt a new sense of self when re-entering school environments as described above. Matthew's experience illustrates this change,

“I was so worried about sharing. I had to go through this entire journey by myself without any support...But thinking about it in hindsight that refusal to kind of get professional help might have contributed to some other mental issues that I had down the road. And looking back at it, I wish I talked about it with my parents. But overall, it also helped me to be more independent and in control of my own mental state. I kind of just reflected and I realized, you know what? What I faced were true challenges, but I'm not going to let it kind of define me. So during that summer, I kind of just smiled more. I became more positive. I had a more positive outlook on life.”

Although acknowledging that professional intervention might have prevented later difficulties, the self narrative Matthew constructs frames reluctance to ask for help as ultimately more beneficial to his long-term emotional state. As much as teens experienced lingering emotional distress from the COVID-19 pandemic, they also formed new ways of coping and emotional self-reliance, like Matthew, that emerged separately from professional help.

Digital Worlds

During the COVID-19 pandemic, social media became oversaturated with mental health discourse, leading to what several participants described as overexposure and toxic algorithmic wellness. Many found themselves spending more time online due to lockdowns, and felt targeted by performative mental health influencers. Matthew argues that social media turned mental health into a form of hierarchy, where individuals exaggerated struggles “for clout” or “sympathy from the internet.” According to Matthew:

“They [influencers] over-exaggerate some mental like problems that they have or it might not even be a mental problem, it could simply just be a little adversity that they're facing and they all of a sudden call it mental health. One thing that I truly despise about that is people who genuinely go through mental health issues are now being ignored because these fake people who fake having a mental problem simply for views, attention and sympathies. They give a bad name to mental health, and then people who truly have mental health issues will be dragged along with this.”

However, not all algorithmic effects were negative. Kennedy, also a sixth grader during the pandemic, emphasized that depending on a person's algorithmic feed, users could find mental health resources, positive messaging, and hotline information shared by celebrities and advocacy accounts. “I follow

accounts about mental health and positive things, so I definitely see it [mental health advocacy] a lot... I think that there are a lot of accounts that are dedicated to mental health. And also I follow a lot of celebrities and often see them raising awareness about hotlines to call.”

While Kennedy’s experience shows that social media platforms were attempting to address the growing mental health crisis, other participants found them ineffective. Jonas reflected on this disconnect, explaining that while he frequently encountered mental health resources, he never utilized them:

“I never clicked on one of those [social media mental health links] or did any one of those. But a lot of kids might not have even done that for many different reasons. Maybe they thought they had it handled or they probably didn't know they were having issues. So I think that didn't have much of an effect on kids.”

Leah expressed similar skepticism about the usefulness of online mental health tools. She described, “Personally I don't find them very helpful. I don't like them but they might be for some people I don't know... So I think Snapchat, at least for me, was an awful thing. And Instagram just sucks my energy and time. And I feel worse after I spend a lot of time on it.”

In contrast, Lily offered a more optimistic view, suggesting that, “I think any form of therapy is helpful. I think the fact that somebody has somebody...or the person with mental health issues has somebody to talk to in the first place is already one step in the right direction. I don't think it matters if it's virtual or in person but I think any form of therapy or professional help is amazing.” Notably, however, Lily had never used an online mental health resource herself. Between the performative culture online and the addictive algorithmic technology, participants felt social media created available but not meaningfully engaging mental health resources, leading to teens leaving those online tools unused.

Family and Friends as Alternative Therapeutic Worlds

During the COVID-19 pandemic, adolescents’ access to formal mental health services was often limited, leading many to rely more heavily on their immediate social environments for emotional support. Some participants actively chose to forego professional health, instead engaging with their family as their therapeutic outlet. For example, Lily felt that her family functioned as a complete support system that eliminated the need for professional intervention:

“I tell my parents about everything, like even the little nitty gritty like, oh, I was nervous for a test or whatever. Like I tell them everything and they help me with a lot of that stuff, you know. So I don't think I'll ever need to go to professional help like fingers crossed. But yeah, I just talk to my parents about that kind of stuff. It doesn't matter how small or how big.”

Her account highlights how open communication at home fosters a sense of safety and accessibility. This not only makes professional care in Lily’s eyes redundant but also makes professional help seem undesirable.

While Lily equated the therapeutic and family worlds, being part of a stable family unit also meant mental health disclosure was not always possible. Matthew, whose family experienced financial struggles, reflected that despite these struggles he “still had a loving family who continued to support me.” Despite this bright view of his family situation, he struggled disclose his emotional difficulties, not wanting to disrupt a household already under strain; “I was overall really just not comfortable telling this [emotional struggles] to my parents not because they're bad or anything, they're always supportive of me, but rather because of the guilt that I felt knowing that, they had a lot more of a stressful COVID period than I did. Like, obviously they had to deal with the real world... So I didn't want to bother them during that time.”

Lockdown restrictions also collapsed boundaries between private and public life, forcing people to live, work, and learn in the same confined environment. While Matthew avoided disrupting the family equilibrium, for Kennedy the disruption came from the outside. Kennedy's parents chose to move in together despite having a broken relationship. This negatively altered her home environment. “Because of COVID, they chose to move in together. So I wasn't used to being around my mom all the time...I remember my relationship with my mom getting fairly bad. So I'd say that that's like the only thing that was bad for me during COVID. And, because of isolation, I was kind of stuck with her.”

Despite experiencing suicidal ideation, Kennedy did not want to participate in online therapy due to a sense of surveillance and loss of privacy within the home. She noted, “I didn't want to do it online because I was scared that my parents would hear me. I just felt like I would be more comfortable doing it in person. So I really know that they couldn't hear and that no one else could hear, I guess.”

Despite facing different situations at home, both Kennedy and Mathew were uncomfortable speaking to their parents about their mental health struggles during lockdown.

Beyond family, adolescents leaned on their friendship networks as alternative support structures. Jonas reflected on how his friendships offered reliability and reassurance and he didn't feel he needed support from a mental health intervention. He states, “I just have friends. I didn't go on any one of those [therapy resources]. I wouldn't say I had too severe of mental health issues from that. But I would say that I always had friends for different things and I had trustable friends.” His account suggests sophisticated understanding of distributed emotional support, where different interpersonal relationships served different therapeutic needs without requiring formal support.

Overall, these accounts reveal how adolescents actively constructed alternative therapeutic worlds that bypassed formal healthcare systems. Rather than having no care at all, participants used family and friends to meet their needs. Of course, this was not a perfect system as some experienced structural constraints that limited their therapeutic opportunities. Notably, family members and friends did not encourage or connect the participants to further healthcare, rather serving as a means to an end.

Legitimizing help seeking

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Although mental health awareness expanded significantly during COVID-19, particularly through social media and school-based initiatives, this increased visibility did not necessarily translate into a clear understanding of mental health and help seeking for participants. Rather than providing clear guidance, mental health discourse often left adolescents uncertain about how to interpret their own emotional experiences, especially when distinguishing between “normal” stress and clinically significant distress. This ambiguity shaped how they evaluated their own suffering, constructed personal thresholds for help-seeking, and assessed whether their struggles were legitimate enough to warrant support. As a result, across all participants, mental health was recognized as real, yet not necessarily for *them*.

Lily described a series of phobias she experienced around contagion and infection during COVID-19. However, each time Lily admitted to experiencing health anxiety, she immediately withdrew and downplayed the claim:

“After COVID, I feel like a lot of phobias came with the virus ending. I do stuff now. I take precautions that I wouldn't have taken beforehand. I feel like my emotional levels right now are still probably the same. I'm more cautious with some stuff. So I make sure that I don't share food with anyone anymore...I try to keep my distance a little bit until I get to know them and stuff like that. Like overall, I have this kind of like, I don't want to say phobia, but something definitely changed after COVID.

Lily's precautionary hygiene rituals continued after the pandemic, but she rejected labelling anything as pathological or trauma-based and did not seek support.

Confusion around the right amount of “unwell” to seek help also resulted in internalized hierarchies of deservingness. For example, Matthew perceived himself as more fortunate than others, and felt it was wrong to complain:

“I knew that compared to others my situation was much more favorable. I had it much better than the other kids so because of that it felt wrong for me to complain about my situation when my situation is so much better than others. So because of that, I didn't really talk about it [mental health]... I try to keep it concealed.”

Despite wanting emotional support, Matthew's comparative logic left him unsure whether he deserved help and led him to hiding his emotions instead.

Participants also saw mental health discourse as having a negative impact on their peers. Jonas described the ways in which mental health promotion left his peers more “toxic and introverted” and “more sensitive” to the realities around them. Adding that “I think it affected them very much. I think a lot of people were just starting to forget certain societal norms and started to become more sensitive to a lot of stuff.” Witnessing these effects on his peers actually deterred engagement for Jonas.

While participants recognized the importance of accepting mental health, they saw this new awareness as somewhat superficial. Thus, rather than decreasing participants' help seeking threshold, mental health discourse in the post-COVID period appeared to enter an atmosphere of apathy. As Jonas summarized “ I think they tried to make the message that mental health matters, but I don't think they did it in the correct way for the correct audience. They didn't emphasize it properly. Like, you know in school meetings they have all this stuff about, oh, don't do drugs, oh, don't do this. Like, the kids can care less. You have to make it in a way that the kids actually see it and care. And you have to connect with them. Say it in a way that they understand and not just throwing it out there. And they didn't do that.”

Similarly, Leah stated that in an oversaturated advocacy environment with authenticity hard to prove, some young people just stopped caring “ I know during COVID how depressed people became and I definitely know that has definitely become something that's been highlighted but at the same time there are a lot of people who just don't care and who kind of yeah dismiss it.” Thus, while the participants recognized the importance of mental health, they regarded this new found awareness as largely superficial. The initiatives fell hollow, failing to translate into a meaningful connection, structural transformation, or an uptick in help seeking.

DISCUSSION

This study explored how adolescents who lived through the pandemic view their emotional well-being and decide when they should seek mental health support. Using in-depth interviews with high school students, this study retrospectively examined their social, digital, and familial worlds before, during and after the pandemic. Overall, while the pandemic made mental health more visible and support more accessible, participants continued to struggle to define what mental health is and when distress is legitimate enough to warrant professional help.

Despite increased awareness of mental health across social media platforms and schools, participants struggled to locate a threshold between “normal” emotion and legitimate mental illness, using ideas of authenticity, performativity, burden, and severity to shape whether they saw themselves as entitled to care. Rather than making self-evaluation and help-seeking easier, increased visibility raised the bar for what counted as “sick enough” and led to confusion around diagnostic information. The growing trend of treating diagnoses as aesthetic or identity markers on social media contributed to this confusion, blurring the boundary between lived experience and performance. Many described feeling “not unwell enough” either because their experiences seemed less extreme than those portrayed online or because conditions such as anxiety appeared so commonly referenced that their own struggles felt minimized.

One fundamental issue of broadly increased awareness for participants was “relatability,” or the generalization of mental health messaging across schools and online platforms. Each participant had a different understanding of mental health shaped by their own family, previous mental health conditions, and personal online engagement. As a result, universal campaigns were seen as ineffective and

unrelatable, with participants expressing a preference for individualized support from family, friends, or finding internal support.

While this paper does not argue against the importance of mental health campaigns and low barrier access, participants underscore how when mental health becomes universally relevant, it risks becoming overemphasized, ultimately reducing its perceived usefulness. This creates a “reliability paradox”: when everyone potentially has mental health struggles, then no individual feels that their problems are unique and legitimate.

Salerno's (2017) work on school based mental health interventions shows that generalized mental health campaigns in schools tend to be ineffective precisely because they are not individualized. Our findings specify why Salerno's observations hold true: institutions tended to increase knowledge about mental health in abstract terms. All participants could identify depression and anxiety in abstract terms but failed to understand how they personally fit into mental health care as a whole. Imran et al., (2020) argue that effective interventions must prioritize resilience building through personalized communication to address adolescent fears and concerns, encouraging routines and physical activities, and alleviating loneliness.

Another major theme amongst the participants was the feeling of “lost time” as they missed major adolescent milestones due to lockdown. The pandemic significantly disrupted processes of social, religious and other identity formation, restricting access to vital socialization at a time when peer interaction is most needed for teen development (Ellis & Zarbatany, 2017). This contributed to heightened stress and compounding mental health difficulties as adolescents struggled with confusion around identity formation and social futures (Magson et al., 2021; Muñoz-Fernández & Rodríguez-Meirinhos, 2021). For example, participants' Bar and Bat mitvah's, a key transitional religious event that emphasizes a teen becoming an adult, were altered due to COVID, changing the ways in which they imagined reaching religious adulthood.

To cope with this period of suspended adolescence, participants developed a stronger understanding of their own behaviors, how to manage emotionally and gained a greater sense of independence. This self-reliance became a source of pride that simultaneously reinforced hesitancy to seek help. Research on pandemic era coping supports these patterns. Junus et al., (2022) found that adolescents with higher self-reliance were less likely to seek professional help and perceived available social support more negatively— a pattern intensified by prolonged isolation. Participants in this study experienced lingering effects of the pandemic even as they described themselves as more mature, suggesting that self-reliance and unresolved distress co-exists. Further interventions may need to frame help-seeking in ways that are compatible with, rather than opposed to, self reliance. These findings carry implications for schools, counselors and youth support systems. Approaches that reduce ambiguity around help seeking and make mental health support feel legitimate, such as brief check-ins, informal conversations and early interventions, may help adolescents understand that they do not need to be in crisis to seek support. Many adolescents avoid seeking help because of the fear it will automatically lead to medication or long-term therapy. Clear communication about what mental health looks like may foster an environment that empowers adolescents, clarifying that support can range from a single consultation to ongoing care.

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Offering flexible, accessible interventions for students who feel uncertain about their needs may further lower the threshold to engagement.

Digital platforms can also play a critical role in lowering the barriers to mental-health help-seeking by designing environments that are transparent, youth-centered, and developmentally appropriate. Platforms should clearly communicate more clearly how mental-health content is monitored, what happens when a user seeks support, and how their data will be used. Incorporating youth voices into platform design ensures that tools, language, and support pathways align with real user needs rather than adult assumptions. Given the rise of glamorized or aestheticized mental-health content, platforms should monitor these posts responsibly, not through punitive removal alone but through balanced interventions that redirect users toward accurate information and supportive resources. Conceptually, these findings suggest that mental health literacy should be understood not merely as knowledge of symptoms and services but as the capacity to narrate one’s own distress in ways that make help seeking-legible. Mental-health education therefore needs to move beyond definitions and symptom lists to address how young people narrate distress, maturity, and identity, particularly in a major developmental rupture like the pandemic. This highlights that meaningful support must help adolescents situate their emotions within their personalized stories, rather than expecting awareness alone to guide them toward appropriate treatment-seeking.

Future research should examine how adolescents’ confusion around mental-health legitimacy evolves into early adulthood, particularly for cohorts who experienced COVID-19 at different developmental stages. Studies comparing younger and older teens during the pandemic could clarify whether the “developmental rupture” persists or transforms as they age. Research is also needed across diverse socioeconomic backgrounds to understand how structural inequalities shape access to support, perceptions of legitimacy, and coping strategies. Finally, given the rise of mental-health performativity online, studies should explore how the pandemic continues to shape mental health narratives and self-understanding among different cohorts of teens trying to navigate adulthood

LIMITATIONS

This study has several limitations that should be considered when interpreting the findings. First, the small sample size and focus on a single school with a relatively homogenous middle to upper socioeconomic background limit the generalizability of the results and obscure the ways that socioeconomic disparities impact mental health and treatment access. The self-selection of the participant group means that those who chose to participate were likely already more open to discussing emotional well-being, potentially excluding students who are more disengaged, private, or avoidant about mental health. The interviews were also conducted by a peer, which may have influenced participants’ willingness to disclose or shaped responses based on what participants believed was expected. Finally, as the interviews took place after the acute phase of the pandemic, participants’ may not remember events perfectly, making it difficult to fully capture their immediate experiences during lockdown.

CONCLUSION

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This study demonstrates that expanded mental health discourse during and after the COVID-19 pandemic did not straightforwardly facilitate adolescent help seeking. Adolescents experienced COVID-19 as a rupture in their development that accelerated self-reliance and as a discursive shift that made mental health visible without making it personally legible. The result was the acceptance of mental health as a concept, alongside confusion around personal deservingness of professional care. These findings suggest that visibility alone is insufficient; future interventions must help adolescents interpret and narrate their distress in terms that make help seeking intelligible and legible.

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