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This episode is the second installment of
Happiness Week on the plain English podcast.
On Tuesday, I spoke with the directors of
the Harvard Study on Adult Development
about what makes a good life based on
their 80-year longitudinal study.
And if you missed that episode,
I would very strongly encourage
you to go back and listen to it.
Today's episode is about the phenomenon of
rising and rising and rising teenage unhappiness.
American teens, especially girls and especially
kids who identify as lesbian,
gay, bisexual, or questioning are engulfed
in historic rates of anxiety and depression.
And everybody seems to think they know why.
Some people say it's the phones.
Others say it's school pressure.
Some people say it's the parents fault.
Some people say the world is just terrible
and young people are merely paying attention.
I'm going to get to theories in a second,
and we're going to talk about theories
a lot in this episode.
But first, let's just review the raw numbers.
The Youth Risk Behavior Survey,
which is published by the Centers for Disease Control
and Prevention, the CDC, is the gold standard
for measuring the state of teen behavior and mental health.
And between 2011 and 2021,
this survey found the share of teens
who say they experience persistent feelings
of sadness or hopelessness has done nothing but go up.
Every year, for a decade.

For girls in particular,
the number has increased from 36% to 57%,
with the highest jump coming during the pandemic.
Six out of 10 girls now say they are persistently
sad or hopeless.
I think it's important to say that life appears to be worse
for LGBTQ teenagers in just about every respect
measured by this survey.
They are less likely to feel close to people at school,
twice as likely to be bullied,
three times more likely to have considered suicide.
That alone is a really important phenomenon,
and I think I'm going to go deeper into it
in a future episode.
But on the nature of this general phenomenon
of teen sadness, what makes it so interesting,
so surprising to me,
is that this surge has coincided with other behavioral trends
that aren't obviously bad.
Reports of smoking are down.
Drug use and drinking have declined among teenagers.
Bullying has not increased among boys and for girls,
it's actually declined slightly, according to the CDC.
And while a handful of people seem very eager
to hang this phenomenon on the fact that,
well, the world just sucks and being doom and gloom
is just being rational.
Well, let's take this argument seriously.
Climate change is awful.
School shootings have become a bit more common.
Inflation sucks.
The world is a mess.
But let's take a deep breath here.
The world is always a mess.
Teen sadness has gotten worse every year for a decade.
Has the world really gotten worse every single year
in the last decade?
The truth is that in the period
when teen anxiety has increased,
joblessness, poverty, child hunger,
these things have actually all gone down.
Real disposable income has grown
for the vast, vast majority of families.

Meanwhile, in the last decade,
a lot of the worst long-tail scenarios for climate change
have actually become less likely.
I do not think the idea that ever increasing teen anxiety
is a rational response to the state of reality.
I don't think that's a tenable claim.
In fact, it leads to one
of the most untenable conclusions possible,
which is that over time, over a long enough period,
everybody should be permanently and hopelessly depressed.
That is, to be frank,
one of the worst, most maladaptive ideas
I can possibly imagine.
So what is going on?
Today's guest is Matt Beal,
a leading adolescent psychiatrist in Washington, D.C.
And look, he's fantastic.
I like episodes that are a little bit contentious,
a little bit of a debate.
I can't say that's what you're about to listen to.
This guy is just spot-on across the board,
not just his ideas, but also in the beautifully nuanced
and balanced ways in which he expresses them.
I think this is a pretty special pod.
I'm Derek Thompson.
This is Plain English.
["Metallic Music"]
Matthew Beal is the Chief of Child and Adolescent Psychiatry
at Georgetown University Medical Center
and Chief Medical Officer at Fort Health.
Matt, welcome to the podcast.
Thanks so much, Derek. Great to be here.
So this is a topic that I've written a lot about,
that I've talked about on this show
with a few different people.
I've talked to John Height, the social psychologist.
I've talked to writers and economists and sociologists.
On Tuesday of this week,
we talked to the directors of the Harvard Study
of Human Development.
You are the first psychiatrist I've spoken to on this show,
not to mention the first adolescent psychiatrist,
not even to mention the first Chief of Adolescent Psychiatry

at a major university medical center.
So it seems to me that the only reasonable place
to start here is to acknowledge our profound expertise gap
and give you the floor for a second.
I know you've read some of my pieces.
You generally know where I stand on this issue.
What are you singing on the ground in your work and practice?
What is the state of teenage mental health
from your point of view?
Thanks, Derek.
I really got to be here.
I'm equally humbled by being in the presence of a writer
whose synthesis around these issues I've really admired.
So I think the work you've been doing
has been really important.
I've learned a lot from it.
So I'm glad to be here in dialogue with you today.
I mean, I think there's a couple of things
that I had outlined.
Many of us have been really shocked
and dismayed at the data that came out from the CDC
last week around adolescent mental health.
And I think I'd start by saying, as someone
who sees young people and their families in my office
every week, that this crisis is very real.
There are a huge number of kids that
are in terrible distress.
Our health care system is not able to respond as effectively
and as quickly as needed.
System doesn't have the bandwidth or the infrastructure
to deliver effective treatments to young people who need them.
And as a result, emerging problems
become entrenched problems and manageable clinical issues
become very difficult clinical issues
because we're not getting care to kids fast enough.
The rates of depression and suicidal thinking and behavior
in teen girls reported by the CDC are extremely alarming,
as are the rate of exposure to bullying and community
violence and sexual violence.
And these data reflect exactly what my colleagues
and I are seeing in our clinical practices.
I think we'll have a chance to talk later today
about some of the potential causes of this crisis

in our conversation about social media,
we're doing time with friends, and some of the other things
that you've written about.
Secondly, I want to point out, I see the distress
in adolescents as revealing a broader level of distress
in our society.
And in particular, based on my clinical experience,
I interpret this data about teens
in the context of a larger state of crisis in families.
Parents and families are struggling terribly.
Americans of all ages are struggling
to feel connected, to feel hopeful, to feel purposeful.
Parents are feeling overwhelmed, overwhelmed
by fears about the future for themselves
and for their kids in particular,
by economic uncertainty, by the cumulative burdens of work
and childcare and elder care, as well as by less support
from the communities around them.
It makes sense that teenagers, we know that teenagers
in any era are vulnerable to mental health challenges
due to the developmental obstacles they face.
And they're struggling, particularly in our current era.
Teenagers don't exist in a vacuum.
They live in families and families right now
are not flourishing.
So I think it's important to address
this crisis from the standpoint of asking
how we can support entire families
to feel less overwhelmed, better connected,
better able to cope effectively.
And then finally, Derek, you've written
about how in the last 10 years we have learned,
or maybe we've been conditioned, to take in information
and to respond to information on the internet
in a very specific way.
Social media and all digital media really
emphasize anger and despair and hopelessness and disconnection.
This is the material that gets the most attention,
the most clicks.
And I think that this has really cheapened the way
that we talk about our emotions.
And this cheapening, this kind of coarsening
is affecting the way that all of us, including teenagers who

spend so much time online, experience our lives.
It makes it much more likely that we
identify intense emotional states, particularly
intense negative emotional states like sadness or anxiety
or loneliness, as central to our experience.
And so the stories that we tell ourselves about our lives
and about our world shape our internal emotional landscape.
And when the stories that we hear and that we're engaged
with online are all about rage and misunderstanding
and trauma, there's a considerable and cumulative
emotional toll.
Wow, there is a lot there.
And we're going to get a little bit deeper
into just about every single part of that menu
that you wrote up for us.
I have one more question about these CDC numbers.
You, I'm sure, read about how this is affecting just
about every single category of teenagers.
This is not just something that affects one ethnicity group
or another.
This is something that is happening for every race,
for straight teens and gay teens,
for students in every year of high school,
for teens in all 50 states and the NDC,
even though there are several groups like American Girls
and LGBTQ teenagers for whom it's happening the most.
That's the general picture here.
And I just wonder, before we get into the possible causes,
whether there's anything in this report that
rang false or really surprising to you,
anything that diverged from your experience
or the testimony of psychiatrists,
where you and your friends looked at the CDC result
and said, huh, I didn't even realize that was the case.
Any surprise like that?
It's a great question.
I wish there were more surprises.
I wish that we had gotten some unexpected good news,
particularly about mental health and risk of suicide.
I think there were some silver linings
that maybe we can talk about more.
One of those was with regard to substance use
and alcohol use, which continues on a trend going down

among young people, which actually is a complicated finding,
I think, that maybe we'll talk about more.
I think that the degree to which kids feeling connected
to their schools was a protective factor.
It's something that got lost in the headlines,
but something that this data found very strongly.
Feeling connected to your school means
that you feel like your school is safe.
You feel like there are people there that both peers
and adults that you have relationships with
and that care about you.
And then it's a place that you feel good being.
When that was present, that was clearly
a protective factor for young people.
I think that's a really important finding.
And then getting back to the family piece,
I think that I hope that in future iterations of this survey
that they start to ask more interesting questions
about families.
The question they asked in this survey was,
basically, do your parents know where you are
and who you're hanging out with?
And most kids said yes.
Of course, most kids feel like their parents
are hanging over their shoulder all the time
and probably overestimate how much their parents are actually
aware of what they're doing and who they're hanging out with.
And I don't think that was probably the best measure
of understanding the protective factors that families can play.
So that's something that needs more attention
and more thinking going forward.
So I think the best way to structure the rest of the conversation
is to talk about causes and then talk about solutions.
And the first cause, obviously, everybody listening
knows that this is coming.
Let's talk about social media and the smartphone.
What is your take on the connection
between social media and smartphone use
and rising teen anxiety?
So you talked about on your show with John Hyde
and another folks about what the data shows.
And many of your listeners probably
know that there is a difficulty that

has been described in making a causal connection between social media use and effect on mental health, particularly negative effect on mental health.
That evidence gap is closing.
I think there's some stronger and stronger evidence.
And even in the last two or three years,
as Professor Hyde pointed out in some of his writing,
that shows that we're making stronger and stronger cases
about that causal connection, in particular for girls,
in particular for early adolescent girls,
for girls who are 12, 13, 14, 15 years old,
in particular for kids who use social media in a passive way.
So social media that's used for lots of hours
in a way that's scrolling and looking and scrolling
and looking and basically engaging
in negative social comparison.
As opposed to kids use social media in a briefer way
that's more active, that's connecting
with posting, writing to friends, making plans.
Those are very different ways of using social media.
So there, as the research has progressed,
I think we're getting a finer and finer and clearer
and clearer picture of the fact that there's no doubt
that social media is having a really deleterious effect
on mental health for young people, particularly
some of these vulnerable groups.
I'll say in my clinical practice, Derek,
I see that there are really specific vulnerable groups that
seem most disposed toward experiencing
the harmful effects of social media.
I definitely see the effect with girls.
I see the effect for girls who have preexisting mental health
conditions, girls who struggle, perhaps already,
with anxiety or with depression or with OCD,
who tend to use social media much more obsessively
and much more passively and in a much more self-destructive way.
I see it with kids who have ADHD, who
tend to struggle with reward processing in their brain
and the ways that they respond to immediately
enjoyable activities and their ability
to postpone immediate gratification
for larger goals than they'd be pursuing.
For all of those reasons, kids with ADHD oftentimes

are quite vulnerable to the negative impacts
of social media.
I think there are other groups as well.
I think you referenced the impacts on LGBTQ youth.
I think that's a nuanced picture.
On the one hand, sometimes it allows kids to connect
when they don't have kids in their local community with whom
they're connecting around identity.
On the other hand, I think that they can really
be drawn into deep, passive, destructive engagement
with social media.
I see that in my clinical practice all the time as well.
So I think it's a nuanced picture,
but I think we have to move past saying, well, gee,
we don't really know.
I think we say we know that it's bad,
and we're finding out just how bad it is and for whom.
Why girls?
Why does the effect seem to be so much stronger for young teenage
girls?
It's a good question.
I think that's a question that needs more research.
That's my scientific answer.
I think my clinical intuition tells me
that girls are much more oriented
toward social comparison in general than boys.
And social media is this very available and insidious tool
for social comparison, particularly
for upward social comparison and for a fear of not being
where you want to be.
And so I suspect that that's a big part of it.
I can absolutely identify with that particular statement.
I mean, it's almost beyond obvious.
The internet, in many ways, is a machine
for displaying to you where you fit
in any social hierarchy in which you want to be situated.
Like, if I want to know how popular this podcast is,
well, there's a Spotify ranking.
There's an Apple podcast ranking.
And guess what?
I'm not number one.
There's a lot of podcasts ahead of me.
If I want to know how my tweets are doing,

I log on to Twitter and right there at the top
are a bunch of tweets that are doing better than mine.
It's the same for Instagram or TikTok.
There will always be people that are funnier and taller,
stronger, more successful, richer, more beautiful, always.
The internet is, as you said, a beautiful tool
for finding groups that you belong to.
But almost by that very same token,
it's an unusually and berserkly successful tool
for situating you inside of hierarchies
that can be devastating to people
that are sensitive to social comparison.
I think that's exactly right.
And for all the reasons we talked about earlier as well,
our minds gravitate toward extremes.
And so the input that we're most attentive to on social media
is the input that is terrifying, that is ostracizing,
that draws our threat systems because we're
acutely attuned to threat on a very basic biological level
for the sake of survival.
And so we're looking, we're part of survival
for being a human being, for being a primate,
is finding your place in the social fabric
and surviving there.
And so we're so attuned to these social signals.
And the social signals that we get on social media
and on digital media in general are fundamentally distorted.
It's really important to say, and this
is sort of my grand theory about what social media
and smartphones are doing to us.
It's not just about the five hours of daily smartphone use.
It's about what those five hours are displacing.
So Lauren Steinberg, who's an adolescent researcher,
I talked to a lot about these topics, told me once,
if Instagram is displacing TV, I'm
not that worried about it, for the most part.
If it's displacing sleep, I'm worried.
And the truth is, it is.
The share of teens who got eight or more hours of sleep
declined 30% between 2007 and 2019.
As you mentioned, today's teens are less likely to drink,
less likely to go to parties, less likely to do drugs,
less likely to smoke, less likely to do illicit drugs.

But they're also less likely to just be out with their friends,
to get a driver's license, to play youth sports.
They spend much, much more time alone,
and they suffer for it.
One in five millennials say they have no friends.
These are people in their 20s and 30s,
but I can only imagine what the effect is for Generation Z.
So to borrow a watchword from our episode earlier this week,
I'm worried about the social fitness of America's teenagers,
that social media provides an inferior good for sociality,
and as a result, true social fitness atrophies
as people enter their 20s and 30s,
and life really starts to come at them,
and they need this bank of social support.
They need this roster of friends
that they haven't been able to build in the physical world
because they have been submerging their face
in this virtual world of inferior friendships.
I think you're so on it, Derek,
and that concept of social fitness
that your previous guest spoke about is so important.
The breadth and depth and frequency of friendships
is so profound, and of course, as kids and teenagers,
a primary developmental goal is practice.
You need reps to build social fitness,
just like physical fitness.
It has to come with reps,
and I've got a preteen and a teenager at home,
and when I watch my kids interact with a group of friends,
what it does to their vitality
when they're interacting with a group of friends in person,
playing pickup sports, or going out to the mall,
or going on to walk around town,
or just interacting outside of school,
and they get into the car
after interacting with a group of friends,
their vitality, what their biological signals are
about how they feel,
as opposed to the signals you get from kids,
and I know there are probably many parents listening,
the signal, what you see when your kid is on their phone
for 30 or 60 or 90 minutes,
and the signals that they send out,

what their body language tells you,
what their eye contact tells you,
it's a totally different physiological experience,
and it's building a very different kind of rep.
Yeah, to dumb it down a bit,
I think people just need to hang out more.
I think we need a renaissance of hangs in America,
to be quite honest.
That's the first bucket,
and I wanna make sure that we get to all of these
and give us some time for solutions.
The first bucket was social media and smartphones.
Second bucket is a little bit harder to describe.
It's the way we talk about mental distress.
I've become utterly fascinated by the way young people,
and really many people online, have absorbed the language
and the vocabulary of therapy.
You see so many more references to trauma and harm
and emotional capacity at triggers self-care,
but I'm so interested in the fact
that you see this ubiquity of therapy speak
coinciding with the emergence of a culture
that is not therapeutic at all.
You've mentioned this just minutes ago,
lots of research from including a Wharton University of Penn
that finds that these intense and negative emotions
are the most likely to go viral online.
Anger and outrage, an instinct to catastrophize everything,
to be doom and gloom about everything,
that's what gets shares, that's what gets retweets,
but modern, like cognitive behavioral therapy
will tell you that the emotions you want to avoid
in structuring your emotional response to the world
are anger, outrage, an instinct to catastrophize everything,
a doom and gloom approach to everything.
I wonder what you make of this.
Like in the Atlantic, I said,
it's kind of like the internet has become
the therapy version of a hospital
where the fake doctors know the words for every disease,
but half of the surgeries result in sepsis
and the patients are dying,
like we're all talking like therapists,

but online not practicing anything
like what CBT would encourage.
What do you make of that juxtaposition?
I love that analysis because I find it to be so accurate
and I think that there's several convergent trends here.
One trend is a very good one,
which is that stigma around talking about mental health
and talk about our emotional experiences
is on the rapid decline.
And I genuinely think that that is a path
towards less human suffering.
I think when people are not suffering in silence,
when people have language to describe
their emotional experiences
and have the bravery to talk about it
with their peers or with other adults
and to get support, that is a good thing.
At the same time, what you're talking about,
which I think is equally true and important,
is that we have sort of hollowed out
some of the meaning of terms like trauma.
I mean, trauma is a really important and profound concept
in human thriving and human health.
When people experience trauma,
especially during childhood,
it has really meaningful effects
on your long-term physical and mental health,
particularly if it goes unaddressed.
And trauma is real and all too common.
I mean, in this CDC data,
14% of teenage girls say that
they've been sexually assaulted in their lives.
I mean, I just, I can't say that without feeling nauseated.
It's the ubiquity of terrible trauma in kids' lives
is so profound and has so much to do with this crisis.
And at the same time, the word trauma is so overused
that it is being leached of meaning.
It is being diluted as a useful construct
because we're talking about trauma
in so many everyday occurrences
that I think it's very confusing to young people.
Have I been traumatized?
Was this a traumatic experience that I had?

And we're missing the opportunities
because of the way language is taking place
to engage in, again, what I think you talked about
in a previous show about post-traumatic growth
and all that we know about resilience
and about the ways that things
that people don't deserve to have happened to them,
they can survive.
And with support and with personal growth,
they can move past things.
And we're leaving that on the sidelines
and we're focusing sort of inexorably on harm.
What is the right way to talk to a teenager
or really anybody about how to balance
these two really important facts?
Number one, that the destigmatization of mental distress
and anxiety and depression is good for us.
But number two, that at the same time,
we've been destigmatizing the terminology around anxiety,
we've taken to overuse terms like trauma
that risk bankrupting the very thing we're trying to save.
How do you walk that fine, fine line?
Yeah, I love the question.
And it's not something that can happen
in one conversation with a young person, I think.
And so these are the kind of topics
that require lots of conversations or repeaty conversations
as well as a lot of listening
to teenagers' own perspectives about this
because that's where I do most of my learning
is hearing how young people are putting this together as well.
I think a couple of things.
One is I think that we used to think about mental illness
as like a lightning strike,
this terrible thing that happens to a few people
and God forbid it happens to me or anybody that I love.
And let's not talk about it.
And if it happens, goodness, what a terrible thing.
And I think everything that we know
from epidemiological data over the last 30 years
in both kids and adults is that mental health challenges
are a ubiquitous part of the human condition.
There are longitudinal studies,

very high quality longitudinal studies,
the Dunedin study from New Zealand
and the Great Smoky Mountain study that ran out at Duke
that show by the time you're 40 years old,
60 or 70 or 80% of us are gonna have
and had an episode of mental illness.
A period of time we were depressed,
a period of time we were overwhelmed by anxiety,
a period of time we were already drinking too much
or misusing drugs.
It's a part of the human condition.
And so I think the way that we talk to kids about it is,
this is something that could happen to you.
It has happened in our family
because it's like show me a family where it hasn't.
And the key is to understand it,
to recognize it, to talk about it,
to get help when you need it.
And also the story doesn't stop there.
This is something that people can live with,
can recover from, can make a part of how you become stronger,
can make you a better friend and a better parent
and a better student and a better work.
There's all these things that these very common
human experiences of getting depressed
or getting terribly anxious and then getting help
can be part of a long-term story
and narrative towards strength.
So that's sort of an amalgam
of the different kind of conversations
that I have with kids.
No, I think it's definitely deserving
of a longer conversation,
but that's really a fantastic answer.
And such an important thing, I think,
for people to remember,
to keep us humble
about the preciousness of happiness,
to keep us from judging those
that are dealing with mental health crises,
and to encourage us to be soft on ourselves
when we're having problems,
to remember that this is a very common part

of the human experience
and there's not something wrong with us.
This is proof of our humanity,
not an exception to our humanity.
Correct, correct, correct.
Flourishing is not the absence of mental health challenges.
It's the persistence and the return to health
in the setting of these things happening
that happen to a lot of people all the time.
Well said.
I feel bad for listeners
that we're expecting a bit more of a debate,
considering that my head is knotting off of my spine
every single time you talk,
but we'll move right along to the third bucket
and see if maybe we disagree a bit here.
The third bucket is the parenting piece.
And I know that this is a little bit more controversial.
There is a theory that was the subject
of a 2020 Atlantic feature
called What Happened to American Childhood
by Kate Julian.
The talks about this phenomenon of accommodative parenting
that especially among college-educated,
higher-income parents that are spending
a lot more time with their kids,
especially a lot more time with their teens
getting them ready to go to college,
that anxious parents in attempting to insulate their kids
from ever-experiencing risk and danger and disappointment
are unintentionally transferring their anxiety
to their kids and making them ill-equipped
to deal with the inevitable distresses of life
that you've just described.
How do you feel about this third bucket,
the role of accommodative parenting?
Well, I think this is one of those situations
in which we have to give proper respect
to the weakness of this problem,
of this mental health problem.
And it's really complex.
So I think that piece was interesting.
And I think it was fairly specific

around socioeconomic status and cultural groups
that it was referring to.
What's interesting when you go back to the CDC data,
as you pointed out in the introduction,
this is across all groups, all cultural groups,
ethnic groups, linguistic groups, socioeconomic status.
And so I don't think we can,
we can't defer to an explanation
that is specific just to one slice of SES.
So I think there's no question
that there is a lot of accommodative parenting.
And I think of it in terms of there's a mentality,
I think that a lot of parents have,
particularly parents who have achieved
or were born into middle class
or upper middle class status.
And there's a degree to which
they want to future proof their children.
They wanna make sure that their children have lives
that are as good as or better than their lives.
They experience the world as a world of scarcity.
There are shrinking opportunities.
It's harder to get into the good colleges
and there are fewer great jobs.
And so I need to do everything I can
to make sure that my kid has every opportunity that I had.
And that means SAT tutors and fancy summer experiences
and a resume for college applications
that look like somebody who's been in the workforce
for 20 years.
I'll do anything that I have to do
to help my kid be successful.
And I think that that does connote a lot of anxiety
in the part of parents.
And I think, again, that's specific to certain groups.
There are other groups of cultural groups
and ethnic groups that are dealing
with a whole other kind of anxiety.
Anxiety about economic precarity.
Anxiety about a racist and violent world
in which they live and they wish they worry
about the safety of their kids
when they go out into the community each day,

when they walk to school,
when they get behind the wheel of a car, God forbid.
And so that's a different kind of anxiety
that parents are coping with
and that probably drives a whole other kind
of parenting behavior that may impact kids as well.
I think the common denominator is we have parents
who are in a state of hypervigilance,
of overwhelm, of not knowing exactly what to do
or how to take care of their kids in a way
that's allowed in a lot of their kids
to have the kind of future that they imagine for them.
And so I think that's sort of a convergent point
in a very complicated terrain.
The fourth bucket that I wanna ask you about,
and I am writing an article about this right now.
So my understanding of this particular zone
is a little bit underdeveloped,
but I just read this study looking at international data
comparing school intensity across countries
to reports of adolescent distress.
And to make a very long story short,
richer countries seem to have sadder teenagers.
In part because richer countries
have higher education standards,
which means they have more competitive
and intense schools, which means
they have more scholastic competition,
which means that they have more stressed out teenagers.
So I'm wondering, and as I'm reciting
the finding of this study, I'm definitely hearing
in my recitation that there's an SES element to it,
that not every school is going to have
the exact same level of intensity
and that a heterogeneity of intensity
might yield a heterogeneity of adolescent distress.
But let me just pose the question to you this way.
In your practice, how true does this ring
that school and college anxiety
are a major driving factor of teenage anxiety?
I think it's a profound factor.
And again, it tends to track around
what the perceived opportunities are for young people.

I think in communities and settings
in which kids are in very high achieving competitive schools,
whether those are public schools or private schools,
and there's the sense of, gee, from this graduating class,
only five kids are gonna get into the Ivy League.
How do I make sure my kid is one of those kids?
And I think there's a congruent,
but very different anxiety in different communities
and schools that my team and I work with
that are in communities that are historically divested
and in which there is a sense of far fewer opportunities
in post-secondary education and in the workforce
and parents feel an anxiety
about the basic safety of their kids,
as well as what levers can they possibly pull,
what can they do to open up opportunities for their kids
in a world where it feels like opportunities are scarce?
So I think there is a common thread there.
I think the data that you cite around
competencies in schools is quite interesting
because I think kids do experience that very directly.
They experience it as zero sum
and either I'm gonna succeed or you're gonna succeed,
we can't both succeed,
which is a really tough way for kids to operate.
There was an amazing study by the late economist Alan Kruger
about how where people applied to college
was more predictive of their adult income
than where they actually went.
That is a student with a 1500 SAT
who goes to Penn State but got rejected from Penn
earned just as much on average as a student
with the same SAT score who got into the Ivy League.
So for most students, the set of schools
where you apply is more predictive
than the school that actually accepts you.
And I find that so profound and so compelling.
And when I go back to high schools
and I talk to seniors, 17, 18 years old,
I say, this is maybe the single most important factoid
I could possibly impress upon you.
I did not get into my first choice of college.
I did not get into my second choice.

I didn't get into my third choice.
I didn't get in my fourth choice.
I got in my fifth choice and it was a great school
and I had a great time and I'm very happy
with where I am in my life.
And if I could go back to 17, 18 year old Derek
and make like one edit to my psychology,
I would reduce my anxiety about college
by a factor of literally 100.
And I so wish that I could have that impression,
that I could have that effect on college students today
because one implication of this academic research
that is more important where you apply than where you go
is that the habits that you develop
when you're 18 years old are a better indicator
of the person you'll be at 38
than where you go to school for four years.
Habits are more important than the outcome
of what school randomly accepts you.
And I just, I wish I could have some way
of making every 17 and 18 year old that I confront
recognize this fact.
I have a few quick reactions to that story.
One, I love it, I'm gonna use it.
Two, as much as teenagers need to hear it,
parents need to hear it more.
So I hope you go around and share that story
with the parents of those 17 year olds.
And three, I think all of us who have young people
in our lives should take your example
and think of the things that we worried about
that we wish we hadn't spent so much time worrying about
and share that with young people in our lives.
Cause all of us made some of those attribution errors
about what's gonna really matter.
And it causes a lot of suffering.
So if we're able to reflect on that with our kids
and young people in our lives,
I think it would really help them.
Let's talk about what to do about this.
And as we talk about solutions,
I wanna be attentive to the fact
that I'm sort of imagining our audience

breaking down into roughly three groups.
We might have younger listeners dealing with exactly
the kind of adolescent distress that we're discussing.
I have to imagine that we have parents of adolescents
or maybe older children, younger children
who want guidance in this area.
And then finally, number three,
I think there are people who are interested
in the biggest solutions here
at the public or public policy level.
So being attentive to those groups who are listening,
where do you wanna start with your solutions?
Let's, I'll follow your rubric exactly.
Exactly, so for those young people
and families that are listening,
these are some things that I think
are useful to think about.
And I'll just try to be simple and direct.
First is please limit the time
that you spend on social media.
Please limit the time that your kids
spend on social media.
Parents, you can do that.
You have that ability and please use it.
It will have a meaningful effect on your kids' wellbeing.
Secondly, parents stay involved in your team's lives.
Ask questions, be curious, get to know their friends.
They're going to push back on that
because they're trying to develop independence.
I mean, that dynamic is normal,
but your active and persistent role
is valuable and crucial and appreciated
even if you don't feel the appreciation.
Parents talk to trusted peers
when you're concerned about your kids,
talk to your relatives, talk to clergy,
talk to your pediatrician, talk to your kids' teachers.
Seek clinical support if your concerns persist.
Many parents operate under the assumption
that getting help somehow might intensify the problems.
Talking about suicide might plant
the idea of suicide in kids' heads.
That's just not true.

Getting clinical help is the first step
towards relieving their suffering.
And then the last part for parents in particular
is please take care of your own mental health.
Get your own clinical support.
If you're feeling depressed, if you're overly anxious,
if you're drinking too much,
if you're feeling constantly overwhelmed,
that will impact your kids.
So please take care of that.
Please limit your own social media.
Think about your own digital media hygiene
and invest time and effort
in enhancing your own social network.
Build your social fitness.
Spend time with friends and family in particular.
At the level of schools and healthcare,
I just wanna come back to this thing about school connectedness.
It's a crucial protective factor.
When kids feel safe and valued
and connected to other students and adults at the school,
their mental health improves.
So schools need to invest time and resources
in building and sustaining relationships.
Work extra hard to reach the disconnected kids.
Just a brief anecdote with the school
that we worked at in DC, Derek.
There was a school that on the first
professional day of the year,
they put the name of every kid in the school
on a post-it note and put it up on the wall
in an auditorium.
And every adult that worked in the school
was in the room.
And they said to all the adults,
go over and pull off the name of every child
that you've got a relationship with.
That you know, you know what they like to play a recess,
you know what's their favorite subject.
And so all the adults did that
and some had two post-it notes and some had eight.
And then they looked at the 20 or 30 post-it notes
that were still on the wall.

And they said, those are the kids
that we need to be worried about.
Those are the kids that we need to make
an extra effort to reach out to.
They're not connected and we can do something about that.
That's just an example of the kind of thinking
that needs to be brought to bear.
And then we need to reduce barriers
to great mental health care for all the kids who need it.
We need resources to expand mental health services
in schools.
We need resources to allow pediatricians
to address mental health concerns in primary care.
So they need to be able to part with psychiatrists
and psychologists and therapists
to identify and work on mental health concerns
while kids are in the pediatricians office.
We need to intelligently deploy telehealth
and digital health tools to expand access to care.
Obviously the telehealth thing has been huge
since the pandemic, I think mental health
is one of the best use cases for telehealth.
And we deploy it in a way that intelligently intersects
with the systems where kids spend time in schools
and in their pediatrician offices
in order to be most effective and reach the most kids.
And then finally, for my colleagues in mental health,
we need to think about the mental health of the whole family.
Not just a young person is identified
with depression or anxiety, but what's going on
with that family?
What's keeping them from flourishing?
What can we do to help them?
And then finally at a policy level,
and I know you spend a lot of time thinking
and writing about this Derek,
we need to explore strategies to reduce access
to social media for young people
and particularly for early adolescents.
That's something that I know is being talked about a lot now.
We need to take steps to make families' lives more manageable.
So things like paid parental leave
and affordable childcare and the child tax credit,

these are policy decisions and choices
that affect the mental health of families and kids.
And by ignoring those screaming needs from families
to make their lives more manageable,
there are downstream effects on teens' mental health.
And then finally, we need to really enforce
mental health parity laws so that mental health
and addiction care truly gets the same coverage
and the same payments as other health conditions.
If this finally happens and is enforced,
that will draw more practitioners into mental health care
and will incentivize the healthcare systems at large
to invest in mental health infrastructure.
With that, if that doesn't happen,
we're not gonna move forward.
That's a fantastic answer.
I feel like it's practically a congressional testimony.
I hope we have some people from some Congress people's office
who are listening.
I have two follow-up questions.
One is, you mentioned, you said two things
that I wonder how they fit together.
One is that when we deal with people virtually,
we get less data from them, from their bodies.
It's not like being with them physically
and that in some ways, virtual hangouts
aren't the same as real-world hangouts.
I also know that telehealth therapy
is becoming very popular.
Do we have evidence that telehealth therapy,
which is obviously in many ways more convenient
than the physical world alternative, is worse?
Yeah, that's a good question.
My reference earlier to some of those signals
we get from kids is what I'm imagining
when you see kids who are on Instagram
or who are on Snapchat and are scrolling
and passively consuming digital information or input,
interaction by video on a FaceTime call
or in a telehealth appointment actually is quite rich.
And so I think that they're particularly for kids
in the right age group.
So kids older than eight or nine years old

who can really engage in a conversation by video.
I think there's a lot of anecdotal evidence
and emerging real strong clinical evidence
that telehealth interventions for mental health are effective.
And I think that we really should rely on them.
We should do more research
and we should get a finer and finer picture
of for which kids and adults
and for which conditions does telehealth work best.
But I think most of us in the field feel confident
based on our experiences over the last three years
that we can really reach kids effectively
with clinical interventions by telehealth.
It's the answer that I'm rooting for.
I just wanna make sure that the answer
that I'm rooting for is in fact the correct answer
because sometimes motivated reasoning can lead one astray.
The second question that I had,
the second follow-up question that occurred to me
is that you mentioned that the system
that currently exists does not have the bandwidth
to deal with the demand with the adolescent
maybe even adult demand for mental health services.
I know that the US is unique
in terms of how long and how expensive
our medical education system is.
We have the longest medical education system in the world
with eight years.
We have the most expensive medical education system
in the world in terms of average debt accumulated
by the time someone has finished.
Do you think we need to make it easier
to become a psychiatrist, a psychologist, a therapist?
There are trade-offs, of course, in making it easier.
If there's less training, there's less training.
That's just ipso facto.
But do you think that given this wave of demand
that we are clearly seeing from young people
that it's time for a national conversation
around making it easier to become a therapist or counselor?
I think the workforce issues are critical.
The way I would think about it is not so much
as make it easier, it's let's open more doors

and less incentivize people in a more effective way.
So open more doors, meaning I think that there is a lot
of really interesting work around expanding the workforce
to include paraclinical or preclinical folks
who can address mental health concerns in kids and adults
when they're emergent or when they're mild in severity.
So the use of trained mentors and therapeutic mentors,
community health workers, folks who have training,
but a more limited training to deal with milder problems
and to do it in community-based settings
that will reduce many barriers to care.
And then I think that we need to train more social workers,
counselors, psychologists, and psychiatrists.
We're already drawing more people into these fields.
I know at our medical school at Georgetown,
the rates of people going into psychiatry
and into child psychiatry are increasing
because people are more interested in it.
Neuroscience is fascinating,
the therapeutics work beautifully,
there's a lot of attention in the culture around it,
but we need to incentivize people further
by the pay that people can earn.
Not so much in psychiatry, but particularly in social work
and therapy and counseling and psychology,
people are undercompensated.
And this is critically important work
that gets treated as sort of the stepchild
of the healthcare system
and doesn't get adequately compensated.
And so we're not drawing enough people into these roles.
I think if we can adjust,
that's one of the reasons I mentioned parity,
if we can adjust compensation from third-party payers,
then we can increase compensation,
draw more talented people into the field
and broaden and deepen the workforce.
I wonder sometimes whether CBT, Cognitive Behavioral Therapy,
and some of the basics of CBT and DBT,
dialectical behavioral therapy,
should be taught in schools more broadly,
in high schools, and maybe even before.
I mean, how many tens of millions of Americans

had to read Animal Farm and the Great Gatsby,
even though they never became English professors
or English majors?
Look, I love reading, but how many?
I mean, tens of millions.
How many tens of millions of people
learned advanced algebra or pre-calc,
even though they never became computer scientists
or advanced mathematicians?
Tens of millions, but everyone has a brain.
60, 70% of adults, you said,
deal with mental health distress or mental health issues
by the time they're what, 40, 50 years old.
That's much higher than the share
that become English professors
or advanced mathematicians or computer scientists.
I'm not, by the way, denigrating pre-calc and Animal Farm.
I'm saying to the degree to which
our education system should be set up
to prepare future adults
for the challenges and opportunities of their adulthood.
It's not clear to me that the education system
is a perfect preparation
that reflects those inevitable opportunities and challenges.
Should we do it?
Should we teach CBT in high school?
I'm still waiting for us to have a chance to disagree.
So it's not gonna happen here.
100%, I mean, this stuff is very accessible
and teachable to kids as young as five and six years old.
And to be something that we teach,
that we introduce and teach again and teach again
and teach again and come back to this,
this is part of building healthy citizens.
It's like teaching civics.
We teach civics so that people can participate
in our democracy.
And that's more important than ever now.
We should be teaching emotional health skills
so that people can maintain emotional equilibrium
during the inevitable ups and downs of our lives.
And schools are the right places to do it.
Let me just jump in there.

We're not gonna do an entire 101 session
on cognitive behavioral therapy and there are time left,
but I'll pick up exactly where you left off,
five and six years old.
What is a lesson from CBT that we could teach
to someone in kindergarten or first grade?
Kindergarten and first grade can learn
how to identify emotions.
This is what it feels like to be angry.
This is what it feels like to be frustrated.
This is like what it feels like to be bored
or disappointed or excited or enthusiastic.
And being able to label emotional experiences
is very, very valuable for kids who are just finding language
to describe their experiences.
It helps them to resolve social conflict.
It helps them to identify their feeling,
get help from adults and it's super teachable.
I totally agree.
And I especially feel like the value of being able
to identify anger or jealousy or distress
isn't just that by shining a flashlight on it,
you can sometimes watch the feeling dissipate, go away.
But also you begin to see how all the feelings go away.
Happiness, joy, yes, jealousy, anger.
It all is just like this river going under a bridge.
Just swoosh, it's there and then it's gone.
And so in identifying these emotions,
you also get clarity on the bigger picture.
You don't just see the individual ripples on the water,
you see the entire river.
You see all of this is just moving through me
and I don't have to identify with any particular
passing feeling.
I can see that by the nature of their being feelings,
they're not going to last forever.
I love your use of metaphor there too, Derek.
I mean, that kids respond to metaphor
and thinking about emotions as moving water
or clouds across the sky or changing weather.
It really helps kids to identify
in a very deep, visceral way
with the fact that no feeling lasts forever.

Matt Biel, thank you so very much.
This was really valuable to me.
I appreciate it.
Really enjoyed it.
Thank you, Derek.
Thank you for listening.
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