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THE KEY: INSIDE HIGHER ED

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(UPBEAT MUSIC PLAYS)

DOUG LEDERMAN:
The mental health of students has come to dominate the discourse around higher education in recent years as few other issues have. Are we in the midst of a mental health crisis for college students and other young people? How should campus administrators and faculty members be thinking about the mental health of their students and their roles in addressing it? And do we perhaps need to reframe the discussion about what mental health even is? Hello and welcome to The Key, Inside Higher Ed's News and Analysis Podcast. I'm Doug Lederman, editor and co-founder of Inside Higher Ed, and host of The Key. Thanks to all of you for joining us today for this important conversation. Since the COVID-19 pandemic began, the mental health of students has been at or near the top of the worry list for those who work in and around higher education as learners report record levels of depression, anxiety, and other conditions, strain campus counseling and health centers seeking treatment, and struggle academically, sometimes to the point of stopping out altogether.

Inside Higher Ed did several episodes of The Key podcast about mental health early on in the pandemic, but I've avoided the topic for the last year or so because I struggled to figure out something new to explore. Then I heard an NPR interview a couple of months ago in which the psychologist, Lisa Damour, talked about the need for reframing the definition of mental health to acknowledge that it's not about avoiding sadness or other bad feelings, but about being able to manage those bad feelings effectively. Having heard college leaders and others talk quite a bit about a perceived lack of student resiliency today, this struck me as rich terrain for a conversation. Lisa Damour herself is here to talk about her book, The Emotional Lives of Teenagers, and she's joined by Nance Roy, chief clinical officer at the Jed Foundation, and R. Ryan Patel, senior staff psychiatrist at Ohio State University and chair of the Mental health Section of the American College Health Association. Before we turn to the conversation, here's a

word from the Bill and Melinda Gates Foundation, which is sponsoring this and several episodes about student success, of which student health and wellbeing is a key component.

SPEAKER:
This episode of The Key is brought to you by the Bill and Melinda Gates Foundation working to ensure that race, ethnicity, and socioeconomic status are no longer predictors of educational success. Learn more about the Foundation's work to improve digital teaching and learning, advance institutional transformation, and more at usprogram.gatesfoundation.org.

DOUG LEDERMAN:
Now, on to today's conversation. Lisa, Nance, and Ryan, welcome to The Key and thanks for being here. Lisa, your recent book, The Emotional Lives of Teenagers, argued among other things, for resetting the definition of mental health. Can you please explain what the definition used to be, what it has become, and what it should be?

LISA DAMOUR:
Yes, and thanks so much for having me. I'm delighted to be here with this incredibly impressive group. So I wrote this new book, The Emotional Lives of Teenagers, because I've been a practicing psychologist for nearly 30 years, and in that time I watched the definition, the cultural definition, of how we talk and think about mental health slide away from how we think about it as psychologists. And what I mean is that the definition that seems to be very much around us in the culture, in the media, is one that equates being mentally healthy with feeling good or calm or relaxed or happy, and psychologists want that for people, but that's not how we think about mental health. So in my book and in my work, I am trying to advance a definition that squares much more with how we think about this on the clinical and academic side, which is the definition is really a two-part thing for mental health. One is having feelings that fit the moment, feelings that are appropriate to the context. So I think about college students.

The transition to college is an inherently stressful transition, so young people who are feeling stressed in that transition are having in many ways a very appropriate reaction. And then the second part is that those feelings are managed effectively, and there's a wide range of ways that people cope with distressing emotions. Some are adaptive, they're gonna bring relief and do no harm, and some are less adaptive, they're gonna bring relief, but come with a price tag. So what we're interested in truly as psychologists is actually not the presence or absence of distress. That on its own doesn't actually tell us very much. What we're curious about if I think of about that transitioning college student, is do they manage the stress of college and the transition into college by reaching out to supportive peers, taking good care of themselves on all things sleeping, eating, and exercise? Or are they managing that stress by abusing substances or acting out, both of which will bring some relief, but obviously come with a price tag?

DOUG LEDERMAN:
What is the reason or what are the reasons for that divergence of the academic and formal definition from how it's interpreted culturally?

LISA DAMOUR:
I don't know 100% know and we can't prove any of what I'm thinking, but I have a couple of ideas. One is that we have seen over the last decade, a rise of an industry around wellness. So I'm all for wellness, but there's also now a lot of commercialization of wellness and I think there may be money caught up in

advancing the idea that there is some zen place out there that we can all try to get to with enough of the right practices, products, et cetera. Wellness has a place in this, it's actually one a wonderful way to cope, but it certainly cannot and should not ever be advanced as something that can prevent distress because it can't. The other side of the same coin is that so much of the reporting around the psychological impact of the pandemic, especially on young people, has conflated distress and mental health concerns. And those are two very different things. Distress is very much a part of life, and distress and reaction to the pandemic is an entirely appropriate response. And there hasn't been as much of a clean line drawn between people, especially young people, feeling a whole lot of distress as a function of the pandemic versus young people who go on to either develop significant mental health concerns or who had mental health concerns that were exacerbated by the pandemic.

And so, I think the more specific we can get in making that distinction between expectable and natural distress versus when it's really time to worry and step in with significant supports, I think the more specific we can be in making those distinctions, the better able we will care for everybody involved.

DOUG LEDERMAN:
I wanted to bring Nance first and then Ryan into the conversation. I'm curious what your thoughts are on Lisa's description of how the cultural definition of mental health, particularly for young people, has evolved and how the proposed resetting of that definition squares with how you approach your work.

NANCE ROY:
It certainly does resonate. In fact, when we think about not just the pandemic, but we think about this has been a trend of increasing levels of distress for all sorts of reasons. The pandemic, I think if you want to think about it as a silver lining, sort of shed light finally broadly on mental health and wellbeing, to speak of wellbeing. But this has been a trend over the past 10 or more years, especially with college students and young people. So increases in anxiety and depression. And back to what Lisa was saying about appropriate reactions to our situation. I mean, not just the pandemic, but look at the world these young people are growing up in. School shootings, political divisiveness, hate crimes, climate change. I mean, if they weren't anxious and somewhat depressed, I'd be more concerned. But again, back to your point about it's not that they shouldn't be distressed or anxious or depressed, but how do you manage those feelings? And when do they reach a point where they become overwhelming and impair functioning versus a normal reaction to the current situation that we may find ourselves in?

And we think about that, especially in a college setting, when you also think about the demand for services and how all centers are feeling overwhelmed. And so making that distinction between when does something rise to the level of needing a clinical intervention versus needing support in developing life skills. How do we manage conflict, disappointment? Those are things that I also think the younger generation that we have at hand have not had a lot of experience. I think in many ways, caregivers and others have protected young people from disappointment and conflict, and it's navigating that and working your way through it that gives you a sense of competence and resilience. So if we're protecting kids from that all the time, we're really not doing them any favors.

DOUG LEDERMAN:
Ryan, what are your thoughts on what we've been talking about so far?

R. RYAN PATEL:
When we look at the ten-year trend over the last 10 years, most recently, the Youth Behavioral Health

Survey from the Center for Disease Control and Prevention showing an increase in persistence feeling of sadness and hopelessness among young people, going from 36% to 57% in young females, increase in suicide attempts going from 19% to 30% in young females, an increase among the group as a whole, whether that's a depression. When we look at the ten-year trend in, except for the pandemic year, in the service utilization at counseling centers, the number one reason why young people come is anxiety. Overall, zooming out over the last 10 years, we see a continued rise in seeking help for mental health, which is a good thing, but the result of that is the way that we address mental health in young people has also to be multiple. Some people do need more of an attention on life skills, some people do need more attention on adversity management, some people need clinical treatment, so that at the individual level, that formula for that person is going to be unique.

And not everybody needs professional clinical intervention, whether that's medication or counseling, in order to address their mental health concerns.

DOUG LEDERMAN:
We've sort of gotten right to the nub of it, I guess from my perspective, pretty quickly, which is I think we can all stipulate there's been this increase in perceived plug in your traditional mental health condition of depression and anxiety, all of those things. Definitely seeing increases in demand for services greatly outstripping in most cases what most colleges can meet. So I guess the question, and it's a tricky one and not one that I necessarily think we'll be able to solve in this little conversation, but how do we differentiate? How would you differentiate, and again, probably start with you, Lisa, between, and again, I'm not even sure exactly the right terms to use, but between a sort of serious, significant mental health need and condition that warrants traditional treatment versus what's not in that category? And how do we as individuals, thinking about our audience of institutional leaders and mental health counseling directors, et cetera, how do we start to differentiate that?

Presumably not saying, "Oh, these people need something from us and these people don't," but thinking about the different needs and ways of meeting that they have? I realize that's a lot to throw at you, but please take it away.

LISA DAMOUR:
Well, I really like what Ryan said about there's a whole menu of supports that can be offered to students and different students are going to need different things on the menu. So we have diagnosable mental health concerns. We can diagnose depression. We know what it looks like, it doesn't look like sadness. Those are two different things. We can diagnose anxiety disorders, which is not the same as having healthy anxiety such as the kind that I would want to see in a teenager if they walk into a party that's out of control or if they haven't studied for a test and they should get going. I think we want to continue to always make that distinction between typical and expectable distress and then distress that's impairing functioning, as Nance mentioned, because those are going to require different kinds of intervention and different kinds of support. But I think some of that is actually going to be in messaging to the young people themselves in offering them reassurance that not all experiences of distress need to scare them.

I think that part of what we're up against is these reports coming from the CDC. They're very harrowing and I think they're scary to parents. I think they're scary to the young people who see the headlines. I also, just to cut back on this, I think we have to be really careful about how these were reported. The CDC data that were released in early February, those data were collected in the fall of 2021, asking about mood over the previous year, asking about low mood over a two week period. I had a daughter who was

entering her high school senior year at that point. She was entering her third year of disrupted school. She was miserable, as was everybody she knew. And so I think we have to watch out for a bit of a, whatever the opposite of the virtuous cycle is, where we have concerning data, they get reported in a particularly concerning way. This scares young people, this scares their parents. It causes parents to become understandably much more protective, much more anxious about anxiety, any discomfort in their kids.

I think that there's a lot that can be done just around shifting the messaging, being careful with the messaging, and just to beat this to death, making distinctions between when distress actually is in fact evidence of mental health as it often is, and when distress is grounds for concern.

DOUG LEDERMAN:
Ryan and Nance, what's the institutional role in driving that distinction home? How successfully do you see your peers doing that and what are the impediments to doing that kind of work for colleges and universities that are trying to educate their learners?

R. RYAN PATEL:
If we zoom out even beyond the pandemic, go back ten years. We're seeing American College Health Association ten years survey of mental health utilization on campuses, including diagnosable mental health concerns. We're seeing an increase. The CDC data that came out was looking back over the last ten years. We look at the counseling center utilization from the Association of Counseling Center directors of diagnosable conditions increasing over the last ten years. There's something else, other factors, that are going on as well as heightened awareness, and perhaps what Lisa mentioned as well, complicating that situation. And so what is the role of a university? It's complicated. And the reason why it's complicated is there are so many factors at play. Somebody has to do something right. And so one of the things that I think is a useful role for universities to play is first to educate the students on what are situations where professional help may be more appropriate? What are situations where perhaps working on self-care is more appropriate, so working on life skills is more appropriate?

And so kind of distinguishing providing that menu and where different choices of the menu are more suitable. At the same time, educating university staff and community members and parents about that as well. That there are a variety of mental health support options for a variety of concerns and what may be suitable when. And also making resources available where maybe you're not sure what you know to do. Maybe you're not sure what that next step is. And so we, as an example at OSU and multiple universities, I think something along the lines of 40% of Association of Counseling Center Directors across the country are using a stepped care approach where a student can reach out for an initial screening appointment where the professional can work with the student to identify what is going on, and perhaps, what might be the most suitable resource for that student in particular. So a big picture is to have multiple resources available, and then the next step is proactively educating faculty, staff, advisors, the student body on what kind of resource for what kind of concern.

Talk to somebody to work with you to sort that out.

NANCE ROY:
Yeah. So I think when I look at all the statistics that you mentioned, Ryan, I also take some of them with a grain of salt, because I think when you ask young people if they're feeling distressed or sad, many of them will report feeling incredibly sad or distressed. I think sometimes we pathologize feelings that are

again appropriate to the situation that they're finding themselves in. So yes, the data is showing that there's an increase in feelings of sadness and the like. I also think if you watched public television for any more than five minutes, you're going to see, "Oh, you're feeling down, take this medication." Or there's a need for instant gratification to feel good all the time, and it again, unrealistic. And similarly, I think we work at The Jed Foundation with over 400 universities across the country. And so often when we talk with them initially, their gut reaction, college presidents especially, because they're not in the weeds on this, their first reaction is, "Oh, we have to add 20 more counselors, or psychiatrists, or whatever it might be to our mental health." That is never going to solve the problem.

And in fact, reinforces that everyone needs psychotherapy. Not every student on campus needs direct clinical care, but they all can benefit from a culture of caring and compassion where there's no wrong door for student to walk through for support. And by that I mean not having faculty members be therapists. But when you notice that something just seems off with Nance today, reach out. "Hey Nance, is everything OK? You've been quiet for a couple days in class." Certainly know where to get me professional help if I reveal a huge issue. But when we work with schools, we really talk about developing a culture of caring. So we talk about developing life skills, promoting connectedness. Think about loneliness is as the surgeon general reports at epidemic proportions in our country. So how do you develop connections? How do you help to identify when students are just beginning to struggle? Let's not wait till they're in your office melting down in tears. But that first sign of struggle, we can offset many, many situations from spiraling to a point where a student may in fact need direct care.

Now looking at crisis management, looking at your direct services, but looking from a public health point of view, taking a public health approach where everyone in the community has a role to play in supporting young people in their growth and development. And it doesn't lie. And we always say, "It should never lie exclusively or even primarily at the health or counseling centers."

DOUG LEDERMAN:
Lisa, do you want to jump back in?

LISA DAMOUR:
Just trying to think about how to put this on the ground. We're all in agreement in ways that might support universities as they're doing messaging. One of the things I like to think about is that experiences for college students are going to arrive in three categories. They're going to be enjoyable, hopefully, uncomfortable, and then for sometimes unmanageable. And I think it's really helpful, again, I'm just saying the same thing over in different ways to make distinctions between situations that are uncomfortable and unmanageable. Those are not the same thing. And then actually a lot of undergraduate education will be uncomfortable because that means you're growing. That's part of being a student. And I think if we introduce those categories, we may hopefully help bring the temperature down around tolerating more discomfort. But also then it tracks on what Nance is saying in terms of if we see a student's uncomfortable, that's a great time to have eyes on because unmanageable doesn't usually arrive overnight.

The kids get there over time. And so if we have an eyes on for a kid who's become uncomfortable and are normalizing it, but also watching it carefully, I think we can do two good things at once, which is to reassure that young person that we're not scared, that they're uncomfortable, that discomfort's part of life, and certainly part of being in college. But that we're keeping a close eye so that they don't skid over into the category where things become unmanageable. But I worry that one of the kind of upshots of

this discourse where there's a lot of concern about students presenting as too fragile is that it then flips to they're fine. It's too extreme, right? They're fine or they're uncomfortable, or it's unmanageable. And we want to work across those three categories. (LOUNGE MUSIC PLAYS)

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DOUG LEDERMAN:
You're listening to a conversation with the author and psychologist, Lisa Damour, the Jed Foundation's, Nance Roy, and Ohio State's, Ryan Patel. Lisa, I really liked the distinction you drew before the break between the uncomfortable and the unmanageable. I think that's a helpful framing. Something I struggle with is whether students are reliable barometers of their own situations. Nance and Ryan, I'm curious what you make of Lisa's categorization and whether you've seen successful efforts at helping them differentiate between the uncomfortable and the unmanageable.

NANCE ROY:
First off, regardless of whether we think something is extreme or they're exaggerating or whatever, it doesn't really matter. That's their experience. So the first order of business is to validate, "OK, I hear you. I get that you're feeling A, B, or C." And then start to tease out what's the underpinning of that, how are they managing it or not managing it. And I think then it falls to the psychologist in the room to be able to help tease out whether this is something that actually is in need of direct clinical intervention, or can we start to talk with the student about what are some strategies, what are some ways for managing whatever the thing is that they're feeling upset about or distressed about. And Lisa certainly has pointed to many strategies in her research and in her writings. And we all, as psychologists, have our list of ways that we help students or young people navigate their way through difficult situations. But I think the first order of business, again, is really to hear them and validate how they're feeling and then try and tease out is this at a level that is reasonable to the situation that they find themselves in or has it reached a level where they're not managing it well or it truly is quite severe that needs further clinical intervention?

DOUG LEDERMAN:
What you just laid out is a scenario where the person gets to the professional. There tends to be more demand than most institutions can accommodate for clinical services resulting in long wait times, et cetera. It seems like none of us would want a situation where a student who is in the unmanageable zone has to wait two and a half weeks to get to the professional, perhaps because they're crowded out by people whose situations might be best addressed by another nonclinical intervention. I'm not quite sure the best way to phrase it, as I'm far from an expert on this, but are there approaches we can use to do greater sifting or otherwise address this problem?

R. RYAN PATEL:
Sure. So there are a number of approaches. First of which one of them is bystander intervention. So we provide education programs to students to help identify a peer that might be in distress and not just uncomfortable, but maybe they're suicidal or maybe they are at risk of harming themselves or others, there's concerning language, things like that. So there are peer education programs where peers can

intervene. Similarly, there is programs such as Mental Health First Aid that help train faculty and staff to identify red flags or warning signs where a student might be at risk that require further evaluation and intervention. Secondly, a number of counseling centers are taking this approach where before that first appointment, the student has a screening appointment, and that screening appointment is a brief meeting with the clinician. Typically, at our center, we will do that within three days of the client reaching out and also offering immediate assistance if that is what they're needing and then trying to delineate, well, is this a clinically severe situation where they are having suicidal or homicidal thoughts, they're unable to care for themselves because of the distress of the mental health symptoms that they're experiencing, where perhaps a more urgent or emergent treatment is necessary.

And if that occurs, then they're immediately routed to that next level of service and that treatment is delivered.

NANCE ROY:
Yes. I have a few thoughts about this. I think that if we do a good job of creating the culture of caring and compassion on campus, broadly defined across campus, that we will, in fact, see fewer students running to the counseling center when they feel the first sign of distress because they will have experienced a sense of belonging, connection, knowing trusted adults in the community or peers that they can turn to. And that atmosphere, that culture, I think will go a long way to saving the counseling center for those students who actually really need direct clinical care. And I think we need to be careful when we talk about educating faculty and staff around identifying students who may be struggling. My own feeling is that I think we've done our ourselves a disservice in the field by making that into a huge eight-hour, ten-hour training where you almost feel like you need to be a clinician who can diagnose whether someone has clinical depression or not. And understandably and rightly so, it's intimidating, it makes folks feel like, "I can't do this." Not that they don't want to or they don't care, but they're afraid they're gonna say the wrong thing or make matters worse because we make it into such a extreme situation.

I mean, honestly, this is not rocket science. Most of the information that you need to convey about how to recognize when someone's struggling, whether it's a coach, what they need to look for, or a faculty member, or an academic advisor, or a security officer, you can do that effectively in about 20 minutes. I think we need to really take stock of how we're educating our community, and then developing that really palpable culture of care and compassion across the board on campus. I think that will hold students, many of them, well enough to not then spiral to the point where they need to walk over to the counseling center.

DOUG LEDERMAN:
Lisa?

LISA DAMOUR:
Just to take everything we're saying and put it in a public health frame, I find this can be very useful. My favorite way to teach public health frames is to use actually dental health. We think about primary, secondary, tertiary intervention, and primary intervention is what the whole population gets. I think of that as the fluoride in the water. What universities want to be thinking about, and they are, I just think giving them categories for what they're thinking about, "What's the fluoride in the water? What are the things that are going to every student?" So whether it's programs that are belonging the minute students arrive on campus, whether it's exactly what Ryan's talking about, where all students are given a heads-up about what to look for, when to be worried about somebody, and raise the alert if there's

concern. I also think too that fluoride could be added more education around what we reasonably expect in terms of the stresses that come with the transition to college, that those are expectable, and how we recommend managing those.

So that's the fluoride, everybody gets that. Then what Nance is talking about is in terms of kids who start to eat a lot of sweets, kids where there's grounds for concern that there may be a cavity, mental cavity down the line. I think you're right. I mean, Nance, when you talk about the 20 minutes, what I picture is saying to faculty, "Tell us if somebody stopped showing up for class," like very clear basic signs that a kid is starting to become overwhelmed, the young person. I would call that, eating lots of sweets, secondary prevention, like know who those students are, and then tertiary, by the time there's a cavity, that's usually where the counseling center belongs and steps in. But using those models I have found takes a problem that feels so enormous and at times overwhelming, and I think that that's one of the challenges by these problems is that they can feel so big that they actually become almost paralyzing to the people who want to be useful in them. So if I think what's fluoride, what's identifying a young person who's at risk of having real problems, and what's a young person who is now having a problem that warrants trained treatment, can hopefully make it all feel a little more accessible in terms of intervention.

DOUG LEDERMAN:
We're seeing significantly greater proportions of students coming into college and universities with previously diagnosed mental health conditions. How do institutions go about addressing them, resolving those issues, remediating them to the extent that that's expected of them? Nance, start with you.

NANCE ROY:
I think we have to first recognize that not all students are the same. We're going to have some students coming to campus who are quite resilient, and who perhaps have faced a lot of adversity and worked their way through, and have developed a lot of strategies and skills for managing distress. And then we may have another whole group of students whose caregivers, thinking they were doing the right thing, protected them from any disappointment. It's that tee ball, everybody gets a trophy and nobody ever loses or has to deal with getting a B, and then feeling like their life is over. And then you have specific populations, if you're one of very few LGBTQ or racially diverse students on campus. So you have to think about who's coming to our campus is very diverse in many cases, and we need to take that into account. I also think we need to meet students where they are. Some will be well-equipped to navigate that transition to college, others will not be well-equipped. And so as an institution, separate from the Health and Counseling Center, how do we integrate that into our campus?

How are faculty members, for example, integrating life skill development in the classroom, in curricula? What are we learning on the playing fields? How are coaches and trainers managing these issues and talking with their students about these things? So I think, again, back to the public health approach, the entire community taking responsibility for the students that they're in touch with, knowing where they are, what they're equipped with, and helping them develop from where they are. Because they will be different, and they will be at different stages of readiness. I think we need to also take into account the diversity of the group and not think that, "OK, we've got a new class of students and they're all going to need X, Y, or Z," because that simply won't be the case.

DOUG LEDERMAN:
Lisa, I want to come back to you. You've raised some good points in this conversation about how my colleagues and I in the media may contribute to this problem with the language we use to discuss the

current situation. There's a lot of talk about us having a mental health crisis among young people, whether this is a crisis or not. Do you think institutions are facing this open-endedly? We are a society of pendulum swings after all. Is this part of one, of a pendulum swing? Can it be addressed or normalized such that we can reach a stasis of some kind as opposed to just feeling like we're spiraling out of control?

LISA DAMOUR:
I'm hoping it's not spiraling out of control. And I'm a rational optimist, as somebody referred to me the other day, and I thought that, I was like, "I'll take that". Here's what we're up against though. In terms of the mental health crisis that is real and I'll tell you where, for me, I think it gets not talked about as completely as it could, which is unsurprisingly the pandemic was horrible for teenagers and caused a surge in distress for adolescents and pushed a lot more kids into a category of needing help than had been in that category before. That was coupled with the fact that there's not a lot of people who take care of teenagers and young adults, that it's actually very, very specialized work. And so in a moment where we had a huge surge in need, we were unable, you can't magically up the workforce to meet it. And so to me, those two things combined really created a very real crisis. And what I'm hearing anecdotally is that that seems to be improving. Weightless are reducing a bit, not necessarily in colleges, but around in communities.

But there's this other piece, I think we have to be really, really mindful of how we talk about distress in young people. Because if we minimize it, which we shouldn't do, but I do understand why sometimes people feel inclined to go down that road. The reaction from young people is actually going to be, "No, you don't get it. You're not hearing us". That minimizing, I think, really stands to amplify what we're going to hear from young people. So the goal here is to try to find a way of talking about it that is deeply empathic, right? What Nance was saying at the beginning, this is not a easy time to be a young person in this world. Deeply empathic to that, highly attentive to that, highly validating that while again, making clean distinctions between expectable and typical distress and mental health concerns. I think the other thing we are up against is fatigue on the part of adults who surround young people. The pandemic put a dent in their education, it delayed things. It delayed maturation, it delayed ownership of learning.

There's no way it couldn't have, they were not in school in any conventional way. And one of the things that I hear as I spend time with educators is that they both get it and are tired of accommodating to it. So when I think about the role of institutions, I think there's a lot of work to be done supporting the adults within the institution to have ongoing patience, and empathy for the fact that the students who continue to arrive on campus had wildly disrupted periods of their education but still have ramifications for them, whether or not the adult is ready to move on. And I think that's a real challenge right now.

DOUG LEDERMAN:
Nance, thoughts from you on this?

NANCE ROY:
I do struggle with the term crisis and saying we're having a mental health crisis. And I don't mean to diminish the level of distress that many people are in, but I think the word crisis also just ensues some kind of panic, some kind of exacerbation that I'm not sure is always helpful. And so, it just for me gives more of a feeling of helplessness and hopelessness. So I'd rather focus on, yes, this is a very difficult and trying time and at the same time, we have a number of ways that we can help each other and young people manage our way through. Lisa, you mentioned faculty, whether it's in college or teachers in high schools or elementary schools, they are on the front lines. And they too, I think we somehow sometimes

forget that they also went through the pandemic. They also had losses. They also were struggling. They were teaching from home for the first time online. Thank God I wasn't a faculty member if I had to learn that all of a sudden. And so, not only are we asking them to really step up to help our young people who are struggling as a result of the pandemic, but they themselves are still struggling.

And I think we hear often from the institutions that we work with, that it's not just how are we going to support our students, but how are we supporting our faculty and staff? Because they are very much in need as much as oftentimes the students are. So yes, they're at different points of development and perhaps the struggles are different, but I think we really need to also be paying attention to faculty and staff and how are we supporting them in ways that can help them do the work that we need them to do.

DOUG LEDERMAN:
We just heard from the Jed Foundation's Nance Roy capping off a conversation that also included the psychologist and author Lisa Damour and Ohio State University's Ryan Patel. Thanks to all of them for their insights and to the Gates Foundation for helping us bring them to you. I hope their comments gave all of you as much to think about as they did me. It's easy to get overwhelmed by this topic of mental health, which is why I particularly appreciated the way our guests tried to frame it in ways that laypeople like me can understand, whether it's categorizing our feelings and experiences that is enjoyable, uncomfortable, or unmanageable, or using the dental health frame of fluoride in the water versus getting the equivalent of a root canal to think about how campuses might intervene. I hope our guests today gave you some help in figuring out how to respond to the situations on your campuses. That's all for today's episode. The Key will be back soon with another episode. In the meantime, stay safe and stay well, as it seems particularly apt to say today.

(UPBEAT MUSIC PLAYS)