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Speaking of Psychology: What's behind the crisis in teen mental health? With Kathleen Ethier, PhD

Episode 231

Recently released Centers for Disease Control and Prevention (CDC) data found that teen girls are experiencing startling levels of sadness and violence—nearly 1 in 3 had seriously considered suicide and 57% felt persistently sad or hopeless. The report also found high levels of distress among LGBQ+ teens. Kathleen Ethier, PhD, director of the CDC's Division of Adolescent and School Health, discusses what's behind this crisis in teen mental health, why girls seem to be suffering more than boys, and what parents, peers, schools, and communities do to help teens cope.

About the expert: Kathleen Ethier, PhD

Kathleen Ethier, PhD, is the director of CDC's Division of Adolescent and School Health in the National Center for HIV, Viral Hepatitis, STD, and TB Prevention. Ethier's research has included psychosocial, behavioral, organizational and clinical factors related to women's health, maternal health, and adolescent sexual and reproductive health. She has authored or coauthored numerous articles and book chapters for peer-reviewed publications. Ethier earned her PhD in social psychology from the Graduate Center of the City University of New York.

Transcript

Mills: Let's start with the numbers I mentioned in the introduction. Almost one third of teen girls said they have considered suicide, almost 3 in 5 felt persistently sad and hopeless and 18% had experienced sexual violence. I think most members of the public who have heard these numbers were alarmed. And as someone who's been working in the field for a long time, what about you? Were you surprised? Were you alarmed?

Ethier: Yeah, obviously, yes. The Youth Risk Behavior Survey, which is the report that we released is part, not all, but part of the data that's contained in the Youth Risk Behavior Survey. The survey's been around for more than 30 years, and as an adolescent health—my background is in adolescent health, I've been studying adolescent health for many, many years, and so we use the YRBS all the time. It's a pretty standard way of understanding the health and wellbeing of young people in the country. Prior to the pandemic, we had been seeing mental health move in the wrong direction. We had seen that kind of centered around female students and LGBQ+ students. And then during the pandemic, we had additional confirmation that youth mental health was in crisis. That teenage girls seemed to be at higher risk.

So we saw some data from emergency room visits indicating that they were more likely to be showing up during the pandemic with having attempted suicide. So we had some inklings. I think we weren't prepared, I would say, for the consistency across all of the different measures that we included in the report and then also some of the 10-year trends that we've been monitoring for the past number of years. And so we include these individual measures in this report around sexual behavior, substance use, experience of violence and mental health and suicide. Because for us in the division of adolescent school health, it speaks to the programmatic work. We know that these factors are interconnected. Most of these variables, this is the third time we've done this particular report. We include them every single time. We have some shifts to make sure we're being relevant.

So we didn't look at the data really before we decided that these were the set of variables we were going to include in this report. So when we put it all together and looked at the data and looked kind of across, we were not expecting that for all of the substance use measures that we include in the report. And it's not every substance use measure that's in the YRBS, but for the measures that we included in this report, for almost all of the experiences of violence except for being threatened or injured with a weapon and across all of the mental health and suicidal thoughts and behavior data we included in this report, that girls would be at such a significant increase compared to boys. And that was just really consistent. And I think we were not expecting that.

We've been monitoring kind of in these 10-year chunks, some of these variables like the proportion of youth who'd been forced to have sex. And so in 2017, when we looked at that 10-year trend in 2019, when we looked at that 10-year trend, there were no changes over those 10-year periods in that variable. When we looked at the 2011 to 2021 data, that was the first time we'd really seen an increase in that measure, that trend measure. And so that was really also very alarming to us. We've been saying for a while that out of every 10 teenage girls that at least one has been raped, and that has been consistent for the number of years that we've been looking at these 10-year trends. And that changed.

So yes, we were very alarmed. We look to our programmatic work to see how we can help, and we do have school-based strategies that address some of these issues, which I know we'll talk about today. So I think you see the data, it is extremely alarming. It is our public health duty to get the data out and talked about and made accessible, which we've been trying to do. The next question, as you mentioned is why are we seeing this data? And then the next question after that is what do we do about it?

Mills: With girls in particular, and just the fact that these numbers are so alarming, do you have any way of knowing whether this is just a question of they're more willing to tell the truth on polls than they had been in prior years? Might that be a factor that there's more openness about this kind of conversation now?

Ethier: I think it's very likely that we are doing a better job giving young people the language to describe their mental health. I don't know that it's less about telling the truth. This is an anonymous survey and it's always been an anonymous survey. So I think perhaps there is less stigma about talking about mental health, but I also do think that we in a really positive way, have been giving young people the language to say what's happening with them. What concerns me is that while we're giving them the language to describe their mental health on an anonymous survey, what I worry about is that we aren't giving them the pathways to tell adults, whether that's their parents or their school counselors or their teachers or a mental health professional or their primary care doctor, I'm not sure. This data doesn't tell us that we've given them the pathway to get help. And that worries me.

Mills: Before we get too further, too much further into this, I wanted to ask you about the cohort, the data, how you do this, how many kids are involved, how is it nationally representative, how do you pull it all together, and how are these youth basically approached and polled?

Ethier: So this is a school-based survey. So this is a survey of 9th through 12th graders, and this year the sample size was over 17,000 young people collected in schools across the country. Again, we've been doing this survey for more than 30 years. It is part of a system of surveys. So the data that I'm talking with you about that we released in this report is part of a national survey. There are

also 47 state surveys and 28 local surveys. So across the country there are lots of individual youth risk behavior surveys that are conducted. And so we collect this data in conjunction with the states and locals as well. So we work with them so that we're not overtaxing any individual school because they appear in either the national or the state sample. We use a sampling frame, and it's probably somewhat complicated, but we use a sampling frame that allows us to use the demographics of the school, the individual school, to make sure that the data is nationally representative.

It doesn't include data from every state, but it is nationally representative. And we do a lot of non-biased testing to make sure that if we get data from a school and then we have a different school that says, no, we really don't want you to come in, that there isn't kind of systematic differences between schools that agree to participate in schools that don't. So there's a lot of methodological and analytics support that we use in the sample to make sure that it is nationally representative—for all the data geeks who listen to your podcast.

Mills: And I'm sure there are some. So I have to ask you about social media because there's been so much public and media attention recently to how social media can harm teens' mental health. Do you think at least some of the blame for what we're seeing in this survey lies there?

Ethier: I think it is more complicated than—honestly, it would be wonderful to have kind of a silver bullet that if we just fixed that one thing then this would all get better. I don't think that that's the case, although I think that social media does come with significant risks and the potential for significant harm, but it also comes with a lot of opportunity for connection and it comes with a lot of opportunity for young people to access information that they may not have any other way of accessing. And so it's not the kind of thing that I think we want to throw out without really trying to figure out what should we keep, what's important for young people to have and then how should we try to protect them. I think, and this is where social media probably plays in, I think a lot of what's underlying this is social isolation.

We as humans, and I think the folks listening to your podcast who are either psychologists themselves or interested in psychology, I think we know, and as a social psychologist myself, I think we know that as humans, we are social beings. We require social interaction. And many of the things that we're looking at in this report, both in terms of I think substance use and experience of violence and mental health and suicidality have some component of social isolation as a cause underneath. So I think that's partially why the pandemic was so impactful was because we were separated from each other and young people lost the supports that they have in school. They lost their peer groups for periods of time, and I think that was really impactful.

And I think we on the opposite side, we see the power of connectedness in protecting the health and wellbeing of young people. And so where social media comes in, I think is that that can become a substitute connector and so can provide some connection.