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Technology fueled America's youth mental health crisis, but it can help end it



Perspective by [Valerie Strauss](#)

Staff writer

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Sian Leah Beilock is a cognitive scientist who is the new president of Dartmouth College, the first woman to hold that position since the school was founded in 1769. An expert in, among other things, the effect of stress on academic performance, she is starting her tenure by putting health and wellness at the center of her leadership agenda with a focus on the country's youth mental health crisis.

Among her initiatives:

- On Sept. 28, Beilock is bringing to campus Surgeon General Vivek H. Murthy and his six living predecessors to discuss the crisis and explore possible solutions.
- She created a position for Dartmouth's first chief health and wellness officer, who will report directly to her on matters affecting all students, faculty and staff, and will oversee the implementation and assessment of Beilock's new mental health strategic plan. That plan includes training more faculty and staff in mental health aid and suicide prevention, expanding mental health support and investing in mentorship programs for students.
- She is revamping Dartmouth's policies about time students take away from class to address mental health issues so that they are not penalized for stepping away.

Beilock is the author of ["Choke: What the Secrets of the Brain Reveal About Getting It Right When You Have To,"](#) as well as ["How the Body Knows Its Mind,"](#) and she regularly writes about mental health and well-being in publications and news services including [The Washington Post](#), [the New York Times](#), [NBC News](#) and the [Associated Press](#).

By Sian Beilock

By the time the U.S. surgeon general [declared that we](#) were in the throes of a mental health crisis in 2021, suicide attempts had risen 51 percent for young girls compared with two years prior, and twice as many young people reported feeling depressed and anxious.

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While the pandemic tipped the scales, the mental wellness odds had already been slipping out of our favor for the past decade.

As many experts have rightly noted, this is also the time frame social media use and mobile device ownership skyrocketed. Today 97 percent of Americans own a mobile device, and 72 percent use at least one social media platform. Years before the pandemic drove kids' screen time up by 52 percent, psychologist Jean Twenge wrote for the Atlantic that "iGen," born between 1995 and 2012, was a "lonely, dislocated generation," pointing out that time spent on smartphones had replaced time-old adolescent activities such as spending time with friends, dating and even driving.

A youth mental health crisis was already brewing. The pandemic made it worse, surgeon general says.

Twenge isn't wrong; nor are the many other voices calling for smartphone bans in schools or legally imposed age limitations to access social media. But I worry what gets lost in the conversation is that the most groundbreaking tools emerging to improve mental health care rely on these same platforms. Technology, in fact, may offer the only viable solutions to beating the mental health crisis.

As a cognitive scientist and president of Dartmouth, I have a front-row seat to how students are adapting to an increasingly digital world — sometimes in ways that can be dangerous, but also in ways that can foster the very things technology is accused of diminishing — including engagement, connectivity, and mental well-being. Beating the mental health crisis will require meeting kids where they are — on their devices.

Part of the reason we can't do this without technology is that we simply don't have enough mental health professionals. Of the 2.7 million young Americans experiencing severe depression, only about 28 percent are receiving consistent treatment — and that figure is lower among young people of color. What's more, there are only 14 practicing child and adolescent psychiatrists for every 100,000 children in the United States, so it's no wonder so many are falling through the cracks.

In a crisis, schools are 100,000 mental health staff short

A large-enough health-care workforce is far from reach. Much farther than the distance most of us are willing to keep our smartphones. I'm not advocating we dismiss the addictive nature of technology or its impact on our well-being, but it's not the whole story. The devices we carry around all day capture a tremendous amount of behavioral data — physical activity, sleep, social interactions, to name a few — which together can offer a pretty robust picture of how we're thinking and feeling, and help fill care gaps in cases in which frequent face time with a practitioner isn't realistic.

Substance abuse, which is both helping drive the mental health crisis and is drastically undertreated with nearly 90 percent of sufferers going without treatment, offers an example of the power of technology to provide clinical care in underserved areas or in cases in which stigmatization prevents people from seeking the help they need. Lisa Marsch and her team at the Dartmouth Center for Technology and Behavioral Health (CBTH)

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created and validated the first Food and Drug Administration-cleared digital therapeutic for the treatment of opioid addiction, which provides cognitive behavioral therapy interventions through the user's digital device and has since helped roughly double rates of abstinence by lowering the threshold for access to treatment.

Digital therapeutic tools like those developed by Marsch are clinically effective software used to screen for, diagnose and treat mental illness, and rely on us using the same digital devices that we've become quick to demonize.

Instead of attempting to pry the smartphones out of our kids' hands, we can instead deploy them to help uncover what exactly is making them so sad. At the height of the pandemic, Dartmouth researcher Andrew Campbell combined mobile phone sensing and self-reported mental health data to understand how covid-19 was impacting student behavior and mental well-being, and found that students were not only more stressed and anxious than in years prior, but also more likely to engage in activities that tend to exacerbate poor mental health such as sleeping less or spending more time on their phones, especially to read pandemic-related news.

Studies have found that college students are especially susceptible to mental health problems because they tend to cluster risky behaviors such as binge drinking, smoking, sleeping less, more screen time and eating less healthy foods. It is only through our phones that we have the power to collect the data that will help us parse out what is contributing most to declining mental health and what can help speed up treatment. This matters tremendously when medical care is in limited supply, and emergency rooms are scrambling to keep up with the surge of youths coming in for behavioral emergencies. If this sounds invasive, it's because it is, and I'd be remiss not to raise the ethical implications that must be brought to bear. Marsch, in fact, has pointed out that when it comes to digital therapeutics, privacy considerations are paramount, and researchers and practitioners have an obligation to ensure users know the full extent of data collection they're consenting to. Ultimately, the more relevant data we collect to understand how our behaviors contribute to mental health, the more equipped we'll be to get to the root of the issue.

For many, the privacy gained by letting the data do the talking is worth it. Whether we like it or not, we can't ignore the fact that young people today are struggling to connect, making it increasingly difficult for them to ask for help when they need it most. If we want to end the mental health crisis, we need to make it easier, not harder, for them to communicate. Beyond simply compiling data, technology also has a role to play in fostering connection. When the surgeon general issued an advisory [in May](#) that the United States is facing a loneliness epidemic, I knew exactly what he meant. As a college president, I've noticed disconnection most in young people's struggle to communicate with each other when confronting difficult or controversial topics, to such an extent that many choose to censor themselves entirely rather than risk discomfort.

[*Loneliness poses profound public health threat, surgeon general says*](#)

Many chalk this up to technology replacing in-person interaction, and it's true that today's young people prefer to communicate digitally. It turns out, though, that texting can actually

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be a powerful tool for connecting with others, especially through difficult experiences, and has been shown to reduce emotional pain. The key to prevent texting (or any technology use) from becoming harmful is proper use. For example, instead of texting when surrounded with others — even if they're strangers — wait until you're alone and can focus on whom you're texting, which can create feelings of closeness.

Social media can similarly become a tool for mental well-being and connection when used correctly. Online peer groups, for instance, have been shown to drive mental health improvements for people struggling with severe illness. By sharing personal stories and opening up about coping strategies, participants experienced greater social connectedness and feelings of belonging — which may outweigh the risks commonly associated with social media.

If we allow ourselves to focus blame entirely on texting, social media and smartphones as the problem, we miss an opportunity to be smarter users of technology. What's more, we miss an opportunity to make sure they know that it's okay to not be okay — and that we're here to receive that information any way they choose to give it, and to help.

Surgeon General Vivek H. Murthy, who will visit Dartmouth this month along with the six living U.S. surgeons general to join me and our community in a discussion about how we end the mental health crisis, has raised a critical question: "How do we design technology that strengthens our relationships instead of weakening them?"

The reality is, technology won't determine whether we can overcome the mental health crisis. The adults charged with the care of our kids' mental well-being will, and we have a responsibility to model healthier interactions with technology, and also harness its power to help us better understand, diagnose and treat mental health issues — especially for those who would otherwise go without that help. Let's make the choice to leverage these tools rather than condemn them.

By [Valerie Strauss](#)

Valerie Strauss is an education writer who authors The Answer Sheet blog. She came to The Washington Post as an assistant foreign editor for Asia in 1987 and weekend foreign desk editor after working for Reuters as national security editor and a military/foreign affairs reporter on Capitol Hill. She also previously worked at UPI and the LA Times. [_Twitter](#)