

Matt (host): Welcome back to the Nimble Youth Podcast. I'm your host, Matt Buttermann. Today, we're exploring a growing group of young people who seem to have stepped away from school, work, and sometimes even in person embodied experiences. Some call them NEETs, n e e t S, youth not in education, employment, or training. They're often highly online, living at home, and struggling with anxiety about entering the adult world.

Joining me today is again Doctor. Gretchen Hoyle, a pediatrician with twenty five years of experience who's been seeing this pattern throughout her collaborative care work. Before we get into our discussion with Doctor Hoyle, quick reminder that this podcast is for informational purposes only and should not be construed as medical advice. Please do visit your doctor, mental health therapist, or other qualified professional with any medical or mental health concerns.

So Doctor. Hoyle, again, thanks for being here. And, let's start with, the definitions of NEET, and there's another group sometimes called near- NEET teens. So that, I guess there's a spectrum there, but, tell us a little bit of what it is.

Dr. Hoyle: Right. So this is a group of like older adolescents and young adults that is sort of emerging a lot in our collaborative care model work. But as it turns out, there is a term for it, the NEET term, which is not education, employment, or training. And this is defined in The U. S.

As about thirteen percent of folks who are between 18 and 24 years old. That was in 2022. And then that number spiked at fifteen percent in 2021 at sort of the height of the pandemic. But what I'm seeing a lot of in clinic, especially kind of in the context of collaborative care, is folks who are in this age group who had some of them have had sort of a disrupted educational experience because of the pandemic and they like went home from school. So if they're the age like 18 to 24 now, then they were in middle school or maybe high school at the time that the pandemic was going on or maybe a little bit younger.

So they went home from school one day in 2020. And and for most kids, you know, that was a, like, a significantly negative thing. But for some kids, they actually felt a good deal better being out of school. Okay? And so that was a short term fix for a problem that they were often having that was surrounded by their own sort of social anxiety and, and sometimes they were being bullied.

A lot of these kids can have some, you know, form of difference or disability. Sometimes it's like a learning problem, sometimes just like neurodivergent kids, but they got home from school, went to online school, then a lot of them just never went back to in person school. And so that is kind of a core group of the folks that I'm seeing. And so what's happened with them is that they have either stayed in online school and then may or may not have progressed through high school. Sometimes they've dropped out of active education.

Sometimes they finished their high school experience and then they've decided to stop there. But they have not moved on to things like employment or training in some other field. And the

other things that they tend to have in common is that they're very enmeshed in the online world. So they spend a lot of time online. They have this sort of group of friends that are also online folks that they don't really meet in person.

And I also find that they really like very strange sleep cycles. So they are often up late into the night and then sleeping a good portion of the day. And then that has been pretty dysfunctional as far as wanting to move forward with their lives, whether they want to do school or a job or some sort of training, their sleep cycle is really off. And so this has gone on for long enough at a time that they have really sort of been sucked into this virtual world and pushed out of the embodied world. And now they're having a lot of struggles with how to right that ship.

And so I do want to point out that I am aware that there are probably folks out there who this is for them, this is their lifestyle and that they are not concerned about it. Their parents might be, but that is how they're at least to some degree choosing to live. But the folks that I take care of, by definition, I'm not really identifying them unless they have presented with symptoms of anxiety or depression, or I have seen them in a context where I have screened them, so like in a well check for anxiety and depression, and they are reporting very high scores on these questionnaires. They are having symptoms of a mental health condition. And so that is what we are often trying to help intervene with because some of the things that they are engaged in, so a lack of embodied experience, overemersion in the online world, poor sleep, and just not making the typical developmental milestones that folks are engaged in at this age, which is typically moving on a path towards independence from their parents, that is not happening for them.

And that is related to their anxiety and depression symptoms.

Matt (host): So Doctor. Hoy, you've mentioned certain groups being more vulnerable to need to paint that picture for us. What are these groups?

Dr. Hoyle: Sure. So probably the biggest subcategory we find is like folks who would fit into that neurodivergent group. So neurodivergent youth studies have shown that young adults on the autism spectrum have the lowest rates of college or work engagement after high school. And that certainly tracks with what we're seeing in our clinic and in our collaborative care program. LGBTQ youth or gender expansive youth, they often face more challenges in mainstream culture.

And so can lead to some oftentimes that will affect school attendance and then later on potentially affects their ability to launch into employment. And so that's a risk group. Rural and lower income youth are often more likely to be disconnected because there are just fewer opportunities and less access to mental health support if they're in an area where there's just not as much support for them. And then families who are in insular communities, whether that's religious or cultural, may inadvertently limit exposure to broader peer networks. And then that makes transition out of adolescence and into sort of what we would consider to be sort of mainstream culture that makes that harder.

And so again, there are families and folks who might choose not to engage in what we would consider to be like mainstream culture, but these are folks that are coming to my attention because they are reporting that they are having symptoms of anxiety and depression.

Matt (host): Right. So once somebody comes into your clinic and that can be I guess parents and or the children themselves, but I suppose parents most often will perhaps see the bigger picture and recognize this first, right? Right. So what do you do when they come into the clinic?

Dr. Hoyle: Yeah, and I think oftentimes what's happening is that there's challenges between the relationship between the parents and the child, right? And so, or the patient. And so for those challenging relationships, it is often really helpful to get like a third party involved. And that's kind of what we're doing for these kids, for these patients, with our behavioral healthcare managers. And so that first and foremost task for them is to help us identify and manage mental health conditions that can be leading to or contributing to this problem.

But then also, that part of getting better mental health wise is to reengage in the world. And so a lot of times that takes some coaching and our behavioral healthcare managers are really good at doing that. And I think a lot of times folks will sit by and say, yeah, I mean, this is the same thing that their parents told them to do, which is completely true. So if the behavioral healthcare manager is saying, okay, it's time to start looking at options at the community college to try to complete your high school diploma or get your GED. Why don't we look into doing that?

Those are things that might be received by the patient in a more positive way than if it's coming from their own parents. And we as parents kind of know that that is a reality of life. And so sometimes having somebody else in the mix to help coach them through these life stages can be extremely helpful. And so they'll also do the brief therapeutic interventions that we've talked about in the past, about how to help folks be able to, in context of an episode of acute anxiety, to be able to regulate those emotions and physical changes that are happening in the body so that folks will be more comfortable with being able to go outside and interact with other people and potentially apply for a job or go to work and do things or go to school and do things that may be typically the things that increase their anxiety. But once we can learn to cope with that by using different strategies, then a lot of times things get a lot better.

Matt (host): Right. And I think it's important also for parents to realize that progress is often nonlinear.

Dr. Hoyle: Very true.

Matt (host): Progress can come in very small steps that need to be acknowledged and rewarded. So there are some resources available in the community to help patients and their families who are experiencing this. There could always be more, but can you tell us a little bit about some of the community resources that exist?

Dr. Hoyle: Sure. So a lot of community colleges have resources to help with completing high like school education, moving on and doing additional training, their Job Corps and AmeriCorps and then different workforce boards, things that can help, patients and folks in this age group to sort of be able to imagine themselves doing something that they might enjoy later on. And so then we start to, once we can start to project into the future, then figuring out a path to get to that future becomes much more likely.

Matt (host): Right, and oftentimes it's sort of changing the language or the question from why aren't you doing this or why won't you do this to what's the next tiny step you can take.

Dr. Hoyle: That's correct. And so that's one of the big things that we do with this age group that the behavioral healthcare managers help with, which is to break problems, big problems down into small achievable goals. And that really helps keep the nervous system from feeling overwhelmed. Especially when you're asking somebody to reengage in something that they remember as being really anxiety provoking for them. And yet my experience has been that most of these young adults are aware that they really do want to be back in the real world, that they really do want to be in embodied experiences, that they want to move on with their development, that they wanna become adults, that they wanna gain independence, that they wanna move towards being self sufficient, but that for a number of factors have sort of interrupted that.

And once we can get them on a path that is leading in that direction, then a lot of times their overall anxiety and depression symptoms start to get better. It's very much a two way street.

Matt (host): Right.

Dr. Hoyle: Yeah.

Matt (host): And while parents should not be overly panicked about a child who is experiencing this, it is important to make these small incremental steps, at a pace because, the consequences can be somewhat dire if nothing is done, right?

Dr. Hoyle: That's correct. I mean, there are some longitudinal studies that show that disconnection at an early age leads to higher levels of depression and poor economic outcomes in midlife. And those are studies though that we have to remember that folks in midlife right now did not have the incredible power of the internet that was pulling them into this online world. Right? And so we don't really know so much about what that would potentially look like moving forward for this generation of folks who have had so much digital online experience and exposure and how that's going to shape their lives moving forward.

We certainly know that it's gonna be a part of their lives and the way that the future looks probably has a lot to do with the digital world. But we also know that as humans, embodied experience is the best way for our brains to learn and to feel comfortable and happy and avoid symptoms of anxiety and depression. And so we do want to recognize that there is a fairly

powerful force out there that is pulling young people into a disembodied world. And we want to try to help them find their way back to real life.

Matt (host): Right. So for parents who are frustrated and bewildered by their child in this situation, what should they take away?

Dr. Hoyle: So again, I think that certainly the earlier intervention the better. And so a reasonable place to start would be with your child's doctor to do an evaluation for mental health conditions and see if there are certain resources that can then be applied based on what we find out there. There are certainly different strategies. There are a lot of actually creators online who have different programs for getting folks who are in this situation to make progress. And probably all of those are really based on the idea that we want to set small achievable goals, and then we want to hold folks accountable for being able to move towards those goals.

And so having a plan in place for doing that is ideal. And I think a lot of times though, the first place to start is with your medical provider, because a lot of times there is an overlapping mental health condition that's in the mix that needs to be addressed before it's likely that we're gonna make a lot of progress.

Matt (host): Yeah. And I think, maybe a closing message is that certainly you're not alone. There are many people going through this as the

Dr. Hoyle: Like statistics one in five people worldwide. And I think that there are some cultures, like The United States, may actually be sort of proportionally lower than other

Matt (host): cultures. One mental health metric would be

Dr. Hoyle: Really Yeah, so, potentially and it may, it's possible, but I suppose that it's just under identification. But it's also that I think that, that we are, like, this is a, this is a worldwide problem. It's very much a sort of, it's, it's not that it's never been there before, but I do think that like the the amount of engagement in the digital world, not just like we've talked about in previous podcasts, the Anxious Generation book and the change from the play based childhood to a phone based childhood and all the things that go along with having a developing brain that has exposure to sort of an onslaught of digital information. Those folks are reaching this age now and that we are seeing that there are, at least for some vulnerable populations, that there can be some pretty significant consequences.

Matt (host): Absolutely. Doctor. Well, thank you again for bringing clarity and compassion to this emerging and oftentimes bewildering issue. And thanks to our listeners for listening in today. We will link to resources in our show notes available at our website, which is [www.youthpodcast](http://www.youthpodcast).

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