

Matt (host): Welcome back to the Nimble Youth Podcast. I'm your host Matt Buttermann. Today we're continuing our depression series shifting into a new developmental stage college age young adults. College can be exciting, but it's also a huge transition. Parents aren't nearby to notice daily changes and students can get lost academically, socially, emotionally, especially at big schools where nobody is taking attendance.

To help us unpack this, I'm joined by Doctor. Gretchen Hoyle. Doctor. Hoyle is a pediatrician with twenty five years of experience and a special focus on youth mental health. Before we start, we remind you that this podcast is intended for informational purposes only and does not substitute for medical advice from a qualified mental health or a medical provider.

Please visit a healthcare professional with any questions about your child's mental health. Doctor. Hoyle, welcome back.

Dr. Gretchen Hoyle: Thanks, Matt. This is really an important episode because college is often the first time that a young adult has had to manage their mental health without the guardrails that they've had at having to beat their parents.

Matt (host): Right. Right. And so, guess it's somewhat self explanatory, what exactly makes college such a risk period for depression and anxiety?

Dr. Gretchen Hoyle: Right. It seems like it's the combination of freedom and pressure like happening simultaneously. Students may be away from home managing their schedules for the first time. They're navigating new friendships and new identities and that developing their identity and their academic expectations. And then a lot times there's some financial stress that is also layered on top of that.

So, and the big thing is that the parents lose visibility. So you can't really tell what's going on with them so much. I mean, that's probably less of the way than it was when we were in college where you would just go and, you there was, you wouldn't call for weeks, like now you can, there's a little bit better access or, but they're still not gonna be able to observe like whether that young adult or that college student is sleeping. That's one of the biggest issues. If there's one thing I could say about that transition to college is the sleep.

So, and once that really gets off kilter, it can be really hard to get back into a good position. You can't really observe sleep. They're not parents are not gonna necessarily know about what's going on with them appetite wise, hygiene wise, whether they're leaving their room, whether they're going to class, and that makes it really easy for symptoms to sort of snowball and become pretty severe before anyone really notices. And that happens all the

Matt (host): time. Let's get home, I suppose. So, do we have data on how common depression and anxiety are in college students?

Dr. Gretchen Hoyle: Yeah, we do. And it's pretty striking. So, in the Healthy Minds study, which is one of the largest national data sets on college mental health, About thirty eight percent of students screened positive for moderate or severe depressive symptoms, and about thirty four percent screened positive for moderate or severe anxiety symptoms, and about thirteen percent reported suicidal ideation in the past year. So for parents who may be thinking, is this just my kid who's having this trouble? I mean, that is a resounding no.

This is a very, very common. And then also the ACHA's national college health data highlights how often anxiety affects function. So around thirty percent of students reported anxiety negatively impacts academics and sleep deprivation is widespread. So more than seventy five percent reported getting less than eight hours of sleep on weeknights recently. And you know, that is, you do need that sleep.

I know that is some variability, but eight hours, your brain needs that time to recover, especially with the amount of amount of new connections that are being made, of academic, like expectations, the things that your brain has to manage, like executive function wise, and that's both academics and social and just routine self care. And then also kind of being bombarded socially with all new faces and lots of new people and being able to navigate those relationships. And so I think sleep might probably people in college probably need more sleep than maybe they did when they were in their sort of last bit of high school, where they were pretty comfortable with what, who everyone was and what was expected of them. Whereas in college, everything's very new and that takes a lot, a lot of brain power. And so not replenishing the sleep well at night can make things a lot harder.

Matt (host): Right. I want to discuss next, I think a topic that's really important for parents of children in college, perhaps especially those who are attending really large universities with tens of thousands of students. There's this tendency for for students who go to those larger schools to kind of disappear. And I think the problem becomes more market than come from, say, a smaller high school where they had this sort of more individualized attention. Now all of sudden, they're at the state university with all these people.

And so that transition is often really hard to make. And so what does this kind of, I guess you would call, imagination that some students undergo at these big schools look like?

Dr. Gretchen Hoyle: Right. And so, you know, it, it can certainly happen at smaller schools. Part of the reason that it happens more at big schools is because, you know, there's not anybody like sort of taking attendance. I mean, they certainly have, you know, there are, you know, residents, assistants, I guess RAs on, you know, on halls and people who are trying to make sure that people will stay involved and being checked on, but there's just like, the idea is that you're an adult now and that college is your opportunity to be autonomous and, that it just has varying results depending on, you know, kind of like, like what that person's experience has been in the past. And so sometimes we'll have folks go through, well, sometimes call sort of this quiet collapse.

And it's where a student stops going to class because they are feeling really overwhelmed and anxious. And then they start sort of staying up late and, and sometimes they'll feel really productive at night. And so there is some tendency for folks to do that. So then they're staying up late and they're doing things and they're able to like, you know, be productive mostly because they're, you know, usually not having to like negotiate with other people. Right.

So they're up late doing, doing stuff. Then that makes it so that they're then sleeping more through the day, which sort of gets into this cycle, missing more class and then missing more assignments. Then they avoid checking the like portal for what, you know, what they're missing. And then, because they get a huge spike in anxiety, if they look at their, at what's happening with their grades and their assignments and stuff, and they realize how far behind they've gotten. And then they just, that avoidance just becomes sort of the organizing principle for them.

Right. They're just, that's kind what they're doing. And this can go unnoticed because, you know, we're not looking at attendance and a student can, you know, sort of fail quietly for weeks before it's sort of noticed that things are, but they're, but they're just not functioning at the level that they need to be to be successful in college. And so the super common situation, also try to figure out how to deal with it. I mean, it's definitely a thing.

Matt (host): Yeah, for sure. It's, it's a, kind of a vicious cycle and then students can go through that cycle and kind of slide out the back door without the parents really understanding what is, what is happening. Right. Yep. So what are the common ways that depression and anxiety show up in college?

Dr. Gretchen Hoyle: Right. So I have a few like sort of classic patterns. The first one is like the idea here is that you have anxiety first, and then that just sort of overwhelms the nervous system, which leads to burnout. And then they become depressed because they're not functional. So they start out as anxious, hyper perfectionistic.

They've been super successful in high school. And so they want to continue that it's very, very hard to be, you know, number one in a college that's got 20,000 people underground. Mean, like, that's just like really, really hard to do and maybe more doable just in a, in a smaller setting for them, but that they are always used to being at the sort of the top of the heap of things. And it's just a completely frame shift for them to be, you know, sort of in the middle. And, and so they start off really anxious and perfectionistic and overworking, and then they hit a wall and they just cannot function at that level.

And they can't become, they get kind of burned out and depressed. That, you know, is a common scenario. The second one is, is maybe like more of like depression comes first. And these are for folks who I think like they hit the door and sort of immediately feel like they are not really motivated to do what they need to do in class. And some of that, you know, you wonder if sometimes that motivation in like, and they were successful in high school and they got to college and, and they just like the, some of that motivation was coming externally.

Potentially, you know, parents and teachers were helping them along, but at their core, they're not really all that motivated or have a lot of energy to do what they're currently doing. And then they start to feel pretty hopeless about it. And then they sort of patrol socially. And this is where, you know, I think, think, you know, back, I think all of us probably remember there were kids in college that we knew that, you know, had trouble kind of going out of their dorm room. They would get kind of stuck.

I've had patients who would go and, you know, especially for sometimes a little more commonly in males, they'll get into like, if they have a game console in their dorm room as a real problem because it's very easy to withdraw into that, you know, digital experience. And then you wake up and you're like, it's December and time for exams and it's not gonna, you know, you're not gonna pass your classes. And then I also see like a sleep part, like sleep dysregulation is really the accelerant for a lot of these folks. And so sleep gets off track and then their mood goes down and then they really start to get anxious. And, and the key is it's like depression isn't always, you know, a kid who's crying all the time or is able to say that they're sad.

It can be anxious and seemingly numb or irritable or just isolated, or like they just like, I don't care kind of energy or I can't get myself to do anything. I mean, that's a lot of times what's happening. And so it's just a, you know, it's, it's an important time in life to be able to sort out what's going on. And so so we're just, you know, wanting to be aware that this is an age and those are the kind of symptoms that we can see.

Matt (host): Sure. So the college student came to you, came to your clinic with these sort of, you know, vague concerns of depression or anxiety or some quote, how would you start to assess them?

Dr. Gretchen Hoyle: Right. So I, you know, start off the bat with the most common measurement tools, which are the PHQ-nine, which is for depression, and GAD-seven, which is for anxiety. And so, that helps me get a sense of like those scores help me get a sense as to, you know, what I'm looking at. And those are the questions where you like, over the last two weeks or for the GAD seven, which is the anxiety. So over the last two weeks, have you been feeling nervous, anxious or on the edge?

And you can say not at all, days, more than half the days, nearly every day for the PHQ-nine is things like, have you been feeling down, depressed or hopeless? It's getting not at all, several days, more than half the days, nearly every day. It also asks like little interest or pleasure in doing things. So that's a big red flag if they're just not interested in doing things. And so let's start with that assessment.

And then depending on what those look like and more information about like the story of what's going on with them, I will do other assessments. There is a scared version for adults. So that scared questionnaire that's on anxiety that helps sort of sub categorize different types of anxiety. A lot of times what is highest in this age group is social anxiety. So college is a tough place for people with social anxiety.

There's a lot of expectation that you're going to be able to socialize. And if you don't have like a kind of a plan, like a niche thing that you are interested in, that you can find community with, then it can be a tough, be a tough thing. And that questionnaire, that's like the mood and feelings questionnaire. There's a short and long version that asks more in-depth questions about depression symptoms. And then I also think it's really important to get a sense as to what is happening cognitively for them.

Like, okay, what is your current course load and what is the schedule of that course load? And what does that mean as far as your other, like the other things that you need to do in your day, which is like sleep and eat and socialize and do things, you know, and exercise and all the things that they have to now suddenly have to regulate on their own. And you know, lot of high schoolers are regulating that stuff on their own, but a lot of them have additional support from their parents. And, and I think a lot of times that scaffolding is in place and when it's taken away, it's kind of surprising to them as to how, you know, how things can kind of collapse. And so, you know, it is, it's important for me to get a sense as to what's happening there.

I will say I do have a lot, a lot of people who I'll see in college where at some point or another in their life, if they're having trouble in college, and a lot of times when I look backward at some point in their lives, we would assess them for ADHD and it was sort of like mildly positive or not really that big of a deal. They were able to like manage it, but then suddenly, you know, with the idea of being like, you're going to be in class for, let's say fifteen hours a week, and you're supposed to study, you know, a couple of hours for each of those hours. And now you're in a big, you know, you're like a 45 a week kind of thing where you need to be doing academic work. Especially early on, a lot of times in college people are needing to take their gen ed requirements. And so sometimes those things are fairly straightforward, but then sometimes those are things that people just are not at all interested in, but are kind of required to take.

And it is very hard to get motivated for things that you don't like all that much. And so we do sometimes need to re like visits whether ADHD is playing a role and whether there's something we need to do with that. There's just a lot of nuanced things about that college transition, that college experience that are important. And so we're kind of back to those, like we talked about in previous podcasts about the four P's. So there's the predisposing factors, especially when you're helping depression.

So a lot of times we think of those as being biological things and like how you're sort of wired up and family history, and then there's precipitating events. So college is just full of precipitating events. So like, you know, you have this huge transition where you're leaving your like previous, like your family and your friends that you are used to, and then you are, you're now in this new setting. And so that can be a very common precipitating event. And then you can have like perpetuating factors because you're not sleeping well.

You're not like doing the self care things that need to happen. And, and then there are protective things too. So that's the fourth piece that we want to try to maximize as much as possible, the

protective factors. So having folks, be engaged in things in college where that helps, you know, with their socialization and it also gives them a break from their academics. And it makes like, you know, just having people that you can go to eat dinner with or to study with, or having, you know, a group is really helpful.

That may not be the main thing for everybody, but there's for most people having at least some group social group that they can connect with is helpful regardless of how big or small that group is. And regardless of what it is that binds them together, may be their academic pursuits. It may be something else, but it's very, you know, if for folks who feel isolated in a college setting, you know, anxiety and depression can manifest, you know, fairly quickly. And, and, and it's just it's important to be able to get a handle on that as early as possible.

Matt (host): Absolutely. Yeah. I mean, going back to what you were talking about with with ADHD making the sort of jumping through hoops just that much harder. I have personal experience with that certainly. Right.

I remember from my, my college age exploits that's it's just so much more difficult and yes, they can certainly lead directly into, you know, directly into anxiety and depression, both. So how does depression manifest differently than in both males and females of this age Yeah,

Dr. Gretchen Hoyle: there is, there, there are some, you know, sort of big categorical differences. For the most part, females are more likely to sort of report their like what we call internalizing symptoms. So that's like sadness, worry, overwhelm, and they'll, and they also are more likely to seek help, which is good. Right. And, and so, but males often present more with sort of more, sometimes more externalizing symptoms.

So like just sort of irritability or anger, or they can just withdraw. They can engage in risk taking and have trouble with substance use and or abuse. A lot of times this is a common scenario where this starts to come up and a parent might say, well, you know, he's not depressed. He's just checked out or angry, but that can be depression. And it can be like lots of overlapping factors that need to be evaluated and addressed in order to get that person back to.

Matt (host): So, let's again discuss how depression manifests in LGBTQ plus college students. And this is the time when many of these young people are perhaps coming out or coming to terms with, difference that they're, they've just noticed or are, are, are coming to terms with, I guess. So how does depression manifest in them?

Dr. Gretchen Hoyle: Yeah. And, and we always bring up this group when we talk about depression because it, the, the numbers are pretty staggering as far as like the risk involved in for people who are, who identify within that community, the risk of depression and suicidality and completed suicide goes up substantially for those folks. And so I always want to sort of mention that we need to like somewhat, you know, consider that as a risk factor, way that we would, some of these other risk factors that we have thought about for these students times, you know, college is, is a, is a great thing and they are able to find other folks who they like connect with.

And that hadn't been really an option for them, depending on, you know, what sort of community they had been in or like their family structure, but it can also be, you know, fairly anxiety provoking as well. And there's, you know, just a higher rate of anxiety and depression than there is for their peers that are identified as straight people.

Right? So the mechanisms here often related to just like, they're in a minority status due to their identification or their sexual preference. There's always some level of discrimination, safety concerns, rejection, or simply having to constantly sort of assess, well, is this environment safe for me? Fortunately, I feel like that's improving every year that goes by. I know that there's a lot of back and forth with this pendulum swinging as far acceptance from a social perspective, but from a college perspective, I do feel like over the course of my career that, that, you know, there is just a lot more acceptance and support and, and that's great.

Right? What helps and what I want parents to hear is that there are protective factors that are really powerful that they can affect and like family acceptance of this youth who identifies in the LGBTQ plus community and affirming adults, affirming peers, identity affirming campus resources, one supportive relationship can be a major buffer to these symptoms of anxiety or depression.

Matt (host): Yeah, absolutely. So, let's talk now about a really important topic for people in this age group and that's substance use and what can sometimes spiral down into substance abuse because they may not have been exposed in their their family, in their home situation to, the the sort of guard of temptations that's around them constantly at college, whether it's alcohol, whether it's hot and and other drugs. So how does substance use fit into the, the depression outlook?

Dr. Gretchen Hoyle: Right. Right. So, and of course, you know, there are loads written on this, so we're just going to kind of do sort of a brief, like overview, but there's a lot of overlap. Do you think that, you know, a lot of times the kids that I see when I assess them for anxiety and I do a stratified assessment tool, the SPEARD, like the adult version of the SPEARD questionnaire that a lot of times, the ones that if they're coming to see me for anxiety or depression, then the most common one that they are positive on, well, is like social is usually in the mix. Right.

And a lot of them have generalized as well, but you know, separation anxiety is more of typically more of a younger kid thing, but people who have social anxiety, like that makes me sort of really think to myself, okay, let's keep in mind that where are the pitfalls are for this. And the thing about substance use, especially for people with social anxiety, is that a lot of times it's a facilitation of their ability to socialize. Right. Okay. And so we just have to recognize the fact that that is going to be like, you know, very tempting for them.

And I think that, you know, that like any other substance, there is sort of a dose response curve. And then in no way am I implying that that people should be engaging in this underage or in illegal substances or whatever, but at the same time, it is important to be able to ask about it and find out about it and do that in a nonjudgmental fashion because otherwise you're really just

not, you're not going to know, and you're not going to be able to take it into account when you think about what you're going to do therapeutically, but if for sure, you know, overuse of alcohol and, you know, other substances can only have an effect on mood. A lot of times they're, you know, they're, they're using those same receptors that we are using when we use therapeutic medicines that, you know, we prescribe. And so they can, you know, worsen sleep. They can worsen mood.

They can amplify anxiety. Sometimes substance use is, you know, is a social norm in that institution. And sometimes it becomes sort of a self medication. Sometimes it's a bigger, it's part of a bigger pattern of dysregulation. And so clinically when depression or anxiety isn't improving the way that we expect substance use, you know, is one of those things that we have to really dig into maybe more revisit it, mostly with just that curiosity.

And I think this is really one of the things that is really hard for people in college to discuss with their parents because the thought is, you know, like, it's not something they want you to be doing and it's, it's one of those things that will look the other way, but at the same time, it does have a material impact on what's happening for them mental health wise.

Matt (host): Yeah. Yeah. For sure. So the next question I have really applies to well, applies to to all parents of college students, but but particularly to parents who may have a child, you know, across the country or even overseas perhaps, what can parents do when their, when their kid is hundreds or thousands of miles away?

Dr. Gretchen Hoyle: Right. Right. I do think that there is value in having some sort of at least weekly check-in. And that's a lot easier now with like, you know, I think FaceTime is helpful to do that with. I mean, I know that we talk a lot about like digital technology, but I do think that for this purpose-

Matt (host): That's a lot of abuse technology in this case.

Dr. Gretchen Hoyle: Correct. Yeah. I mean, you can see if your kid has like stopped eating or stopped bathing or stopped, you know, like hygiene or whatever. And so it's like being able to look at them, eyeball them is helpful. And so doing a weekly check-in, I think is really helpful.

And then when you are doing that, you know, I think it's important to sort of check-in on sleep and appetite and you know, what they're doing to some extent socially. Not so much that you have to have like a full play by play, but like, you know, and, and depending on the kid, like how forthcoming they're going to be is going to be some variability. But I do think that even if like you're talking to them and you're asking them questions and you're not so sure about what the answers like, like whether they're being fully transparent, you're at least talking to them and can get like indirect cues as to how they're doing. Okay. All right.

So that's, that's one thing. I also think that, like they're like colleges institutionally prefer, like their baseline setting for knowing what someone's grades are is that the, the, the student has to

agree to them. They have to sign a form and there is some logistical, like, you know, there's a barrier there to some extent. Now, I don't think that that's necessarily something that people need to jump over that barrier at the first semester necessarily. But I would say that, that for a kid who has struggled previously, getting that paperwork done so that parents can check-in on their grades and their like assignments and stuff is probably worth doing.

It's kind of it's it's I see this from both directions, but I also understand that as a parent, you know, that you have, there's a lot going on with your child and that the school has its agenda, but you as a parent have a somewhat different agenda. And, you know, they're looking at their whole population. You're working, you're looking at that one person. And so being able to kind of keep track of whether things are going well, especially if you've had trouble in the past, like is, is worth doing. If, and then I also think that it's helpful if there is at least some level of community, like for kids, especially kids who have some, either they're sort of like slightly neurodivergent kids or they have like a learning disability and they're getting some level of support.

I mean, just like, it's really important to like make that happen even if it feels like you're over controlling. I mean, I know that the position of the colleges a lot of times is, well, they're an adult now. They should be able to handle that. And you're like, well, they can handle some stuff, but I'm gonna handle this. Right.

Because I'm gonna make sure that you, yeah.

Matt (host): Just letting their, your, your child sort of flounder is not really an option if you're that invested.

Dr. Gretchen Hoyle: Right. Right. Yeah. I mean, and I get the logic. I understand it, but at the same time, you know, I mean, I think parents have the right to do that, especially if they're Exactly.

Paying for That's probably an un like a unpopular opinion, but it is like, you know, kind of fell for that rhetoric before and realized like, Nope, Nope, that's not what's happening. So I do think that there are ways to make sure that you can kind of keep tabs on your kid at least academically. And I think that that's better for everybody. I know, like, especially if you feel like you're, I mean, I think there are parents where you're like, I don't need to do that with that kid and never have never thought about it. And that's great.

But if you have a kid where that's not been the case, then I do think that that is reasonable to do. I think that you have the right to do that and you have that right to ask the child to allow that to happen. So I think like, that's just a little bit of a pro tip that I'm sure the colleges aren't, it would not be thrilled for people to insist on that. But I also feel like for these kids who have, you know, some level of risk, if there's something about like, we're not completely confident that they're quite ready for this incredible shift in their life, that being able to kind of keep up with what's happening with them is important and it is appropriate. There, there are so many opportunities for a new college student to have autonomy.

There is all sorts of opportunity for them. They get to decide basically everything that they do all day long. What I think that they don't get to decide is whether or not they engage with the learning center on campus if they have learning skills. I mean, are just things that I think like are gonna have to be parent mandated because the kid is just not gonna necessarily do that. And so, so there are, and so I of course, like with parenting, with everything you have to, you know, know when to hold them and know when to fold them, right?

Like you gotta figure out like where that line is, but there are some things that I think, you know, that kids are better served for parents to just be like, this is like a non negotiable. Yeah.

Matt (host): So let's talk a little bit about maybe an uncomfortable topic, but if perhaps you've seen some, some, escalation signs that students are, maybe your child may be really in a state of severe depression and maybe thinking about suicide. And to ask that question is, is not harmful. It's, it's really a protective question.

Dr. Gretchen Hoyle: Correct. Yeah. And so that's, you know, that's something that parents can ask. It's also something that can be done at an assessment. I think it's really important when you start hearing words that sound like, you know, feelings of hopelessness and helplessness and, you know, not wanting to be here or those kinds of things.

It's important to sort of find out, and this has been best done by a trained professional, but sometimes this is the kind of thing that parents are faced with doing in the moment. And so finding out like, do you have a plan? Do you have an intent to do this? What's keeping you safe right now? How can we keep you safe right now?

Most kids do not want to act on that plan. Right. But, you know, there, if your brain is ruminating on that and you're continuing to have more and more of these, you know, perpetuating factors happening, then it is, you know, that, that can be a significant problem. And there are, you know, most colleges have lots of resources available. Most, most places in general, there's, you know, there's often not enough of those things, but at the very least, like the emergent situations can be evaluated hospital, other sort of emergent setting.

There are like risk assessment teams that do that on campuses. And I think that there's always this sort of, you know, issue about trying to figure out like when, when to step in. But I think, anything that sounds like that person is getting sort of disconnected enough that, that they're, they are feeling really helpless and hopeless then. So if you, for some people who are feeling hopeless and helpless, it is important for parents to intervene. You see what I'm saying?

Matt (host): We've we've, spoken about an awful lot in this episode because it's a, it's a time of such importance for, for both young adults and, and for the, the, the parents of their parents as well. But if there's one message you'd like families to take away from today's discussion, what would that be?

Dr. Gretchen Hoyle: Right. So depression in college students, along with anxiety and ADHD, all of these are common and treatable conditions, but they are often go unrecognized until their functioning really collapses. And so we want to stay ahead of it. Families do not need to become like, you know, constant surveillance, but they do need connection and they need to have the right questions and at a regular interval and, a willingness to act early when the story stops matching, you know, what sounds like should be normal adjustments. Yeah.

Reaching out for help is an important life skill to have and that's true all the way through.

Matt (host): Yeah. It's important to know when and how to ask for help. So, that's, that's hopefully what parents have learned a little bit more about from today's episode. Well, thanks again to Doctor. Gretchen Hoyle, and thank you to our listeners for tuning in, whether it's on our podcast, audio podcast, which is chatted all major podcast platforms or watching us on our YouTube channel.

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