Laura Erickson-Schroth, M.D.:
There's a myth that talking about suicide is going to increase the likelihood that someone's going to have an idea or act on it when actually we know the opposite is true. That talking about suicide, bringing it up with someone if they're thinking about it, or if they might be close to that point, actually provides a real sense of relief and usually increases their likelihood that they're going to look for help.

LuAnn Heinen:
That's Dr. Laura Erickson-Schroth, Chief Medical Officer at The Jed Foundation, a non-profit that protects emotional health and prevents suicide for our nation's teens and young adults, giving them the skills and support they need to thrive today and tomorrow. Dr. Laura, a psychiatrist committed to improving youth mental health, has provided thousands of patients with crisis intervention and mental health support in New York City emergency rooms. They are also the editor of "Trans Bodies, Trans Selves," a guide written by and for trans communities and much of their career has focused on LGBTQ Mental Health.

I'm LuAnn Heinen and this is the Business Group on Health podcast, conversations with experts on the most relevant health and well-being issues facing employers. Today Dr. Laura Erickson-Schroth shares her thoughts on how young people, more than ever before, are facing new challenges. We discuss the health inequities that make mental health a greater burden on certain groups of teens and young adults, how parents should talk to their children about mental health, and the resources available during a crisis. We also talk about actions employers can take to support families.

Hello Laura.

Laura Erickson-Schroth, M.D.:
Hi. It's so nice to be here, LuAnn.

LuAnn Heinen:
Welcome. Actually, I should say Dr. Laura. Laura Erickson-Schroth. She's an MD. She's a doc. We're going to call her Dr. Laura today. I'm really glad you're here.

Laura Erickson-Schroth, M.D.:
All right.

LuAnn Heinen:
Can you speak to why or how The Jed Foundation came to be?

Laura Erickson-Schroth, M.D.:
The Jed Foundation was actually founded by a couple who lost their son, whose name was Jed, to suicide while he was in college. That was in 1998. They formed The Jed Foundation in 2000. The idea initially was to work with colleges, with college presidents, to talk with them about how they could set up their mental health and suicide prevention programs, give them ideas. They didn't know, I think at the time, that it was going to become what it is now, which is we do provide direct assistance to both high schools and colleges. We work with them, for high schools for three years and colleges for four years, in helping them to assess their mental health and suicide prevention programs and then improve upon them and put in new programs and policies that will help to really get them to the place where they feel like they're providing the services for students that they really need. Then beyond that, doing all kinds of extra advocacy work, sort of creating cultural change in working with young people 13 to 30. We consult with media companies helping them to improve their depictions of youth mental health. We work together in coalition with other organizations that work on these issues. We do political advocacy now and push for bills that are going to strengthen youth mental health. It's really become a fantastic organization coming from such a sort of small beginning, which I think is amazing.

LuAnn Heinen:
Thanks for that. You're a physician trained in psychiatry and a longtime advocate for LGBTQ mental health and you've worked extensively in emergency rooms in many New York City hospitals caring for people in mental health crisis. What about that challenging and stressful work fills you up?

Laura Erickson-Schroth, M.D.:
When I was in medical school and residency, I kind of always knew that I was going to do something systems level and talk about the sort of larger issues that affect mental health and youth mental health, in particular. But I found that when I was in residency, the clinical work that really appealed to me and really touched me was the work where I could be there with people in crisis in the moment. So I did a lot of work in emergency rooms across the city. I also did a fellowship in consultation, liaison psychiatry, which is working with patients who are in the hospital for other reasons, for medical or surgical reasons. Then you're sort of going in and getting their whole story all at once and helping them to put all of those pieces together. It's similar in the emergency room where you see someone, you may just see them for one evaluation or you may see them maybe two or three times, but you're getting a sense of the person in their story sort of all at once and being able to help them to figure out what are the next steps? I think that's what's really interesting to me.

LuAnn Heinen:
You're having an impact at a time when they're vulnerable and presumably receptive to that kind of help.

Laura Erickson-Schroth, M.D.:
Yes, where there is a time when you can really make a difference. I think when you're doing outpatient work, you're getting to know someone slowly over time and a lot of people really like that and I do like that too. I work actually in an LGBTQ youth organization called Hetrick-Martin Institute. There I get to know the young people that go there. I see them once a month, sometimes for four or five years, and I get to know them sort of slowly over time. That's super rewarding. I also like sort of being able to see someone in a moment where you're sort of doing a whole thing together with them at once and you're able to make a change that can sort of really affect the course of their life in that moment.

LuAnn Heinen:
We know over 40,000 families lose young lives to suicide and drug overdose every year. That statistic is right off The Jed Foundation website. Let's talk about why our collective mental health seems to be going in the wrong direction. I mean, it has been for several years. The professional societies and American Academy of Pediatrics and others have declared it a mental health emergency for youth and that's despite new drug treatments, greater acceptance of therapy. What is it about life today and its seemingly negative impact on the mental health of 13 to 30 year olds?

Laura Erickson-Schroth, M.D.:
There's so many sort of numbers we could talk about. One of the most important ones is that for the last two decades, suicide rates have been increasing among young people pretty steadily. I really think that young people today are dealing with a whole different set of issues than previous generations were. I don't think that adults or people older than them really realize how much of a different world young people are living in than we did. They're getting so much information coming into them. When we talk about the amount of information that young people are taking in today, the statistic that always gets me is that people today are taking in as much information as our very well-educated ancestors did an entire lifetime in one day and we're able to witness wars around the world, huge cultural changes, racial violence in our country, social justice movements, climate change, all of these kinds of things in a way that we didn't see directly in other generations. It's kind of hard because we're telling young people, it's going to be fine, it's going to be okay. Like just breathe, meditate, go to therapy. I really think that their lives are so different from ours. The kind of connectivity that they have, the sort of immersion in social media and the internet in ways that can be really positive and really helpful for building their identities and their communities. I don't know if you saw that Merriam Webster named ‘gaslighting’ the word of the year this year.

LuAnn Heinen:
No, but tell me about that. I've heard that word in some not very friendly contexts.

Laura Erickson-Schroth, M.D.:
Yes, it's the idea that someone is witnessing something that's real, experiencing something that's real, and either one other person or many people around them are basically telling them it's not happening. So step one is we have to acknowledge that they are really experiencing life differently than we did and there's so much that's going on and they're worried about real things. We have to let them know that that's real, that's actually happening, that we're acknowledging their experiences. We're here to help them to sort of learn the skills that they need to cope with those, help them feel a part of changing things that we have the ability to change, working on the issues like climate change, the issues like injustice, that are going on around them and help them feel like they have meaningful, connected lives.

LuAnn Heinen:
That makes it really rewarding to be doing what you're doing, but what an enormous task that The Jed Foundation is facing. Let's talk about some of the most at risk groups – black, LGBTQ youth, rural youth, and even girls more than boys it seems are struggling with higher levels of depression.

Laura Erickson-Schroth, M.D.:
Yes, traditionally boys are more likely to die by suicide, but girls are more likely to experience depressive symptoms and to have suicide attempts. We're seeing more and more girls in emergency rooms, especially during Covid, especially black girls and young women have rapidly increasing rates of depression, anxiety, suicidal thoughts, suicide attempts. There's a lot going on that I think that we need to pay attention to. LGBTQ young people have higher rates than cisgender, straight young people of depression, anxiety, suicidal behaviors. We don't know about deaths by suicide because we don't have that kind of information recorded when someone passes away. There are also specific groups within the U.S. like American Indian, Alaska Native youth, who have high death rates by suicide. These are important populations that we need to pay attention to. You mentioned rural youth as well. They're twice as likely to die by suicide as other young people. A lot of that has to do with access to lethal means. So at JED we sort of have a comprehensive approach when we speak with schools about the work that they're doing. One of our seven domains is means safety and means reduction, which is super important. If we can prevent young people from having access to lethal means when they're feeling overwhelmed, we can actually really make a huge difference, because 90% of people who have even serious suicide attempts don't go on to die by suicide later.

LuAnn Heinen:
I'm interested in the fact that JED is attempting to build resiliency and life skills, promote social connectedness, and encouraging help-seeking and help-giving behaviors, which speaks directly, I think, to some of the challenges they're identifying. One of the means is through media. I went on Instagram and I found the *Love is Louder* campaign. I was really impressed by both your PSAs, *Seize the Awkward,* and the Instagram *Love is Louder* campaigns and how they're really speaking directly to young people. Tell me a bit about how The Jed Foundation uses media to communicate with kids.

Laura Erickson-Schroth, M.D.:
We approach media in a couple different ways. One, as I said, is working directly with media companies, reviewing their scripts, helping them to depict youth mental health in ways that are accurate with safe messaging, but are also creative and entertaining. We also have our own campaigns. *Seize the Awkward*, for example, is in concert with the Ad Council and the American Foundation for Suicide Prevention. The kind of pieces that we create for that help young people to understand that they're often the first person that another young person goes to; it's not parents, it's not teachers, it's usually a friend or a roommate or someone like that. We want to make sure that they know the signs for when someone else is struggling and that they can provide tips for support and resources to get help. They're on the front line and there for each other.

LuAnn Heinen:
I was also interested in the use of rappers, actors in movies like *Teen Wolf*, really reaching right into that demographic.

Laura Erickson-Schroth, M.D.:
Yes, I think the people that young people look up to are each other and sort of they're near peers, the people that are just a little bit older than them and then celebrities and other people who represent identities that they might sort of aspire to be or that they're trying out. That's why you see such a response when things, unfortunately, happen with celebrities. It's also why you see young people responding so well to people that they know from sports or from music or any of those other areas. They feel a real connection in a sense of sort of working out their identities and who they are through those people, and so those are the people that they want to hear and they want to hear them talking authentically. That's a big word for young people today. Authenticity. It's about wanting to see who someone really is because they're surrounded and they've been surrounded their whole lives by fake news and ads and all of that, and they want to see real people who have real struggles, who've figured out how to cope with them, who have similar experiences to them, but are a bit farther along, who they can emulate.

LuAnn Heinen:
How should parents teach and talk to their children about mental health?

Laura Erickson-Schroth, M.D.:
I love this question because I think it's so great when parents care about that and really want to connect with young people and support them and I think so many parents really want to do that. From the research, the real issue is they don't know how. Parents really do care and they just don't know how or where to even start. What I always say is to start from the beginning. When your children are young, start talking to them about mental health, emotions, demonstrate to them that you are also a person, that you have emotions that you deal with, you have difficult times. Show them what you do when you're having a tough time. When I just have had a day, I need to sort of, either I love baking or I love reading and I need time by myself, or I need to take a bath or I need to, whatever it is, just show them that you need all those things too. Make it normal to talk about your emotions. I think a lot of parents are scared of talking about certain things, especially talking about suicide for example. There's a myth that talking about suicide is going to increase the likelihood that someone's going to have an idea or act on it when actually we know the opposite is true. That talking about suicide, bringing it up with someone if they're thinking about it or if they might be close to that point, actually provides a real sense of relief and usually increases their likelihood that they're going to look for help. So just as much as you can, build it into the things that you do with your family and with your children.

I think social media and technology are no different. I think a lot of parents are scared of those and are scared of interacting with them and put limits on their children's use of social media. Things like blanket statements about screen time, the amount of use or where they can use it, when really what you want to be thinking about is how they're using it because technology and social media are here to stay and they're part of our lives and there are actually lots of great ways that young people can use those things. So building in conversations about emotions and mental health related to those, can be really helpful. Saying to your child, oh, I wonder what kind of videos are you watching and are your friends at school talking about those and why? Because they're often watching things or reading things, because they're interested in it, because their friends are talking about it, and because it's hitting them emotionally in some way. I think it's important to have those kinds of conversations across all the different parts of a child's life.

LuAnn Heinen:
I'm talking with Dr. Laura Erickson-Schroth, Chief Medical Officer at The Jed Foundation. We'll be right back.

Organizations throughout the country are offering GIThrive® to help their employees improve their gut health, all while experiencing significant cost savings in the process. Want to try it for yourself? Vivante is offering listeners VIP access to their platform, free of charge. See firsthand how we can help improve your gut health today by visiting https://vivantehealth.com/bgh/.

LuAnn Heinen:
You mentioned the pandemic and one of the things that I've heard is that especially since the pandemic, there are more and more kids who never leave their rooms, never leave their houses, and all their communication is online and they're being social in that way. Are you concerned about that?

Laura Erickson-Schroth, M.D.:
Yes, I'll say that I really got to see this firsthand, unfortunately, because I was working at Hetrick-Martin during the pandemic. We switched immediately from in-person groups and individual sessions and where young people got to spend time with each other, with adults that were supportive, and then in private settings individually. And I really got to see that sort of switch. These young people that I was working with are LGBTQ young people, many of them were in the LGBTQ shelters in New York City for young people. They had pretty inconsistent Wi-Fi, their roommates were in the rooms with them because everyone sort of didn't really have any place to go. The libraries were closed, there was nowhere, no sort of public spaces except outside, where people could be. Other young people that I was working with were brought back from college. They had just started their lives and gone out into the world and were gaining some independence and figuring out who they were, and then all of a sudden they're back home in a small cramped apartment with the rest of their family where they don't have any private space. A lot of times had parents who were homophobic or transphobic. That's a really different environment where you can't thrive in the same way.

It reminded me how important it was to have those in-person spaces for young people where they had freedom to explore their identities and interact with each other and supportive adults. It also made me really see what you're talking about, which is these periods of social isolation and how they affect young people. They affect people of every age, right? We all experienced social isolation as adults and what that does to you. I don't know if this happened to you, but like sort of the longer you stay away from other people or the less social interaction you have, the more sort of anxious you are about those social interactions that you do have. They become more sort of weighty and important. If that's happening at a time when you're still figuring out how to interact socially, young people are figuring out how to make small talk, how to talk to different types of people in your life who you have different sort of relationships with - whether it's a friend, whether it's a teacher, whether it's someone you're just getting to know or someone who you've known for a really long time. They're losing those social skills and the longer they stay isolated, the more anxious they became. A lot of the young people that I was working with who had anxiety to begin with, it kind of got worse and worse, and as Covid is becoming more endemic instead of pandemic, it's at a point where they can go out and participate in the world and they can interact and build community again in real life, but they're scared to and they're anxious about even going outside or interacting with other people. I think it really has affected a generation of young people.

LuAnn Heinen:
You just kind of wonder where that goes, where that takes us, and moving forward, how that's going to play out. I want to talk a little bit about communicating. First just sort of supportive communications and then all the way to therapy. There's tons and tons of texting. How is texting different from a phone conversation or Zoom conversation from in-person, when it comes to giving and receiving support?

Laura Erickson-Schroth, M.D.:
Yes, I think that all the forms of communication we have are good for different things. Texting can be great if you want to figure out something really quickly or it can be great for sending memes to each other or being sarcastic or fun if you sort of already know someone. But we all know how sending texts fails us when we send a text to someone we don't know that well and they misinterpret it. All the forms of communication we have can be good for different reasons, but young people, we think that they're just interested in online communication and texting and things like that, but when you ask them, they'll tell you that they actually love

in-person communication as much as they pretend that they don't want to talk to their parents or they don't want to talk to their teachers. They actually really understand and value in-person communication the same way that I think every generation does, because they understand that it's one of the only ways that you can really sort of have the back-and-forth conversation, feel close to someone, feel supported in a way where it just doesn't compare with some other forms of communication. It's a place where you can have a private conversation where you really are in a setting that you feel connected to someone. I think that all of us know that.

LuAnn Heinen:
There's an explosion of apps and online support available to families, especially those with employer-sponsored health insurance or any health insurance and that includes the ability, the opportunity to connect with a broad range of mental health providers through telehealth. What's your thought about the range of ways that young people can communicate? What do you think about telehealth, teletherapy, versus other modalities?

Laura Erickson-Schroth, M.D.:
It's complicated and nuanced. There are a lot of really good things about telehealth and the fact that it's been able to jump some of the hurdles that it was facing before the pandemic, because of sort of regulations changing during the state of emergency, we've seen such an increase in the use of telehealth. I think that in some ways it's really brought mental health care to people who might not have the same access. I'm thinking of LGBTQ young people in particular, especially in rural areas, who don't have access to be able to go into a local LGBTQ center and connect with peers and supportive adults. Now they can attend the LGBTQ community center from anywhere else, which is pretty incredible when you think about it. It really opens up connections that didn't exist. Then, of course, there are downsides to it. I think we don't want it to replace in-person mental health care in places where people would potentially have access to in-person mental health care. I think that has become somewhat of a problem. A lot of therapists would rather work from home understandably, because they're in the same situation as everyone else. There's not that many people who want to come to an in-person location if they don't have to. It makes a lot of people's lives easier. I think you have pluses and minuses to it. Overall, I think it's really helpful that people are able to get connected in ways that they weren't before.

LuAnn Heinen:
Yes and the chance of finding a provider who shares your identity and/or is culturally aligned goes up exponentially when telehealth is in the mix. Let's talk about when you're in crisis - what happens in the ER, what are some of the misconceptions or misunderstandings about the new 988? What is your advice for that?

Laura Erickson-Schroth, M.D.:
To start with, when we speak with parents or guardians about young people and what to do when a young person is in crisis, I think the thing that stands out for me the most is that often they don't know what resources are available or they don't know what they would do in a crisis. The first thing is to learn as much in advance as you can and do as much planning in advance as you can, because you want to really not have to be coming up with ideas and brainstorming about what you should do when you're in the moment when there is a crisis. When we're thinking about crises and young people, often what we're talking about is young people having suicidal thoughts. Sometimes that's not what's going on. Certainly young people can have other issues that come up, maybe having a manic episode or a psychotic episode, or something like that. But often parents are most worried about what if my child has suicidal thoughts. The first thing to think about is what kind of suicidal thoughts are they having. Within psychiatry we talk about passive versus active suicidal thoughts. Passive suicidal thoughts are when you have thoughts like, I wish I weren't around or if something just happened to me, I would be okay with that, or maybe I'll go to sleep tonight and I just won't wake up. It's different from active suicidal thoughts where someone is thinking about I want to end my life in some way or there's something that I want to do to hurt myself. I think if we don't think a little bit more nuanced and speak with young people about what they're experiencing, we don't necessarily understand what it is that we need to do in that crisis situation. First is asking those questions and finding out where the young person is, because if they're having passive suicidal thoughts, things like I'm feeling really hopeless and if I didn't wake up, that

would be okay, those kind of thoughts are not necessarily an emergency where you need to, for example, go into an emergency room, because you're most likely going to be discharged from the emergency room and it can be a difficult experience to go in and spend those hours there. That's the first thing. If it's something that's not right there urgent in that moment, that's the time to connect the young person to help, to think about what resources you have in your community, do they have a therapist already that you should reach out to, have you been looking for one? You can ask your primary care pediatrician for where you should look. You can look on places like Psychology Today. We have lots of resources on JED's website and our Mental Health Resource Center, things like how to find a culturally competent therapist, because as you pointed out, it's really hard sometimes to find someone who matches your identity.

I think that's why a lot of young people are a bit skeptical. They're not sure if someone's going to understand them. If you look at the statistics, only about 4% of therapists and psychiatrists are black, for example. You can see why young people would be a little bit reticent if they're not sure that they're going to be able to see someone who's supportive of them or understands where they're coming from. Then if it seems more urgent than that and you're not totally sure what to do, 988 is a great resource. That's the National Suicide and Crisis Lifeline and it started as something where you could dial 988, where you could text or call that number, in July of this year. That's a great service because there are crisis counselors on the other end of the line and they can help you to figure out your next steps. They can do everything from providing referrals, helping you figure out what clinics are in your area and accept your insurance, connecting to therapists or other programs, all the way to talking you through whether it's something they can help you with emotionally get through or whether you should go to an emergency room, for example. There are a lot of misconceptions about 988 and sort of myths about it. What I like about 988 is it's a separate system from 911. So for those who are concerned about calling 911 because it means that local authorities like police will be involved in your care, this is actually a number that you can call for mental health crises that's not geolocated in the same way. It's a separate system. When you call, it actually uses your area code that you're calling from.

LuAnn Heinen:
That’s a flag, isn't it, for those of us who move around.

Laura Erickson-Schroth, M.D.:
Exactly, that's one of the things they're trying to figure out a bit. What that means is that if you have an out-of-state area code, it will actually send you to the state that your phone is from, not where you are. That's how much it's not geolocated. The problem with that, of course, is that the call centers in that area may not have the information or resources that you need, but they can transfer you over if you'd like. A lot of times people call just because they're feeling overwhelmed or in distress and any of the centers in any of the states can provide help.

LuAnn Heinen:
Do you get talk therapy when you call that number or is it just a quick referral?

Laura Erickson-Schroth, M.D.:
They can talk people through if they're going through sort of overwhelming moments or they're having difficult times. It's not going to be therapy, it's not going to be extended, but if you need to talk to them for 10 minutes or 20 minutes, they're going to be there and they're going to help you really think through it. They may give you advice for how to get through that moment, listen to you and how you're feeling and what emotions are coming up for you. These are people that are trained to help someone through that kind of situation.

LuAnn Heinen:
Well, let's say you're living in New York City, but your cell phone number is from San Francisco. Can you say on the call, I'm in New York City?

Laura Erickson-Schroth, M.D.:
Yes, you can. They'll either keep talking to you and help you through the situation. Or if you're looking for resources where you are physically, they can transfer you to the call center near you that can help you find

those specific local resources. They also can connect you to immediate crisis services if you need them. In about 2% of calls, there are local emergency services that are called to the caller's house or wherever they are. In about half of those, it's a caller themself who's asking to be referred to the local services and have EMTs or police come to help bring them to the hospital, for example. It's only in about 1% of 988 calls where people are sort of involuntarily brought in somewhere and local authorities are involved.

LuAnn Heinen:
Another challenge that families face is when really parents have up to 18 years before their child goes off to college, as many do, to work with them and support their mental health. For kids who are going off to college, it's a big leap if they're going, especially if they're going away, but even if it's an in-state school that's not right nearby, parents really lose touch. They don't have access to any information about their child's physical or mental health due to privacy laws. I do have cases and situations in my life, people I know who shockingly lost their child, one in particular in a freshman year of college, went off to college and didn't come home for Christmas, and it's just a terrifying situation. Do you have advice for families?

Laura Erickson-Schroth, M.D.:
Yes, first of all, that's terrifying. It'd be so hard to send a young person to college and then they don't come back and that's just awful. I'm really sorry that that happened to your friend. We talk a lot at JED about how parents and young people can prepare for going to college and especially if they already know that they have mental health issues that they're dealing with. We tell them to plan ahead before you're even deciding what colleges you want to apply to, check them out, see what kind of resources are available at the school and outside the school, look at their counseling center and their learning center, if you also have learning disabilities, ADHD, anything like that. Then when you pick a specific school, again, plan ahead with how your mental health care transition is going to happen.

Another one is that they don't always know to think about health insurance. Some families have employer-based health insurance and their children can be on that until they turn 26. A lot of times they assume great, so they're taken care of, they've always been on our family insurance and we can just send them off to college and that'll be fine. But you want to check with the college and with the local services there, because we've definitely seen cases where a young person is going from one state to another and the insurance that was working well for them when they were in high school doesn't cover the kind of services that they need while they're at college.

LuAnn Heinen:
Is there a top takeaway for employers with regard to their benefits and policies related to mental health in the LGBTQ, Gen Z, and younger millennial population?

Laura Erickson-Schroth, M.D.:
Yes, I think we're thinking about a number of different people within those categories. All of the policies and the programs are very, very important and I wouldn't downplay those. I think it's really important to have good health care coverage that includes mental health and doesn't just sort of include it as a side note, but that you actually have providers in your area that you know are willing to accept that insurance. If that's not the case where you are, there are companies, for example, that will provide extra funding. JED does this specifically for mental health, for out-of-pocket expenses. There are a lot of those kind of things you can think about. Then I think you really want to think about the environment at the company or the organization. For LGBTQ people, there's a lot about making their everyday life at work better, making sure there are single-stall bathrooms or all-gender bathrooms, making sure pronouns and names are used correctly, making sure you're not making gendered assumptions about people's partners, putting policies into place to protect people in the environment.

For young people, this is the first place, often the first place where they're sort of experiencing the work world if they're just coming out of high school or college. I think we have a responsibility as employers, especially in an age where young people are working remotely more or in hybrid ways. It's more likely now that young people are in jobs where they're not set up to create community, make connections, also to meet mentors.

The things that you learn being on the job, in-person at a job, about the way sort of work culture works and how the people who are sort of farther along than you have navigated things, the things you hear kind of offline, right? Like we talk about water cooler talk and those kinds of things, but that's real, the things that happen when it's not during official meetings, when you're just getting to know people a little bit, and understand their humor, and how they connect, and things like that. We need to help create those kinds of environments for young people and we also need to be able to recognize when they're struggling, we need to teach supervisors that are working with young people about how to recognize signs of distress and how to help young people when they think they might be feeling overwhelmed.

LuAnn Heinen:
Thank you for that. Thank you so much for being with us today on the podcast. It was really great.

Laura Erickson-Schroth, M.D.:
Absolutely. It was such a pleasure.

LuAnn Heinen:
I've been speaking with Dr. Laura Erickson-Schroth, Chief Medical Officer at The Jed Foundation, about supporting and protecting mental health in young people.

I'm LuAnn Heinen. This podcast is produced by Business Group on Health, with Connected Social Media. If you enjoyed today's conversation and know someone else who would too, please consider sharing.