

Fireside Chat with the U.S. Surgeon General

Sangeeta Parikshak: We are so pleased to have you joining us for this important conversation with our Head Start Health and Mental Health Leader community.

Vivek Murthy: Well, thank you so much. I'm really glad to be here with you and thank you so much for moderating this conversation. I just have one request. Please call me, Vivek. I'm very informal. Is it OK if I call you Sangeeta?

Sangeeta: Please do.

Vivek: Is that all right?

Sangeeta: Please do.

Vivek: Wonderful. Well, we can be informal. Thank you for giving me the chance to be here with everyone. I just want to say from the outset how much I deeply admire the Head Start community. I say that as a parent of two small children. I know how important those early years are for our kids.

As a parent, I spend a lot of time worrying about whether my kids are getting what they need in those early years. I know that all of you are, in so many different ways, making sure that our youngest, that our most important members of society, have the basic building blocks and skills and foundations and love, really, to be able to thrive as they grow. I just want to thank you from the bottom of my heart for all your service to our country and for keeping our communities strong.

Sangeeta: I definitely echo that. I feel — I don't know if you were privy to some of the conversation before you got on, but there is a lot of love for Head Start and for each other and just the mission of the work, for really serving our most vulnerable young children and families. I know that everybody appreciates that from you. How old are your children, by the way?

Vivek: They're still small. They're five and six.

Sangeeta: OK. Mine are five and seven, very close in age.

Vivek: Well, can I tell you what was something somewhat disturbing that happened to my wife and me a couple of days ago, or a couple of weeks ago, actually, is my five-year-old daughter, who's in preschool, came home. We took a picture of her because she was doing something fun and she asked if we could post it on social media.

We were shocked. She's in preschool. We've never talked to her about social media. We don't know where she heard about it but presumably from other preschool students. But it was just a reminder to us of how rapidly the environment is changing in terms of what kids are exposed

to. Parenting can be pretty challenging, I know. We talk to parents all the time around the country about this. I know this is a pretty, pretty tough time to be raising kids.

Sangeeta: It is and it's confusing. Like, who is doing the consent for the children? Because as they get older, they're going to see, maybe, pictures of themselves and just kind of wonder, is this OK that we're doing this or not? I do know that you've released a number of advisories. I do know that one just came out, I believe today, regarding social media and its impacts on youth mental health, so I know that that is top of mind for you.

Vivek: Yeah, it is. Because we decided to put this out because of all the questions I was getting from parents around the country who are asking, is social media safe for my kids? When I took a deeper dive into the data there to understand what we knew and what we didn't know, a couple of things really surfaced.

One is that there isn't, actually, enough evidence to say that social media is actually safe enough for our kids. We don't hold social media to any sort of safety standards the way we do other products that kids use, like car seats or toys or medications or cars.

You think about it. When your child turns 15 or 16 and you want to get them started and learning how to drive and actually driving a car, we don't say to you, you know what? It's on you as a parent to figure out exactly whether each car is safe enough for your child. Without any safety ratings, without any safety standards, you just go figure it out on your own.

We don't do that because that's too hard to do. We don't tell parents to test their own water, to test their own medications, to test their own toys. We have standards and then we ensure that manufacturers meet those standards.

It's interesting that, despite the fact that 95% of young people are on social media, that we haven't had those kind of standards. The entire burden of managing social media has fallen on the shoulders of parents, despite the fact that most parents didn't grow up using this technology, despite the fact that it's rapidly evolving, and it's fundamentally changing how our kids communicate with each other and how they even see themselves in the world.

The reason we issued this is I wanted parents to know what we were seeing in terms of the data — no clear evidence that this is safe enough but also growing evidence that social media use is associated with certain harms, including a doubling in the risk, it turns out, of depression and anxiety symptoms for teens who are using social media for more than three hours a day, which, by the way, is a majority of teens on social media. Because the average use is about 3.5 hours a day by teens.

Anyway, these are all the reasons we put it out. We wanted to lay out a concrete set of actions that policymakers and technology companies could take to really step up and establish the kind of safety standards and protections that kids and families need and to take some of the burden off of parents. Parents are doing a lot already. It's not like parenting has gotten any easier over the years. This is really too much to ask parents to do entirely on their own.

Sangeeta: What I find so interesting about the work and the advisories that you've been putting out is you really focus on these core messages of — I'm hearing in what you're talking about is mental health as an essential part of overall health. How we help navigate this comprehensive look at health and supporting the mental health of children and youth really requires a whole-of-society effort.

I've heard you say this. You mention it in your book that came out but also in your advisories. I just find it really — I don't think heartwarming is the right word, but I think it's really wonderful that a physician is looking at this in a comprehensive way and really helping parents figure out how they're going to navigate the world for their children. Really appreciate that and the work that you're doing.

Vivek: Thanks, Sangeeta — appreciate that.

Sangeeta: I know we have some prepared questions for you. I wanted to know if it would be OK for us to start with that but also bring in discussion and chat that comes in from our audience here? Because, really, I want to make sure that they can get their needs met as much as they can and hear from you, as well. Does that sound OK?

Vivek: That sounds great. We can go wherever you want to go.

Sangeeta: OK, great. Let's start with the advisory on protecting youth mental health. In that advisory, I think the first paragraph, really, you note that “every child's path to reaching developmental and emotional milestones, learning healthy social skills, and dealing with problems is different.” What do you think is most important for Head Start and other early childhood staff to support young children's mental health?

Vivek: Well, I think — I'm glad you asked the question because I do think that all of us have to ask this question of what can we do to support mental health at a time where we are experiencing, perhaps, the greatest youth mental health crisis in recent memory? With Head Start, I think, because you're engaging with kids at such a young and formative age, and with their families, as well, I think there's a few critical steps that you can take.

I think, number one, is to start a conversation with their parents about mental health. Many parents don't really understand mental health or weren't necessarily made comfortable in terms of talking about mental health. They may not know how to think about this and deal with it.

But sometimes opening up a conversation with them can be extraordinarily powerful in getting them to not only think about their child and their development but about their own mental health and well-being. That's important because we know one of the biggest influences on a child's mental health is the mental health of their parents. Many parents are struggling right now.

The second thing that's really powerful and important is making sure that our kids, from the earliest of ages, build the skills to understand what emotions are and to manage their emotions but also to understand the emotions of others. This kind of social and emotional learning is something that we've been talking about more and more in the country but it's still not something that we have implemented enough in school settings and in other settings.

I think to the extent that, in Head Start programs, you're able to start bringing in some of that learning around emotions and emotional well-being and management, that can be extraordinarily helpful for kids as they grow up. Sometimes we think, gosh, kids are too young to learn about this stuff. But kids are learning all the time. They're absorbing all the time. They learn far more than we think they do.

They're also sometimes more prepared to absorb and take in some lessons, especially those that they see demonstrated in front of them through the relationships that they're around. Kids can learn a lot about emotions and relationships. You have an opportunity to help open that door for them.

I would also say that it's helpful and important if you also are aware of some of the warning signs when it comes to mental health and well-being and how to help families ask for help. One of the things that we have set up now is a hotline, specifically a mental health hotline. It's 988. Just like 911 but 988, which is a number that you can call at any time of the day or night, and you can text, as well. And you can be connected to a trained counselor.

This might be something especially important for parents to know, again, as they may be struggling with their own mental health challenges, but good for them to know that help is actually available. As instructors, as guides, if you can help parents also understand what signs to look out for in their kids, that's important.

Because about half of people first experience their mental health symptoms before the age of 14. We know that mental illness, in general, crops up early in life. It could be that you may encounter a child, even at a fairly young age of four or five that may be exhibiting symptoms of behavioral challenges. You may be able to help share that with their parents and get them the help they need.

Finally, I'll just keep one last thing in mind. It's going to be so obvious to you, but it's something that I think is worth reminding ourselves about, which is that one of the most powerful sources of healing that we have in our lives is our relationships with each other. Family and friends, with parents, with siblings, with caregivers, with teachers, with others. Those relationships really matter. Sometimes it's hard to believe that something as simple as relationships could have the power to improve our mental health and our physical health. But it turns out to be the case.

In fact, just a few weeks ago, we issued another advisory on the power of social connection and on the broader epidemic of loneliness and isolation that we're facing as a country. We can talk more about that later in this conversation, if you'd like, but all that just to say that the relationships that you build with the kids that you care for or with their families, that can go a

long way toward supporting them, even long after they finish their time in Head Start. We know when we look at the data around kids and try to understand what is predictive of whether or not a child is healthy and whether they graduate from high school, whether they succeed later in life, it turns out secure relationships are one of the most powerful predictive factors.

I know many of you do this already, in terms of investing and building beautiful relationships with the kids that you serve and with their families, but I say this to underscore just how important that work is that you're doing. I wouldn't ever want anyone to think that, oh, that's just a nice to have but not necessary. That is really one of the most powerful ways through which you help serve children and their families.

Sangeeta: I think that is definitely one of the main tenets around Head Start is that Head Start family and the Head Start community, so we really appreciate you highlighting that. Because that's something that we may not necessarily be able to put in a bottle, like a prescription, and say, give this.

But I think that is something we know from the psychological literature around belonging and just the importance of how much coming into a setting and having somebody that you know has been there for you and will be there for you, regardless of what you've gone through in your life, and how that makes such a big difference to feel like you belong with a community and in a place. I think that's — I'm really glad that you said that. I know that our Head Start community really resonates with that, as well.

I think you've touched upon this already, but your mention about healing. I think that that's also something that we in Head Start have been really focused on, especially since the beginning of the COVID-19 pandemic and certainly beyond. We have a campaign called Head Start Heals. We have many people who have viewed it. But we've really, through Head Start Heals, tried to capture the stories of what's happened on the ground.

Like this discussion that I would like to have with you, and we can talk about, is this focus on connection and how isolation is actually something that we really need to be targeting as a problem and a concern. One of the stories in Head Start Heals that I always think about is this director in Cuthbert, Georgia, Fadara. She talks about how everything was shut down. They just kept thinking about how can we connect with our children and families?

They were able to work with other community members, like the superintendent, and drive the children to the program — I mean, drive the staff to the program to actually deliver meals. But the focus of that was, I really hope that the one thing that the children and families take away from this is that their Head Start family was thinking about them and wanted to see them.

In thinking about that and how Head Start has this focus, your advisory on healing effects of social connection and community, you talk about how human beings are wired for connection. We all recognize that the pandemic exacerbated the isolation experienced by many of our children, families, and staff. So can you talk a little bit about how Head Start programs can help to bridge this isolation?

Vivek: Well, the word healing that you use, that I've used, as well, this is really the right word for human connection. The thing is all of us actually know this inherently. If you think back in your own life about somebody who's been there and cared for you, who's stood behind you during really tough times, if you think about a friend who's been somebody you could share joyful moments with and have meaningful life experiences with, if you think about a parent or a caregiver who's really taken care of you during some of your most difficult moments, we all know that these kind of relationships, they feel good.

They help us heal during difficult moments. They strengthen us during some of our best moments. That's why these relationships are so vital, because we are, in fact, hardwired for connection, it doesn't take a lot to actually make us feel really good.

Sometimes when I've done — I have this practice that I've been working on sticking to, which is when a good friend calls or a family member calls on the phone, I'm trying to always pick up, even if I'm busy doing something, even if it's just to tell them, "hey, I'm tied up right now, can I call you back," and they'll say, "oh, sure, sure, no problem," and I hang up, that 10 seconds of just being able to hear their voice and them being able to hear mine makes a real difference.

It's really different than just texting someone, hey, can I call you later? A little bit of connection, a little bit of hearing someone's voice, seeing their face, giving them a hug, just experiencing their presence, that can really make us feel so much better.

I mention that because I imagine that there are so many demands on all of the folks who are on the call today. As you serve kids and their families, you're probably pulled in 50 different directions. But sometimes it's just that simple smile. It's the embrace of a child.

It's pausing for a second to listen when their family member is expressing a concern or looking them in the eye and telling them, look, we may not have all the answers, but we're here with you. We're by your side. Those moments make a huge difference in a world where so many people are feeling lonely and isolated and like nobody has their back.

When we issued the advisory on loneliness and social connection, we actually highlighted the fact that this is not something that's just impacting a couple people here and there. Half of adults in America experience measurable levels of loneliness. This is a real profound challenge, and it has real consequences for our health, as we talked about earlier.

The bottom line is all of us can do something. I'll say, in Head Start, in particular, I think, one, you think about the staff in different Head Start centers, the connection you build among colleagues at work, that really matters, too. It matters a lot for their well-being but also for their productivity and creativity in the workplace, for their willingness to stick around, so it matters for retention rates. People are better off and organizations are better off when people are more connected to one another in the workplace.

That doesn't just happen by putting people together in the same space or by having a happy hour where everyone just congregates in the same room. Sometimes you'll get some connections here and there. But we can, actually, with a little bit of time and a little bit of structure, really build strong connections and help people get to know one another in the workplace, not just as their job title or their skill set but as full human beings.

I'll give you an example of what we do in our office. Once a week, when we have our all-staff meetings, we have an exercise that we call our Humans of OSG exercise. OSG is Office of the Surgeon General. It's simply 10 minutes when one staff member will interview the other.

It could be about, we'll pick two people to do this each week, and it could be about anything but not related to their current job. It might be about what their childhood was like. What did they dream of doing when they were growing up? What unexpected twists and turns did they take in their career path? Who's a person they rely on most in their lives right now? What's their favorite movie or sports team?

We'll ask them all kinds of things about their life. It takes only 10 minutes, but I'll tell you that, at the end of that 10 minutes, so many of us feel like we know that person and see them more clearly than we did even just by working with them for six months or a year. A little bit of time, a little bit of structure, and intention can go a long way toward helping us get to know one another.

That's just a simple thing that you can do in the workplace. But I'd also say that I know that many of you do this already, that you incorporate practices around connection, that just thinking about the family partnership program that you have, that you're helping families connect in with family partnership staff all the time and feel like they have somebody they can rely on. That's really powerful. I just want to acknowledge how important that is.

I'd, lastly, just offer one other suggestion, which is that at a time when communities are feeling really disconnected from one another, whenever you can use your space to bring families together, to connect with one another and get to know one another, to build relationships where they can hopefully feel like, hey, there's somebody else who's going through my experience, somebody else, maybe, I can reach out to and learn from, somebody who might support me, and I can support them, those relationships are invaluable.

When you have kids who were in school that, we just assume, well, parents would just get to know each other, they'll get together, they'll become friends with one another. It just doesn't happen automatically anymore. It's something that we have to intentionally create time and space around. Whenever you're able to use your space to bring parents together in ways that can help them get to know one another, recognize some of their shared challenges, and be a resource for one another, that goes a long way.

Because something parents, I think, don't like to talk about a lot but which is really true is that parenting can be a very lonely experience, especially when you're working a couple of jobs and there's not a whole lot of time to connect with other people. You may not be living close to

family. You're dealing with issues, in terms of raising a child, that you have no idea — where you have no idea what you're doing.

I felt this way many times as a parent that I had no idea what I was doing. I was thousands of miles away from family. It felt very, very lonely, especially, I remember, when we first had kids six years ago. Anything you can do to help parents build community, gosh, that goes a long way toward helping not just a parent but the child, as well.

Sangeeta: I'm nodding, and I'm also looking at the chat to see what people are saying about this. A couple of people have said, "This sounds like a really great staff wellness activity, particularly the one that you mentioned around interviewing each other." I think that's so great because I am a clinical psychologist myself.

I was reading something about how psychologists tend to be introverts. I'm definitely an introvert. I was thinking about how nice it would be to just have that kind of conversation with somebody so that I would get to know them better to feel more comfortable with them. I hear often that some of these staff wellness activities, we'll get feedback that, oh, there's too many people staring at me doing this. But just getting building those connections are really important.

Someone else said, "intentionally building a village." When you were talking about parents, in addition to staff, that that's something that really resonated with them, that intentionality piece and something they want to take back to their program, as well, and talk about.

Someone else said, "We need more compassion and kindness in the world." Bringing the fact that you are even saying these words is a really good reminder and making people feel a little bit like they can take a deep breath.

It's not about, necessarily, a curriculum that they need to implement around mental health or around staff wellness but more just, let's take these steps to build a community, an intentional community. Those are some of the things that I'm seeing coming up in the chat as you're talking. I just wanted to make sure you heard that, as well.

Vivek: Thank you. Thanks for sharing that.

Sangeeta: I'm just making sure I don't lose some of these great things that are coming through. "I feel that human touch and connection is so important and may be missed in the home, and the love and connection with teachers may be the thing that makes a difference in their lives." I thought that might resonate with you.

Vivek: No, it absolutely does. Those two words, love, and the word connection. We've talked about connection, but let's talk for a moment about love. When we talk about the value that Head Start staff deliver to kids, families, and communities, we don't use that word often enough because I think we underestimate just how powerful kindness, compassion, and love are in our own healing process and in our lives.

We can't survive without the love of family and friends but also the love of teachers and concerned neighbors and even the kindness of strangers who may help us out when we stumble, literally or figuratively, when we need a hand. We all need each other.

I know that when I talk to people across the country, so many people are worried, especially those who are parents and are thinking about the future their kids are going to inherit, they're worried that the world somehow feels more mean. Somehow, it feels like people are just looking out for themselves. They're no longer looking out for each other.

I know it feels that way, particularly if you're online a lot. It can feel like our dialogue has deteriorated and become so much more coarse. But I have also had the chance to see, as I travel, that the fundamental kernels of kindness and compassion and love are still there within people.

It shows up in moments that aren't covered on television or written about in the newspaper, like in the kindness of neighbors who reach out and help another neighbor when they see that they're struggling. I see it all the time in hospitals and just the bravery and the compassion of nurses and doctors and others who care for patients, especially near the height of COVID, who were incredibly ill. Even when they knew that they were putting themselves at risk, they still showed up to care for other people.

I think about the schools that I visit, schools where young people in middle school and in high school, that they have been stepping up to create the kind of programs that make sure that kids aren't lonely, that create a space for them to actually be accepted and to belong. These are young people who could, for all the world, just focus on their own activities, have fun, do their schoolwork. But they're looking out for other kids, not because they're required to because they recognize just how important that is to do. The kernels of goodness are still there inside of us. We may not see it in public view all the time, but we cultivate that by demonstrating it, by encouraging it in others.

That's where, when I think about the value that all of you provide for our communities — and it's not just in the material you teach or in the safety that you provide, it's in the love that you give, day in and day out, that strengthens kids, that helps them understand what love feels like in a world where too many kids don't feel that enough. It also reassures their parents that their children are around people who genuinely care for them. It's hard to put a price on how valuable and important that is for a society. But it's what you give. It's why I'm just so grateful for your work.

Sangeeta: I hope everybody heard that loud and clear. Vivek is very grateful for your work, as we all are. I think we've danced around this a little bit, but I just wanted to ask you. I'm going to go a little off-script. I hope you're OK with that.

Vivek: I'm most comfortable off-script.

Sangeeta: OK, great. This idea of workplace wellness and really focusing on the wellness of our staff is probably one of the most important things we're focused on within the Office of Head Start right now. When you're talking about love and compassion and these little things that can go a long way, it's also, I think, understandable that coming into work every day can be hard when you have your own challenges as a health and mental health or other early childhood leader.

Do you have any — you've talked about it a little bit, but anything else you can tell us, or talk with us about, maybe, your framework around workplace wellness? Or how is it that when we're having difficulty with staff retention, we may walk into a classroom one day, and we don't have all the supports from the other staff because they're not there that day or something. How can we keep going, and how can we fulfill the mission for Head Start in those times?

Vivek: I'm glad you asked. Because a lot of — even though we're in a much better place now than when the pandemic first began, people are still reeling from the aftereffects of the last three years, which were just profoundly destabilizing for so many people and which also involved dealing with a tremendous amount of loss, not only the loss of life but the loss of plans and dreams, the uncertainty when loved ones got ill, and then having to worry about the kids who were under your charge and who you had built relationships with.

I mean, this is an extraordinary amount of stress. It takes time to deal with that. But we also, interestingly, know that when we look at how people get through hurricanes and tornadoes and other natural disasters, that long after the last house is rebuilt and piece of debris is cleared, the mental health impacts of those disasters persist. That's something — that's why, as we come through this period where we're coming through, the pandemic, we've had to be even more cognizant of the mental health toll. Because it's already starting to manifest in so many ways.

But the workplace is a place where we can actually do something about that. In September of last year, I issued a Surgeon General's Framework for Workplace Mental Health and Well-Being to actually lay out the five key essentials that workplaces can focus on to strengthen and invest in mental health and well-being for their workforce.

Again, this is good for workers. It's also very good for organizations because it helps people do better in the workplace and stick around more and just be more productive. But also, when people are actually struggling in the workplace, it impacts people around them, as well, positively or negatively.

What do we need to do in the workplace to help people? Well, one is it's important to, the first essential we lay out, is protecting people from harm. It just floors me that, in the height of the pandemic, 80% of health workers said that they experienced either emotional or physical abuse in the workplace, often from the people they were seeking to serve. It's hard to go to work at a place where you feel like you're not safe. Making sure that we're protecting the safety of people in the workplace is essential.

The second is building community and connection in the workplace. We've touched on that a little bit, but that's absolutely vital. The third is really helping support work-life harmony. Now, work-life balance is this elusive thing that so many of us have been searching for over the years.

But work-life harmony really is a space where we can — we may not be in the perfect balance, but we can at least take care of the most important priorities that we have at work, as well as the most important priorities outside of work. I say this knowing that it's not always easy to achieve. But one of the things that workers were telling us all the time is that there is no clear boundary between their work and their non-work time.

We know, with our devices, in particular, work can spill over into our evenings and weekends, and vacation time. But being able to protect that time is so important to allow you to regenerate and rejuvenate, sustain yourself, nourish yourself, but also to care for your family and to take care of your responsibilities outside. To the extent workplaces can help respect and honor that boundary, it's really vital.

The last two essentials I mention are around mattering at work and around growth. Growth is important. We all want to grow. We all may want to grow in different ways, but providing opportunities for people to grow is really important. One organization which I really like, which has done a nice job of this, is actually — it's a place in Michigan, in Ann Arbor, Michigan, called Zingerman's, which some of you who are from the area will undoubtedly be familiar with.

But Zingerman's has a deli. They have a restaurant. It's a culinary establishment. But one of the things that they do really powerfully is they create opportunities for their staff to learn and to build new skills. It doesn't matter what your current job is. You could be driving trucks, but if you want to take a certain course, you can do it, even if your that course is about, let's say, cooking, and you're not actually in the kitchen doing the cooking. They make sure that people have opportunities to grow.

Finally, the part on mattering this is really important. People want to know that they matter and that their work matters. But so many times, we assume that people will either just get that on their own or figure out the connection between what they're doing day to day and the meaning that it's generating in the world. But it's not always clear.

It's also not always clear to people that the people around them appreciate their work and their contributions that they're making. Us taking time to recognize what people are putting into their jobs, help them understand the value that they're actually delivering and the impact that's making on the community, those moments are invaluable. They help people see again that they and their work matter.

These together are places that we can focus on if we want to support people in the workplace. This has to be built on a culture that is really about workers, that's about bringing them to the table, that's about respecting their needs. It's about listening to them, recognizing that we don't know what they need and whether programs are working until we actually listen.

It's also about recognizing that each of us in the workplace, whether we're a colleague, a manager, whether we started yesterday or whether we started 12 years ago, we have the ability to support others in the workplace through small acts of kindness and support. As one of my organizational behavior professors in business school, who was later at Wharton, once told me, she said, "Workplace connections and support are provided not in the grand gestures but in the small moments."

It's that moment as work is ending when you see that your work colleague is having a hard time when you stop by and just say, "Hey, I want to check on you. Are you doing all right?" It's the cup of coffee that you bring somebody unexpectedly in the workplace when you know they're having a busy day and they don't have time to get it on their own. It's those small moments that help people see that they matter, that help them feel like they're supported.

As human beings, all of us, regardless of what culture we come from, we all have three critical needs. We all want to feel seen and understood for who we are. We all want to know that we matter. We all want to be loved. When you show up for somebody in a small moment, even if it's just to listen to how they're doing, you help them meet all three of those needs. Again, it's not about how grand the gesture is or how much time you're investing. It's about the intention. It's about your presence. It can go a long way to helping support other people in the workplace.

Sangeeta: I couldn't agree with you more. A lot of people love Zingerman's is what I'm seeing in the chat. You really struck a chord there. I wish I knew Zingerman's. I feel like I need to go. "Love that they are investing in people and not necessarily reaping anything other than supporting their staff." "Agree that genuine encounters matter so much. It's really the small things that matter." "We all matter. Each of us is unique and special." Those are some of the things coming up in the chat from what you said really resonating with that, the importance of sincere kindness.

We, in our staff wellness work, in our National Centers work, we've spent a lot of time focused on mindfulness. I feel like what you're talking about is related, but it's about being mindful not only of ourselves — honestly, we're going and going and going in the day. Working in a program like this, you have a schedule. Maybe kids are having challenging behaviors. There's understandable behaviors, but we can feel really overwhelmed. We talk a lot about taking our own deep breaths so that we can be calm.

I feel like what you're talking about is doing that for somebody else. Like, we see you're having a rough moment. I'm OK right now. Let me come to you, get you that cup of coffee. A colleague of mine did that for me last week when I was having a rough day. It just changed my morning completely, honestly. I just appreciate, again, your holistic view of health and how you're talking about it.

Vivek: Sangeeta, I'll mention, also, that those moments where we are extending help to other people, they actually help us, too. That's a powerful thing about service, even service in small moments — especially service in small moments — where we reach out and help one another

is that it can help us build a powerful connection to someone in a moment. It also reminds us of the value that we bring to the world, of the joy that we can experience as we help others.

Sometimes when we talk about challenges related to burnout and to loneliness and isolation, people are often surprised to find that service is one of the most powerful antidotes to loneliness and isolation and to burnout, as well. Even though it seems like you're the one who needs help, sometimes it's in those small moments where we extend help to others that we find that we ourselves are healed.

Sangeeta: Talking about adult mental health and staff mental health and how they can just, in the work that they do, even, helping others can help them in the long run, even if that's not the immediate intention of their actions. Is that what you're saying? Yeah. I'm trying to see if there's anything else from the chat before I move on here. I like this. "Some of what you're speaking about reminds me of the idea of building our relational intelligence. Learning the skills to intentionally develop relationships makes a huge difference in the quality of all areas of your life." I feel like that sums it up very nicely.

I kind of wanted to switch gears a little bit. We've talked a lot about — and I know that mental health is a part of this — but when we were addressing COVID-19 head on, in the middle of it, with Head Start, we came across this alarming explosion of health misinformation. We just didn't know quite what to do with it. So what can we do to combat the alarming explosion of health misinformation that makes some families reluctant to get routine health care and immunizations for their children?

Vivek: Yeah, it's a great question. Health misinformation has become a profound challenge. We saw it during COVID, as you mentioned. But it is a threat that I worry will extend far beyond COVID, and already has. We see, for example, misinformation around COVID vaccines has now spread to childhood vaccines, routine childhood vaccines that kids have been getting for years and years.

It's become harder and harder for people to tell what's real and what's not online. This is one of the reasons why — actually, the very first Surgeon General's Advisory that I issued back in the summer of 2021 was on health misinformation because of the profound threat that it poses. But there are a few things, I think, that we can do to help people. Number one is just to warn people that there is a lot of misinformation online. A lot of people don't necessarily know that. They assume that they see something, they see an article, they see something that looks like a scientific journal posted, and it must be right. That is not necessarily, unfortunately, the case anymore.

The second is to remind people that, in this moment, where misinformation is so plentiful, it's important that we're really sure about who our trusted sources are before we take advice, especially health advice. For people, that could be their doctor, their nurse. It could be their local Department of Public Health and major public health issues. Certainly, the CDC, Centers for Disease Control, has scientific guidance to offer. But the point is it should be a scientific authority.

I love my mother dearly, but I don't necessarily ask my mother to do my taxes because my mother is not trained in tax policy and tax law. Similarly, there may be people in our life who have great intentions. But if they don't necessarily have the expertise, we should be thoughtful about whether their advice, well-intentioned though it may be, gives us a full picture of what we need to know.

The third thing I would just underscore is that people tend to take information from people they trust. We actually saw this with regard to the COVID vaccine in 2021, that when people who initially did not want to get vaccinated changed their mind and got vaccinated, what actually moved them from one position to the other was either a conversation with their doctor or a conversation with a close friend or family member.

The currency there is trust, and even though we're living in a world where it feels like people's trust in institutions has declined, and in traditional authorities, people still want, and rely on, the people in their lives who they know. Because trust has become more local now. It's about not just your doctors and nurses and your family and your friends, but the teachers that care for your children, the first responders in your neighborhood, the local Department of Public Health, if they happen to have a presence in your life and have built a relationship with you. These are the sources people increasingly look to.

I mention that here because all of you are actually trusted people in the lives of the families that you're serving. You don't always – that doesn't mean that you have to be the one to give them all the health information that they need. You can be a very powerful convener of experts who are credible, who have information that families can use.

For example, many schools, during the pandemic, would hold town halls for parents where they would bring experts from the community — public health experts, nurses, doctors — to talk about the latest on COVID to help people understand what steps they could take to keep themselves and their children safe, and that was very powerful. That was the school saying, “Hey, we're not a public health authority, but you trust us. Let us be the convener that brings you together with trusted sources that have information that you're looking for.” That's a powerful role that Head Start sites could play, as well.

All of this is all the more important in a time where information, the flow of information, is just accelerating at a dizzying pace. Our ability to understand what's real and not real online is really challenged. Because as we see, especially with artificial intelligence, we can mimic people who look like authorities. We can mimic the look and feel of a scientific journal paper.

We can do all the things that, previously, we would associate with credibility. We can deliver content through that cover if you will, that's not accurate. That's why, again, we've got to remember that trust — ultimately, local trust is what really matters here. As people who are trusted by families, you have a really powerful role in helping convene them and bring them together with credible health sources.

Sangeeta: As Nancy, who's one of our leads on the National Center on Health, Behavioral Health, and Safety, she put in the chat, "We know that many Head Start programs were a trusted source of health information during the pandemic." We really felt that we needed to quickly scramble to give that technical assistance to the health and mental health leaders on the ground so that they could give the best information and be that appropriate convener.

I think that's where we talk a lot about technical assistance, and what does that mean from the federal level? But given that Head Start is federal to local, we were giving that direct information. We felt worried that we weren't giving — we wanted to make sure that we gave the best information, which is why the National Centers are so important to us, who have the right expertise to give the right information to our programs to then give that information directly.

I'm finding, too, with this renewed energy and focus around mental health, this urgency to do the same thing for mental health — and it's different than it is for immunizations or things like that — but just what kind of behaviors are you looking for when you spoke — we talked a little bit at the beginning of the conversation today, just making sure that we look for the right signs early on, as early as we can.

Sometimes it's hard to distinguish, I think, especially for young children, what is a sign of a mental health concern versus what is a sign for — or what is just appropriate development? That's something, I think when I think of health misinformation from a mental health perspective, I think of some of those aspects, as well, if that makes sense.

Vivek: Actually, I'd be curious, Sangeeta, just to ask you your perspective on this. Because I think that the — pandemic, I think, has really scrambled a lot of things for parents who are trying to assess their children and how they're doing. I know — talk to many parents who are trying to figure out, are the difficulties my child is having with sleep or with socializing or the shift I see in their diet or in their mood, how much of this is just readjustment from the pandemic? How much of it is just kids being kids, growing up and going through different phases?

I do think that this is a really challenging time for parents. I think it's why it's so important that, as a parent, if you have concerns, that you are empowered and encouraged to actually go and talk to your pediatrician or to a mental health provider. Because these things are not easy to figure out as a parent. I'm curious how you advise parents and how you evaluate children in this respect. Because I think mental health issues are more on people's minds than ever before, but I don't know that it's necessarily become easier for parents to assess their kids and see how they're doing.

Sangeeta: Yeah, I think it's — I think we have seen, through Head Start programs, we've heard these real concerns about an increase in challenging behaviors. We've had conversations with staff and with parents directly around, is it your perception that these are challenging behaviors because you're going through so much yourself? Or is it that things are actually getting worse?

In the end, the way that I think about it and advise folks is that if you feel like there is a concern, then there's a concern. Because you're having difficulty as a parent. You're trying to navigate how to give them the safe, stable, nurturing relationships that we know are going to prevent long-term problems from happening.

It's not about diagnosing a child. That's not the point when we talk about mental health. We are saying that we need to prepare them for their long-term social and emotional well-being and development. There are certain milestones that they should be meeting. If they're not, go and get them checked out, not because there's something wrong with your kid, but let's give them every advantage that we can to do the best that they can.

I think going to your pediatrician, going to your mental health consultant — we have the benefit in Head Start. In our regulations, we have every program needs to have access to a mental health consultant. Reach out to that person. We have family engagement specialists, who are often trained social workers, to work directly with parents. Go to them with your concerns.

Let's not necessarily worry about having an ACEs screener. Because that's not — we're not here to identify all the problems that happen and decide if a child has been traumatized. But we're actually here to meet the family and the child where they're at. That could be that they need some additional meals at home. That could be that they need a safe place to sleep at night. We have missed that boat. We didn't realize that a child was homeless, for example.

All of those things are part of that holistic screener that could be a reason why a child is behaving a certain way. Does that make sense? I think, for me, I definitely — I was trained, and I'm a licensed clinical psychologist, to do those diagnoses, but that's not what we're talking about with this age group and with Head Start, if that makes sense.

Vivek: No, it's really a really important set of points you mentioned. I think — there's something you said there, I think, that's really important about the diagnosis, which is that I worry sometimes in society now, we focus so much on labeling the problem and on figuring out what medication to give for it. While there are roles for medications from time to time, a lot of times, what we're not doing is digging deeper into what's the root cause of the problem and thinking about, how is the environment? How are the relationships around a child? How are the things around them, essentially, impacting how they're functioning and how they're feeling?

I do think that the challenging thing is it takes time to have these conversations and to think through them. You know this better than anyone because you've been doing the work. But it's so important, I think, as a system and as a society that we support parents and providers in having that time to get to the root of what may be going on, to help parents and kids work through some of the environmental challenges they may have and think about how tweaks in how they perhaps relate to one another, or what services, or what they're providing their kid can sometimes make a big difference.

We don't always have to reach for, necessarily, a medication first. Again, there's an important role for medication. But I do worry that we've become a pill for every problem society. That is

just not, unfortunately, how most problems work. Some do get helped with medications, but others need us to really dig deeper into their root causes.

I'm glad you mentioned it. I'm so glad that these resources are available at every Head Start. I know it probably always feels like they're not enough because the need is so great now. That is one of the challenges we're facing right now in the country is that, as the youth mental crisis has worsened, the demand for services has increased at a time where, nationally, we already didn't have enough in terms of mental health providers.

There's been an unprecedented amount of investment in the last two years, billions of dollars going into expanding access to care. We talked about the 988 national hotline. That's one thing. But I'm also talking about expanding access to clinical care, to certified community behavioral health centers, for example, which are places where people can go and get 24/7 crisis care, regardless of insurance status.

I'm talking about investing in programs like the Pediatric Mental Health Access program, which provide — which use technology, to bring mental health care into the primary care office, recognizing so much of primary care is provided by — or mental health care, rather — is provided by primary care clinicians. Yet, a lot of times, they don't have the time or even the expertise to be able to provide that.

But in places that have the Pediatric Mental Health Access program, they can actually, using technology, bring in, virtually, a mental health provider there, when they've got a child in clinic, to say, hey, can you help evaluate this child and talk to them? It's so much better for the child. It's better for the provider. It's better for the parents. They don't have to wait months and months and months to actually get an appointment and then drive 30 miles away to go see somebody.

There is much more progress I've seen in the last couple years than in the last almost 30 years that I've been doing public health. But it doesn't mean that it's enough. We've got to keep working hard to train more mental health providers, increase access through technology, and also mobilize a whole cadre of people who can help with mental health that we really haven't, I think, done enough to mobilize. Those are peer supporters and peer counselors.

I just have been so impressed by the power of peer support programs and peer counseling programs. These aren't — peers aren't necessarily trained as psychiatrists or psychologists or therapists or counselors. But my gosh, they are doing an incredible job in helping to support young people, especially early on in their struggles. We need in all of the above strategy. As we keep investing in these spaces, I'm hopeful that we can get to a day where everyone who needs help can get it and can get it quickly.

Sangeeta: Definitely. You mentioned CCBHCs and other ways that — we're trying very hard to make the connection, I think, between the early childhood education space, which typically is not as knowledgeable about mental health, and making those connections more readily so that, like you said, people don't have to wait for so long to get the services and help they need.

Mental health consultation is wonderful and part of a spectrum of services that can be provided.

Just going back to this point around diagnosis and medication that we were talking about, someone put in the chat here — I think it's really important — she said, “I think a lot of parents don't open up because of shame and fear.” I think the stigma of mental health is still real. If we're afraid of even bringing up what's happened, we're afraid of the diagnosis, then that's also a deterrent to getting the right services and supports. Because we know the diagnosis is important in order to establish the right care that is needed for that individual child or family.

I think if we can continue to make strides in making the connections to these different services that you mentioned and making it clear that early childhood education is not separate from mental health, the mental health system, but, rather, needs to be integrated, I think we'll go much farther. I'm really happy that you think we've made great strides in doing that in the last couple of years, as well.

I know we have two minutes. What happened? That went so fast. I don't know if it went fast for you, but it went fast for me. Well, I don't think — I don't want to throw out any more questions, necessarily, unless there's something — I'm trying to see. My team behind the scenes has been checking the chat. I wonder, just in the last couple of minutes, is there anything that you feel like we've missed in this conversation or anything that you want to say to our Head Start and other early childhood communities that you haven't had a chance to, so far?

Vivek: Well, I know I've mentioned just how much I appreciate the work that you're doing. I want to also say, though, that because it's so important, it's critical that we also make sure that you are being cared for as individuals who are providing so much service to others.

I say that because, as obvious as it is, I know that — I suspect that for many of you, it can feel selfish to take time to care for yourself when there's so much need around you. But I do worry that the rates of burnout are really escalating among educators. I understand why, given everything we've gone through, especially over the last three years.

The country needs you, now more than ever. It needs you to be well, to be supported, and to be able to continue to serve, as you've been doing all these past years. That means caring for yourself, as well. We've got to make sure the workplaces support you, that society is providing access to mental health so that kids who are struggling and families who are struggling can actually get the help they need and it all doesn't fall on your shoulders.

I just want to make sure that no one on this call feels like if they're taking time to care for themselves, to be with their family, that they're somehow being selfish or they're not as strongly committed to the mission. That's absolutely not the case. This is a great way, I think, that we can also model for our kids, for the kids we take care of, for the families that we work with, how self-care is actually an important and vital part of how we serve. It's how we sustain our service. That's how we should think about self-care.

As we go into this Memorial Day weekend, I hope that all of you have some time to take care of yourself and some time to spend with family and friends, some time to just do the things that help nourish you and rejuvenate you. You deserve that. I just want everybody on this call to never forget that.

Sangeeta: Thank you so much, Vivek. Really appreciate all your sentiments. You have a lot of people putting in chat, even with big exclamation marks, "We appreciate you. Thank you so much." This was such a wonderful way for us to kick off our three days, talking about health and mental health. Thanks for taking the time with us. We'll keep you informed as to all the great work that everyone is doing out there.