

Dr. Karen Swartz

There isn't anyone alive who doesn't regret certain decisions. But if someone is going through depression, they can have an intense form of regret, where the illness itself gets in your way of being able to be realistic, and your intensity of going over something again and again and again is what a rumination is, where you're really stuck and just go back to the same worry and really can't get it out of your mind.

LuAnn Heinen

That's Dr. Karen Swartz, a psychiatrist and professor at Johns Hopkins Medicine, where she supervises the inpatient psychiatric unit, trains residents, and sees patients. A specialist in adult depression and bipolar disorder, she's also the founder of an adolescent depression awareness program for high school students, teachers, and parents. What might we learn from an experienced psychotherapy practitioner and an astute observer of human behavior that could help employers more deeply understand mental health challenges and provide meaningful support?

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. Karen Swartz and I take on topics less commonly discussed, but no less important to our mental health, things like regret and loss. We also talk about the recent Surgeon General report flagging, "dangerous levels of parental stress" and what we can do to help.

Dr. Karen Swartz, I am really glad you're with us today. Thank you so much.

Dr. Karen Swartz

My pleasure.

LuAnn Heinen

You see people with serious mental health concerns, maybe longstanding problems, sometimes acute crises that lead to hospitalization. And I'm wondering if you agree that mental health, like physical health, is a continuum and something each of us needs to manage across a lifespan.

Dr. Karen Swartz

It's definitely a continuum. I think there's both changes in intensity and then there's some conditions like depression, bipolar disorder that are also episodic. So, some people have long periods where they're very healthy and then have other periods where they have a flare up of symptoms and they have more difficulty from their illness.

LuAnn Heinen

I feel like most of us know more about and/or focus much more on protecting our physical health versus our mental and emotional health. So I'm hoping that today in our discussion we can maybe glean some nuggets from you, from your extensive experience in psychotherapy, even if on patients who are in crisis, what we could learn from that, that might help us manage our own lives and for those of us who work in companies, support our employees better.

Dr. Karen Swartz

I completely agree with you. I think you can't turn on the news or any place without hearing about diet and exercise and blood pressure and everything else. But mental health impacts lives in a really profound way to get so little attention.

LuAnn Heinen

I think you said it is something that fluctuates and there might be periods of particular risk or certain triggers that could cause greater anxiety and distress. What might some of those be?

Dr. Karen Swartz

One of the basic triggers, especially when I'm thinking about depression, relates to hormones. There's a higher risk of having depressive symptoms after young people have gone through puberty. You can also imagine when you think about postpartum depression, that's another time of risk. But being under stress is

another risk. So a time when someone has a new job, is moving, is facing a major loss, can also trigger symptoms.

LuAnn Heinen

You mentioned that I think 20% of women have a depressive episode in their life.

Dr. Karen Swartz

At least 20%. That is a pretty big number. Unfortunately, the majority of them do not get formal treatment or the help they need.

LuAnn Heinen

And the lifetime prevalence is twice as great in women after menarche and before menopause. Is that right? Compared to men.

Dr. Karen Swartz

That is correct. Yes.

LuAnn Heinen

Yes, but men and women are equally likely to experience depression before puberty and post menopause.

Dr. Karen Swartz

Also correct. It's 10% of men. So it's not as though that's a small number either. It's just that when you think of one in five, that makes you realize this is one of the most common conditions that women face.

LuAnn Heinen

I saw on a slide of yours, you were citing CDC pulse survey data from 2019 and 2024. So pre- and post-pandemic showing the percent of adults with anxiety and depressive symptoms going up significantly from 2019 to 2024. And combined, anxiety and depression went from less than 12% to 21%, which yes, that more than one in five. Is that going down now that we are through the pandemic? Are things settling?

Dr. Karen Swartz

They are settling a little bit, but the numbers are still higher than pre-pandemic. I think that's how life feels a bit, isn't it? That things are settling back into routines, but we're not quite there yet.

LuAnn Heinen

You've also said that psychological consequences lag stressful experiences.

Dr. Karen Swartz

They do. Because when you think about post-traumatic stress disorder, for example, you have the stress, but then the fallout of that can continue for a very extended period of time and can come and go as well. Perhaps there's something new stressful or a new trigger and then symptoms that perhaps improved flare up again. So, it's really challenging because you might feel like I've taken care of that or that is resolved, but then something else happens in your life and it's not.

LuAnn Heinen

Let's talk about a common negative emotion or a common experience, let's say, which is we have a big decision to make and we may have regrets one way or the other. We don't know. We're making a big decision, whether it's should I keep the job that I'm in or should I move cross country to join a romantic partner? Or should I leave what I'm doing to spend more time caregiving for my child or my parent? And those are the kinds of decisions that are really routine and there's no right answer. What would you say about regret?

Dr. Karen Swartz

There are a couple of things about regret. The most important is that it focuses on the past. As you just said, you've made a decision, you have to make a decision, so you do make a decision and you might make a decision to take action or you might decide to take no action, right? So you've either done something or failed to do something. But then afterwards, the whole point of regret is that you're second guessing that.

So, it's quite negative, it's quite focused in the past. Obviously, it's a painful emotion, as opposed to reflecting on something and saying, oh, well, two good possibilities, I did one of them. The regret is you're really saying I've done the wrong thing and it involves a lot of self blame and what ifing, which obviously is negative as well.

LuAnn Heinen

Is that in the same category as rumination?

Dr. Karen Swartz

It is and it's not. There is an issue that comes up with depression that's important to distinguish. Everyone will have regrets. There are all these emotions that all of us experience. There isn't anyone alive who doesn't regret certain decisions. But if someone is going through depression, they can have an intense form of regret where the illness itself gets in your way of being able to be realistic and your intensity of going over something again and again and again is what a rumination is where you're really stuck and just go back to the same worry and really can't get out of your mind.

LuAnn Heinen

We have a culture where it's really not okay to be very negative, I think, in a lot of circumstances, and so it's so much about being positive. Even the Daniel Pink book, *The Power of Regret*, talks about a culture of no regrets, no apologies. Not that he's affirming that, but that's out there.

Dr. Karen Swartz

I think we have a lot of unrealistic ideas about how we're supposed to live our lives. And I think that has always been there, but I think with social media and this curated view of life so many people are seeing in others, they have a very unrealistic idea about how life goes day to day and year to year.

LuAnn Heinen

What can we learn from regret and is there a positive spin on regret?

Dr. Karen Swartz

The positive thing about regret is what you can learn. People always say this, you learn more from your mistakes than you learn from your good decisions. I'm not sure that's true always, but I do think there's an opportunity to reflect and think about why am I regretting this. Why do I, in retrospect, think that wasn't the right thing to do? And so you can perhaps learn that I'm too cautious and when I have an opportunity I shy away from going forward because I'm worried it's not going to go well. Or, perhaps I've always put others first, and not that I think we shouldn't take care of our children and our parents, but you know maybe occasionally I have to think what's best for me. So you might learn something about yourself. Do you have patterns that you naturally fall into rather than being willing to get out of that comfort zone and do something different that might be beneficial for you?

LuAnn Heinen

And Pink found that the regret from inaction, especially as you get further along in your life, get older, is considerably greater than the regret you have about actions you took.

Dr. Karen Swartz

I think that's exactly right. As a psychiatrist I talk to a lot of people about their most private thoughts and experiences and so I hear those regrets. And it's the road not taken, the opportunity that you were avoidant of that I think really stay with people for years. When people make a decision and it doesn't work out, I think they're much better able to say, well I tried and maybe that wasn't the best thing, I'll do it differently next time. But the I didn't and I should have, they really stick with people.

LuAnn Heinen

How can you offer comfort or support in those situations?

Dr. Karen Swartz

I think when someone is stuck in a regret, it's an important opportunity to understand why they made the decision they made. And so if people feel that going forward they would approach the same decision

differently, then that's a hopeful way to not be truly stuck. Most of us recognize that we're not going to get everything right, but if we are able to say, next time it's going to go a little better, I think that is much more positive.

LuAnn Heinen

Let's move to another universal human experience of loss. We all are going to experience losses of loved ones, of good health, of important relationships, even without loss of life. Can these derail us? How do we stay healthy? Just a small question.

Dr. Karen Swartz

Just a small question about the most important things in life. We all have many losses. It's interesting because the concept of grief, a lot of times people think that's related only to death and it certainly isn't. As you just mentioned, it can be loss of health, it can be loss of a relationship, a job, something of that sort. And they absolutely can be derailing in a couple different ways. One is if you're vulnerable to say depression or anxiety, that kind of major life stress of a big loss can certainly trigger a worsening of symptoms. Or if you're already a bit ill, the way you process it and are able to deal with it is really impaired. So you have that issue. But then the other is, do you face it? Do you talk about it? There's some people that really avoid recognizing a loss they've had. Usually that's not the case if it's a someone's death that's close to you, but for the other things in life, you grieve and sometimes people won't recognize that they're grieving and will be frustrated with themselves or others around them will be frustrated because they don't understand what they're going through.

LuAnn Heinen

Yes, at least for the loss associated with death, there seems to be a much greater recognition by employers now that there's a role for them to help employees through that journey. And there are a number of vendors out there that offer that kind of support even down to, it's new, it's still small, but death doulas for end-of-life processing. And also leave for pregnancy loss, bereavement leave is really becoming really common in large employers.

Dr. Karen Swartz

I think those are all really positive changes, because the sense that, well, you should have some timeframe that everyone should follow and be able to do that. Obviously, the intensity of the loss. The other thing that people don't talk about much is that sometimes the losses that you think would be most devastating aren't the tricky ones to get over. There's a lot of research that shows that if you had a very close and positive relationship with someone, the immediate loss will feel devastating, say a parent, a spouse, or goodness gracious, a child. But if it was a good relationship, you're able to go through grief and get to the point where you think of them fondly, that you really get to a point where you can remember things you did together with positive emotions. When people have complicated relationships, the sister they haven't talked to for 20 years, the parent they stopped speaking to 10 years ago, there are so many unsaid and unresolved issues that that is often really difficult to get past. That puts grief and regret together really.

LuAnn Heinen

No, that's awful. That's right.

Dr. Karen Swartz

You can't make amends and so you're talking perhaps to a professional or to close friends or your religious supporters, but you're talking to someone about what you wish you had said. That is one reason that in psychotherapy, I have a big theme to be, try to minimize your regrets. You feel like you need to talk to someone about something, go and do it.

LuAnn Heinen

Let's talk about kids. We know, and it's been said, the kids are not all right. The pandemic accelerated the mental health crisis that was already brewing. We know anxiety and eating disorders are prevalent in kids. Depression is the third leading cause of death in adolescents and young adults. Major depression is treatable and prevalent in more than 5% of American teens, as common as asthma. What are your thoughts about that? I know that you're dealing with adults, many of whom have kids, but you're an astute observer of the mental health scene.

Dr. Karen Swartz

I think that the pandemic both triggered and worsened the crisis, but also brought some much-needed focus and recognition that the kids aren't all right, as you said, and that we need to do more to support them. We have a challenge because we don't have an adequate number of experts, child psychologists, therapists, child psychiatrists, but we are recognizing that there are young people that have very treatable forms of illness, but they're not getting treatment, which is tragic because if you think about it, you have the onset of, say, anxiety in middle school. You start interacting differently. You start having different ideas about yourself. If you get that treated, then you don't have those distorted ideas. If it never gets treated, that starts to be incorporated in the way you view yourself and your future. Similarly with depression, with the added tragedy that for some, if they don't get adequate treatment, they'd be at risk of suicide.

LuAnn Heinen

I think I'm just putting this together with what you said about hormones and adolescence previously, and now here they are in middle school without maybe difficult family situations sometimes, sometimes not, and not on a trajectory socially, academically in their lives that's going to lead to a good place and no help in sight.

Dr. Karen Swartz

It's also just a difficult time. The number of developmental challenges you have, when you're in middle school and high school, you're emerging. You're moving away from your parents toward friends and being more self-reliant. You're obviously learning, but emotionally, it's such a period of change that if you add to that an illness that robs you of your confidence, changes how well you think, and distorts your thoughts to be negative, that really gets in the way of young people being able to develop the way they should and deserve to.

LuAnn Heinen

Parents are the most important factors in most cases in child's health, I would think, especially mental and emotional health. According to the new Surgeon General Advisory, 41% of parents now say they are so stressed they can't function. It's a huge number.

Dr. Karen Swartz

It's a huge number, and if they're stressed, young people aren't going to be able to get themselves the help they need. They need their parents to take action. It's an old idea that I think makes parents nervous about seeking mental health care sometimes because they worry they've done something wrong. That's often not the case at all, but they have to, in their busy lives, find time to find someone that can treat their child, get their child to that appointment, engage in whatever treatment is necessary. I think there's that sense of, I can't do one more thing.

LuAnn Heinen

I know that companies and Business Group members are increasingly focused on providing pediatric support. They're aware of the great need that children have from what experts say, but also what parents, their own employees, are saying, and they see that pediatric mental health challenges are a major stressor. We've seen some newer models like EAPs enhancing their services through pediatric-focused support and some new solutions coming onto the scene, but it doesn't make up for the fact that across the population as a whole, we have a significant shortage of providers.

Dr. Karen Swartz

But I do think if you are in an organization that lowers some of the barriers to connecting to care, that makes an enormous difference. If you know, here's a number I can call and there's going to be a professional person that can help me talk through options, that makes that call much less difficult than, I have no idea what I'm doing and I'll just start searching the internet for resources. That's pretty overwhelming.

LuAnn Heinen

That's so affirming because definitely employees today who are fortunate to work for one of those companies, the barriers are much lower.

Dr. Karen Swartz

It's been my experience that parents almost always want what's best for their child, but sometimes they just need information and it's not something that gets talked about as openly as it should be.

LuAnn Heinen

The Surgeon General is calling the current level of stress "dangerous" and that it's passed on, it's transmitted to kids and to the broader community, that level of stress that parents are spending more time at work, more time with their kids. And where's that time coming from? Coming from their personal time, they've got financial strain in some cases, single parents in particular, perhaps are struggling with isolation and loneliness. There's widespread worries about children's safety in community and he's suggesting that the remedy is more understanding that parenting is a tough job and more recognition by communities and workplaces of this problem and then providing the kinds of supports we're talking about and probably more. What do you think about that?

Dr. Karen Swartz

I think more support is really important. I think there are issues that every family faces, which is not enough time, too many demands, and some of the things just mentioned. And then there's a subset of families that are dealing with more serious medical conditions or mental health conditions. I think everyone would benefit from more support. It's just important to differentiate when more than that is going on. I always worry when people think if they get enough support, that somehow is going to address a serious issue like depression or anxiety in a young person.

LuAnn Heinen

Let's talk about the initiative that you've taken in the adolescent depression space. You founded an organization called ADAP. Will you tell us what that stands for and what that's about?

Dr. Karen Swartz

Sure. So ADAP, A-D-A-P, stands for the Adolescent Depression Awareness Program. In 1998, there were tragically three deaths by suicide within a two-month period in Baltimore, and the community was reeling, as you can imagine. You know, really devastated. So members of the community came to us at Johns Hopkins and said, what are you going to do about this? That led to an effort where I was working with a team to develop a curriculum to teach high school students about depression. Our goal was for them to understand the way they understood that certain other medical conditions, you talk about things in health, about other medical problems, we wanted them to understand depression is a treatable medical illness. It's not someone's fault, but also something where you want to take action rather than suffer unnecessarily. So we started going to schools in the fall of 1999. We've been doing it continuously since, and the program has evolved so that we now have an online training program where any high school in the country that would like to teach the curriculum to their high school students that can do that. They can train for free. They get all the materials at no cost. It's our effort to bring high quality information about depression to high schools around the country.

LuAnn Heinen

That's a wonderful mission. It's free to schools. Is that right?

Dr. Karen Swartz

It is completely free to schools. We've been working with some of them for 15 years. For new schools, if they go to the website and sign up, they can do the training. The training is at no cost. Then the power of the internet, all of the videos and everything they need, they can then stream from our training website.

LuAnn Heinen

What do you think about the state of mental health stigma, both self stigma and then it may be a parent being concerned about having a child with mental health needs?

Dr. Karen Swartz

It's very interesting because even 25 years ago, when we started going to schools, the students have always been more open to the thought of depression, anxiety, that those are medical conditions that need

treatment. Parents, in my experience, have always struggled more. Partly because no parent wants to believe that their child has a serious medical problem. They would much rather be normal teenage angst or just adjusting to growing up. So I think it's hard. It's also hard because depression doesn't always manifest in a way that it's easy for someone else to see. It's such an internal experience. So I think society's telling someone just to get a grip, work harder, eat better, get more exercise, they'll be okay. That's a very strong message that this isn't a serious medical problem, but it's something you should be able to just manage if you're doing all the right things.

LuAnn Heinen

How should any of us know whether depression is a possible concern in our kids or in our peers?

Dr. Karen Swartz

When I'm sitting with someone and trying to decide if they're going through a rough time or if they're in a depressive episode, I'm looking for a group of symptoms that come together and stay. So I'm looking for changes in their capacity to enjoy things. So a change, I think, is one thing that's important. So things you usually love doing aren't fun anymore. Your excitement about the things that are most interesting to you is diminished. Often people feel sad, but sometimes they just feel nothing or they feel more irritable, but then all the things that are on checklists that you'll fill out the doctor's, sleep, appetite, energy changing. But the key thing to me is how you feel about yourself, because with depression, people start doubting themselves and becoming very self-critical in a way they weren't before. So that's often how we're differentiating grief and depression or demoralization and depression. If you feel like you're functioning or that you're unusually hard on yourself, that might be something that's worth talking to someone about. That could be primary care doctor or pediatrician. Those are changes that can be an indication of something serious going on.

LuAnn Heinen

What's the difference between clinical depression and then something that's the loss of a loved one or something that may be more episodic or passing?

Dr. Karen Swartz

It's interesting because I think sometimes people will say if there's a trigger it's not depression. But the analogy I use with the high school students is that's like saying if your asthma attack is triggered by visiting someone with a cat, that's not a real asthma attack. You really have to look at the symptoms you're experiencing. Most people that are going through grief or are upset because say their family has moved or they're having an upheaval in their life, they won't have that major change in their sense of self-confidence and their view of the future. They'll be frustrated. They might be upset, but it's not going to fundamentally change their sense of self.

LuAnn Heinen

Is it my naive assumption that if it seems a milder form of depression, then psychotherapy may be sufficient and then otherwise it's therapy plus a medication?

Dr. Karen Swartz

That's not naive. That's actually spot on. For very mild depression, all sorts of things work. Psychotherapy alone works. Changing exercise, improving sleep. There are a number of interventions that are less formal and I would say many people with very mild depression probably never get formal treatment. Certainly not treatment with a mental health professional. What all the studies have shown is that once depression is at a moderate, more impairing level, it's the combination of psychotherapy and medication that's most effective.

LuAnn Heinen

Any thoughts that you have about the workplace and what employers can do? They're doing a lot right now, but what else?

Dr. Karen Swartz

It's interesting. As a psychiatrist, I have views of what I'm happy what employers can do and sometimes that is having some flexibility, because work is usually a very positive thing for people, but sometimes they

aren't able to do it at 100%. So some flexibility or being able to work part-time, not all jobs have that as an option, but if it is an option, keeping someone in routines and engaged with the people they know at work can be really helpful. The same with school and going for a half day is often much better than being home completely. I do think having strong employee assistance programs where they're able to call and then have a person help them navigate the resources available or connect them to resources is terrific. You can imagine that if you're depressed, getting a list of names and then thinking you might have to call 10 people to find someone who's accepting new patients, that is so daunting that it's often not going to happen. I think those sorts of facilitators and people to help connect to the right sort of services is terrific.

LuAnn Heinen

Well, thank you so much, Karen. This was enlightening for me. I really appreciate the conversation.

Dr. Karen Swartz

You're very welcome.

LuAnn Heinen

I've been speaking with Dr. Karen Swartz, the Myra S. Meyer Professor in Mood Disorders in the Department of Psychiatry and Behavioral Sciences at Johns Hopkins Medicine. In addition, motivated by the youth mental health crisis and specifically teen suicide, she founded and scaled the Adolescent Depression Awareness Program, or ADAP, available at no cost to schools nationally.

I'm LuAnn Heinen, and this podcast is produced by Business Group on Health, with Connected Social Media. If you liked the episode, please rate us and leave a review.