



Mindful
Continuing Education

Assessing the Behavioral Health of Millennials



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Introduction

Most mental health professionals who have been working with various cohorts of individuals have found that there are vast differences between patients based on age. This should not be surprising as the experiences, political presentation of communities, education, and awareness has changed between generations. There are currently seven living generations. The Greatest Generation was born from 1901-1927 and lived through the great depression and World War II (Salamone, 2016). The Silent Generation was born from 1928-1945 and lived through the Korean War, the Cold War, and the Space Race. They began the civil rights movement and saw firsthand the impact economically that the recession of their parents had. The Baby Boomers were born from 1946-1964 and were greatly shaped by the aftermath of World War II, the 1960s, the Vietnam War, and the civil rights movement. Generation X individuals were born from 1965-1980 but are often ignored as a generation. They grew up with less familial presence as many families were experiencing rising divorce rates. They are often referred to as “Latchkey” kids and thought of as having the least parental oversight of the generations. Millennials were born from 1981-1997 and are known as the first generation to grow up not knowing what it’s like to live without technology. They have experienced severe rates of unemployment, student debt, and have been widely impacted by 9/11 and the war in the Middle East. Generation Z was born from 1998-2010 and has never known a world without the war on terror, cyberbullying, and reliance on technology (Salamone, 2016). Finally, there is Generation Alpha, born between 2011-2025, who is the first generation that will have an early childhood defined by the Coronavirus pandemic (Annie E. Casey Foundation, 2020). They will be more diverse and likely to be more educated than previous cohorts (Annie E. Casey Foundation, 2020).

It is reasonable to expect that the mental and behavioral health of certain age groups will be greatly different simply based on life experiences. While some generations had more war, economic downturn, and parental oversight than others, millennials were the first generation of their kind because of technology. Additionally, they tend to be better educated, more diverse, slower to form their own households, as well as other characteristics. As a result, they generally have a unique behavioral and mental health presentation. This course will assess the mental health of millennials as a cohort and guide behavioral health professionals on how to best support their millennial patients.

Section 1: What trends are emerging in millennial mental health?

Introduction

Mental health has historically been, and continues to be, heavily scrutinized and stigmatized. While past generations had a sort of “pick 'em up by your bootstraps” approach, millennials are a unique generation in their approach to health and wellness. Because they are the first generation with widespread access to the internet they have been able to be more educated on mental health, simply because of access to peer-reviewed research. In having this access, they understand more so than previous generations about the need to integrate mental health into overall health and are therefore more willing to learn about, diagnose, and treat their conditions. Some might argue that they’re not more disordered than past generations but rather they are the first generation to treat their mental illnesses and symptoms on a widespread level and are the first generation to be “coddled” by parents, thus resulting in an inability to cope (Mcmaster, 2020). Research, however, shows this is not the case. Recent data conducted on the mental health of millennials show that they are more anxious than past cohorts (Mcmaster, 2020).

Clinicians need to understand the mental health trends of millennials to successfully treat them.

What does the research say?

Unfortunately, nearly 1 in 3 millennials was experiencing a mental illness or behavioral health condition in 2020 (Blue Cross Blue Shield, 2020). The research shows that millennials are more anxious than their previous counterparts (Mcmaster, 2020). Half of the millennials said that they have left a job because of mental health reasons, whereas only 20% of previous generations reported this (Mcmaster, 2020).

The following quotes give a unique perspective as to why they might be such an anxious generation (Mcmaster, 2020):

1. “They’re not homeowners, they’re not in relationships, they’re not getting married. They’re living in the basement of their parent's home. They’re all kinds of things that have frustrated their efforts to get ahead.”

2. "The generation as a whole is among the most educated it has ever been, but the path to success is also less clear"
3. "In the last 50 years, the expectation has been that each generation will do better than the one before it. This is the first generation where that's not necessarily true"
4. "Millennials went through the Great Recession of 2008, ended up having to take jobs that weren't leading anywhere, and that has pretty much continued today....if you're in a dead-end job, that's stress-producing"

Blue Cross Blue Shield data on 50 million members who are millennial-aged has offered great insight into the mental health of this population according to Minemyer (2020). This is a group of people who are experiencing more and more depression as time goes on. For example, there was an increase in major depression rates by 43% between the years 2014 and 2018. Unfortunately, there is also a deep connection between mental health and physical health for this group. Millennials are 2.1 times more likely to have Type 2 diabetes and 2.7 times more likely to have coronary artery disease. They are 1.9 times more likely to have hypertension and Crohn's disease and 1.7 times more likely to have high cholesterol. This greatly impacts mental health (Minemyer, 2020).

The key findings on millennials show the following trends (Goforth, 2020):

1. Behavioral health conditions are rising as time goes on
2. Behavioral health conditions increase the risk for physical health conditions
3. Black and Latino millennials are less likely to receive a diagnosis of a behavioral health condition (therefore preventing necessary treatment)
4. Substance use disorder has the third-highest impact on millennial health
5. More millennials receive treatment for opioid use disorder than any other generation, and they are disproportionately white

Millennials and depression

Not only are millennials more anxious than previous and other generations but they are also more depressed (Hoffower & Akhtar, 2020). Unfortunately, this means that there are more deaths related to substances and suicide than other generations, amongst millennial-aged individuals. There are a few reasons that this is true: they are a riskier generation, have a high rate of military personnel, and they live in high-stress

environments. What is more concerning about this is that there has been a 73% increase in suicide attempts by black youth between 1991 and 2017, which would indicate that mostly millennial-aged black people are attempting suicide. Suicide deaths amongst black boys ages 13-19 increased by 60% between 2001 and 2017 and 182% amongst women during that timeframe (Hoffower & Akhtar, 2020).

A great question might be: Why are millennials more depressed? What we will find is that there are many reasons to consider. Amongst these are (Hoffower & Akhtar, 2020):

1. Millennials are financially very stressed
2. The cost of healthcare/treatment is very high
3. Millennials are a very lonely generation compared to others
4. Millennials are a burned-out generation in the workforce
5. Millennials are dealing with work-related issues that their office does not have adequate support to provide

Current criteria for a diagnosis of depression includes the following symptoms that individuals must experience five or more of the following during two weeks (Truschel, 2020):

1. Depressed mood most of the day, nearly every day
2. Lack of interest or pleasure in activities
3. Significant weight loss when not dieting or weight gain or either a decrease or increase in appetite nearly every day
4. A reduced speed of thought that results in obviously slowed movements
5. Fatigue or loss of energy every day
6. Feelings of worthlessness or inappropriate guilt nearly every day
7. Lowered ability to concentrate nearly every day
8. Recurrent thoughts of death, suicide, or a plan/attempt for suicide

Millennials and anxiety

As stated previously, not only are millennials more depressed but they are more anxious than the generations before them (StandDesk, 2021). Research findings show the stress and anxiety that millennials are demonstrating compared to the generations before them. 6% of baby boomers reported an anxiety disorder and 12% of millennials report an anxiety disorder. More telling than this is the fact that 86% of millennials report feeling they are going through a “quarter-life crisis.” A life crisis is often defined by feeling inadequate and unclear about a person’s life plan. With most millennials feeling this way, it is not surprising they are such an anxious generation (StandDesk, 2021).

There are several reasons why millennials might be experiencing this level of anxiety, including the following possible causes (StandDesk, 2021):

1. The difficult job market for millennials
2. High student debt
3. Choice overload - there are so many life choices (due to the internet) so it is very overwhelming for millennials to feel clear about their choices and decisions
4. High use of computer screens reducing sleep
5. Poor productivity as related to less sleep makes millennials feel bad about themselves
6. A shift in communication styles related to the booming of technology
7. False sense of success and happiness as related to high Instagram usage

An overwhelming number of millennials also are engaging in unhealthy activities to cope with their anxiety. For example, millennials are watching television more than two hours per day, surfing the internet, napping, eating, drinking alcohol, and smoking more than the general population (StandDesk, 2021). These kinds of behaviors are likely perpetuating their anxiety, which in turn increases their propensity toward making unhealthy choices.

According to the DSM-5, an anxiety disorder is defined by three or more of the following symptoms (Glasofer, 2021):

1. Restlessness or feeling on edge
2. Tiring easily and feeling fatigued more than normal
3. Inability to concentrate or feeling as though the mind goes “blank”

4. Irritability
5. Increased muscle aches or soreness
6. Difficulty sleeping
7. Worry that is challenging to control often shifts from one topic to another

Millennials and substance use

Unfortunately, millennials are impacted by substance use and addiction at very high rates. The use and negative impact of that substance use continues to rise. This is especially true because of the opioid epidemic. In fact, between 2007 and 2017, alcohol-related deaths rose by 69% among millennials, drug-related deaths rose 108% among millennials, and the suicide rate (often related to substance use) rose 35% among millennials (Yerby, 2017). The increase in opioid misuse rose 500% between 1999 and 2017 among millennials. The death by fentanyl rate rose 6,000% (Yerby, 2017).

To be diagnosed with a substance use disorder according to the DSM-5, the following must be considered (Hartney, 2020):

1. Individuals take substances in larger amounts and for longer than they are meant to
2. Individuals want to cut down or stop using substances but are unable to
3. Individuals spend a lot of time getting, using, or recovering from substance use
4. Individuals have cravings and urge to use the substances
5. They are unable to manage work, home, or school responsibilities because of substance use
6. They continue to use it even when it is creating issues in their lives
7. They give up important activities because of substance use
8. They use substances despite it putting them in danger
9. They continue to use even when they know their health or mental health will be impacted or made worse by using
10. They need more of the substance to get the high or drunk that they want

11. They have withdrawal symptoms that are relieved by taking more of the substance

Two or three of the symptoms above indicate a mild substance use disorder (Hartney, 2020). Four or five of the symptoms above indicate a moderate substance use disorder, and six or more of the symptoms above indicate a severe substance use disorder (Hartney, 2020).

Millennials and trauma

No generation or person will experience life without trauma. It's an unfortunate reality of living - bad things happen and they have negative consequences on health and wellness. That being said, millennials have had a uniquely traumatic experience in the world because they have been processing not only the traumas that occur(ed) during their lives but the generational traumas of those before them and the impact that they have had (Hall, 2021).

Millennials have experienced the following significant traumas (Hall, 2021):

1. School shootings have risen and often become "commonplace" - this left millennials feeling unsafe at school
2. 24-hour news cycles have impacted millennials by exposing them to constant secondary trauma via images and video
3. September 11th left the world feeling unsafe
4. They experienced The Iraq/Afghanistan war
5. The Covid-19 pandemic happened

While these are just the traumas that individuals have experienced in communities, there are also the traumas occurring in the homes and family units of millennials to consider. This list also does not take into account the generational traumas that individuals are processing (Hall, 2021). Generational trauma is the trauma that is experienced within generations and then passed to future generations after it (Gillespie, 2020). It acts like this: "It can be silent, covert, and undefined, surfacing through nuances and inadvertently taught or implied throughout someone's life from an early age onward" (Gillespie, 2020). Everyone is subjected to generational trauma, but because past generations had less access to services and resources to navigate those

traumas, millennials are feeling the weight of those traumatic experiences and having to address them more than any other generation has (Hall, 2021).

Generational trauma presents as the following (Gillespie, 2020):

1. Hypervigilance
2. A sense of shortened future
3. Mistrust
4. High anxiety
5. Aloofness
6. Depression
7. Panic attacks
8. Nightmares
9. Insomnia
10. A fight or flight response that is highly active
11. Issues with self-esteem
12. Issues with confidence

Summary

Millennials are often thought of as “lazy” or receiving “handouts” from past generations because they haven’t had to go to school and work long days as teenagers, or walk to school in the snow with hills both ways. Most millennials have heard stories of this from their grandparents and subsequently felt guilty because they weren’t exposed to enough hardship. However, the harshness and adversity they have been exposed to has been more covert and often, longer-lasting. Generational trauma, the rise of opioids, and constant news cycles have negatively impacted mental health for millennials more than anyone likely could have predicted. They are the most anxious and most addicted generation yet. This is no coincidence. Millennials have a unique experience that puts them at risk for a variety of mental health issues. It is essential to understand why this is.

Section 2: Why are behavioral health issues rising for millennials?

Introduction

As previously mentioned there are a variety of reasons why millennials have poor mental health. Mental health and behavioral health professionals must understand these reasons because millennials are an overwhelming majority of people accessing behavioral health services right now. Millennials have been the first generation to greatly address the stigma associated with mental illness and have begun to access services for mental health at all levels, including preventatively, for disordered experiences, and when in crisis. Social media, the economy, generational trauma, and other life circumstances and experiences are hypothesized to contribute to the poor behavioral health of the millennial generation.

The impact of social media on mental health

It is easy to assume that most millennials are using social media. Social media began rapidly developing during the childhood years of the millennial generation. What began with Myspace became Facebook, Instagram, TikTok, Snapchat, Reddit, LinkedIn, and numerous online dating sites. These are just the popular social media platforms - there are countless others. 82% of Americans have a social networking profile according to 2020 statistics (Tankovska, 2021). Worldwide there are 4.2 billion people on social media platforms (Tankovska, 2021).

Because social media is such a common part of the millennial experience, it is safe to assume that it's impact is monumental and long-lasting.

Social media reinforces the reward center in the brain by releasing dopamine when individuals see something that gives them pleasure (McLean Hospital, 2021). Most commonly, this occurs when individuals see activities such as sex, food, and social interaction online. This release of dopamine stimulates individuals so that they want to access social media again and again until they become addicted to the behavior. While it feels good at the moment, it also comes with high risks according to McLean Hospital (2021).

Social media usage commonly leaves people feeling envious of other people's lives (McLean Hospital, 2021). Individuals worry that they are missing out on experiences that they see other people encountering. This leaves them feeling anxious and depressed and

makes them feel that their life isn't as good as other people's. Social media also leaves individuals reeling with the need to compare themselves with others. They might see that another person has more likes, watches, or follows than they do and it causes them to feel inadequate and unloved (McLean Hospital, 2021).

Not only does social media impact the millennial generation emotionally, as referred to above, but it impacts them physically (McLean Hospital, 2021). Because millennials are spending a great majority of their time scrolling online, their sleep is interrupted, which results in memory loss, poor physical health, poor work and academic performance, and high amounts of anxiety and depression (McLean Hospital, 2021).

The inadvertent impacts of social media usage are huge, but the intentional cyberbullying that is occurring online is also devastating for mental health. Millennials were the first generation to experience these negative consequences and as a result, have had trauma responses and poor mental health. The result of cyberbullying is as follows (Hackensack Meridian Health, 2020):

1. Avoiding social events and friends
2. Withdrawing and isolating self
3. Losing interest in things that once brought the person joy
4. Inability to concentrate on tasks
5. Poor outcomes in school and work
6. Trouble sleeping
7. Desire to skip school/work and important activities
8. Anger
9. Secretive behavior
10. Substance use
11. Feeling that life has no meanings

The impact of constant news on mental health

Generations previous to millennials read newspapers and watched the news on the television during news hours. The creation of Google and online news publications have allowed the news to be inside the family home 24/7/365. Millennials were raised watching the images of 9/11, the Iraq war, school shootings, and other traumatic events while eating their dinner, grabbing their lunch to run off to the school bus, and on their cell phones. This has resulted in poorer mental health than previous generations.

68% of people say the news leaves them feeling anxious and 67% of people feel burnt out by the news (Collins, 2020). The human brain responds to these secondary traumas by perceiving threats, releasing stress hormones, and subsequently reducing physical and mental functioning. This can cause depression, anxiety, inability to sleep, headaches, and fatigue. Collins (2020) offers the following guidelines that millennials should use for mental health and news:

1. Set time limits for news consumption that allows them to remain up to date with news events but does not take over their lives and mental health
2. Stick to only a few news sources that they trust and avoid reading comment threads
3. Subscribe to newsletters or podcasts that offer only the important events of the day in one place
4. Limit news intake on ongoing events, such as the Covid-19 pandemic for example
5. Remove anxiety-causing information from news feeds and be willing to unfollow/unfriend people who are causing anxiety
6. Do not read the news before bed
7. Intentionally seek out reading positive news

The impact of helicopter parenting on mental health

Generation X, who are those who came right before millennials and who are raising many millennials, was known as the generation of “latchkey” kids (Salamone, 2016). They were given the name “latchkey” kids because they wore their house keys on a necklace around their neck and were primarily responsible for taking care of themselves after school, as more women had entered the workforce and were no longer home in the afternoons with their children. This was the generation with the least parental oversight and involvement, and as a result, they often overcompensated by parenting

their children (millennials) in a sort of hovering way because their parents were often unavailable to them and they did not want to repeat this cycle (Salamone, 2016).

A “helicopter parent” is defined as one who is involved in their children’s lives in a way that is often overprotective, controlling, and over-perfecting (International School Parent, 2021). These parents stay very close to their children, are always available to them, pay close attention to them to attempt to prevent harm, and often struggle with personal boundaries. This results in poor autonomy and development for their children who struggle to do things and care for themselves (International School Parent, 2021).

Helicopter parents might do things such as (International School Parent, 2021):

1. Tell their children not to climb trees for fear of them falling
2. Do for their child what their child can do for their self
3. Monitor their children’s homework
4. Shield them from failure
5. Negotiate conflicts for their children
6. Not allow them to make age-appropriate choices
7. Become too overly involved in their children’s academics

The consequences of helicopter parenting are as follows (International School Parent, 2021):

1. Poor brain development - because children are unable to make many of their own choices their prefrontal cortex does not develop like other children
2. Emotional backlash - children are unable to navigate their emotional challenges because their parents regulate for them instead of empowering them to self-regulate
3. Poor self-esteem - children often do not believe in their abilities to overcome obstacles and therefore do not grow into resilient adults that have strong confidence and self-esteem
4. Poor coping skills - children who were not allowed to develop coping mechanisms lack the skills for navigating emotional difficulties and therefore are unable to cope and self-soothe when they are anxious or depressed

5. Increase in anxiety and depression - children who have helicopter parents are more likely to grow into adults who are medicated for anxiety and depression
6. Entitlement - children with helicopter parents are more likely to have a feeling of entitlement and therefore struggle when they enter workforce and higher education settings where young millennials are not coddled

The impact of stigma on mental health

While millennials are actively fighting stigma where mental health is concerned, they have been greatly impacted by the discrimination against individuals who struggle with mental health. Millennials are accessing services at higher rates than previous generations, but they continue to face obstacles in finding adequate resources. This is especially true for millennials who are queer, people of color, or have disabilities.

The stigma of having a mental illness exists in multiple layers: self-stigma, public stigma, and systemic stigma (American Psychiatric Association, 2020). Self-stigma can be defined as negative attitudes and beliefs that people internalize as related to their mental health condition, symptoms, or illness. Public stigma can be defined as discriminatory attitudes from communities towards people that have mental illnesses. Finally, systemic stigma can be defined by systems and organizations (both public and private) that do not adequately serve and support people as related to their mental health. For example, poor funding for mental health services or barriers to care (American Psychiatric Association, 2020).

The following negative effects of stigma are defined (American Psychiatric Association, 2020):

1. Lack of hope
2. Poor self-esteem
3. Increased psychiatric symptoms
4. Inability to function or difficulties functioning within relationships
5. Reduced likelihood of receiving treatment
6. Isolation
7. Lack of family support or support from friendships
8. Missed opportunities

9. Bullying or harassment
10. Inadequate healthcare coverage
11. Difficulties at work

Millennials are experiencing the negative consequences of stigma because they are speaking up more than previous generations have. They are more willing to admit their struggles and discuss their diagnoses. Because of this, they are facing stigma from communities and systems. This stigma is no longer limited to just self-stigma, and as a result, mental health struggles and shame are perpetuated.

The following recommendations are made to reduce the stigma associated with mental health (American Psychiatric Association, 2020):

1. Discuss mental health openly
2. Educate individuals about mental health through fact-sharing and storytelling
3. Use appropriate language that destigmatizes mental health struggles
4. Support equality and recognize the similarities between mental and physical health
5. Be compassionate toward those who experience a mental illness
6. Be open and honest about treatment
7. Work toward self-empowerment instead of self-shame

The impact of burnout on mental health

Millennials have been dubbed the “burnout generation” (Tzeses, 2020). While this might seem silly because past generations have of course also experienced burnout, millennials are experiencing it differently. This generation has been subjected to so much fear about the future because of the aftermath of 9/11 and the economic recession of 2008. That fear has caused millennials to constantly be “grinding” toward a better and more productive future and often they have forgotten to slow down and engage in rest, rejuvenation, and self-care activities. They are also not well prepared to enter the workforce autonomously and therefore are shocked when high demand causes them to be overworked and under-supported (Tzeses, 2020).

Not only are millennials being overworked, resulting in burnout, but they are also experiencing information overload that previous generations have not been exposed to continuously. Constant notifications through social media and trying to “keep up” with ideals promoted in society and on social media are leaving people feeling mentally, physically, and emotionally spent. Signs of burnout are as follows (Tzeses, 2020):

1. Lack of interest in pleasurable activities
2. Indifferent feelings toward problems and toward the need to follow-through
3. Inability to meet work demands
4. Exhaustion
5. Keeping people at a distance

The following recommendations are made to prevent or address burnout (Tzeses, 2020):

1. Sleep - individuals should try to sleep 7-8 hours per night for overall stress reduction
2. Prioritizing tasks - individuals should focus only on the tasks they need to accomplish and stop prioritizing unnecessary tasks. Having to-do lists a mile long is not helping millennials feel they can rest
3. Meditation - this helps reduce anxiety caused by burnout and helps to quiet the mind, which is often overtaken by the burnout
4. Disconnect - disconnecting from social media and expectations can help reduce the poor effects of burnout
5. Get support - when individuals talk with friends and professionals about their overall exhaustion, they often find the intensity of their burnout is reduced

The impact of loneliness on mental health

Research has found that millennials report the highest numbers of loneliness compared to Generation X and Baby Boomers (Drevitch, 2019). 30% of millennials report they always or at least often feel lonely. 1 in 5 millennials reports having no friends and 27% feel they have no close friends (Drevitch, 2019). With millennials being more connected than any other generation through social media, why are they so lonely?

Rather than bringing people together, according to Drevitch (2019), in actuality, social media is recognized as a cause of loneliness. Because social media highlights what people feel they want but don't have, when millennials regularly watch other people's stories and lives unfold, they tend to experience feelings of loneliness. Many members of this age group report feeling a kind of distress from wanting friends but not having them when they compare themselves to others who seemingly have a large social circle (Drevitch, 2019).

Loneliness is often less about actually being alone than it is about feeling alone (Drevitch, 2019). Because of this, there are ways to reduce the feelings of loneliness (Drevitch, 2019):

1. Noticing the inner voice that says "I am lonely" and changing that voice
2. Finding opportunities to spend time with others
3. Noticing the desire to compare oneself with others and interrupting that process

Summary

There are a variety of reasons why millennials are disproportionately impacted by poor mental health when compared to previous generations. It is important to understand that social media and internet usage have a high impact on behavioral health. While Generation Z and future Generation Alpha will also be impacted by this, they have been and will be impacted by it with more consciousness than millennials have been. Millennials were the first generation subjected to constant inundation with news, the ability to connect online, and the capacity to access information 24/7. They have had to be "guinea pigs" who have gone through trial and error without support and information about how to combat the effects of their own unique experiences. Because of this, millennials are the most anxious, most depressed, most lonely, and highest substance users of all the generations.

Section 3: How do millennials view mental health?

Introduction

While millennials have a disproportionate mental health struggle, they also have a beautiful understanding and outlook on mental health, compared to past generations. Past generations have criminalized mental illness and stigmatized it at micro, mezzo, and macro levels. Millennials are the first generation who are changing that through using

their voice, social media, and their storytelling to normalize struggles with mental health.

Millennial mental health is not taboo

Millennials are the first generation to talk about mental health on a macro level. For so long, mental health has been a kind of “taboo” topic and millennials have actively worked to break this mold (James, 2019). Millennials are doing this through social media. They are talking about their experiences with mental illness, sharing resources, sharing their outcomes with services, and are educating others about mental health. In doing so they are actively fighting the stigma and taboo-ness associated with mental health struggles (James, 2019).

Not only are millennials talking about their mental health on social media and with their friends, they are also talking about it in the workforce (Oaklander, 2021). They are doing things such as telling their employers they feel overwhelmed and stressed at work and are calling in sick for mental health days. Additionally, they are accessing services such as the Employee Assistance Programs (EAPs) being offered that often have free mental health counseling and coaching. This has had positive benefits in reducing stigma because employers have been forced to ask questions such as ‘who else feels this way?’ and ‘what can I do to support my employees?’. Employee data has found that 62% of millennials feel comfortable talking about mental health at work. This is leading to positive cultural changes in employment settings and in reducing the feelings that people have to be “on” 24/7 (Oaklander, 2021).

A holistic view of health

Millennials view health differently than previous generations. They are more likely to be concerned with day-to-day wellness and a holistic view of health (Nermoe, 2018). They have been referred to as the “wellness” generation among some because of their preoccupation with health. 53% of millennials report that health and wellness are an important part of their lives. Millennials spend more money on health and fitness than previous generations and are using technology to stay healthy (Nermoe, 2018). For example, they use apps on their phones and purchase technology that promotes health such as expensive Peloton bikes and apple watches that track health.

Holistic health views the entire person and considers one's physical, mental, spiritual, and social health (Holland, 2018). When thinking about health, millennials understand that mental health and physical health do not exist outside of one another. Mental

health impacts physical health and vice versa (Robinson, Segal, & Smith, 2020). Millennials understand that exercise is a way to cope with mental health issues and that it can help prevent mental health conditions and symptoms (Robinson, Segal, & Smith, 2020).

Pride in accessing mental health services

Many millennials say things such as “my therapist would be so proud” or “last night in therapy” whereas past generations would hide statements about their therapists, let alone see a behavioral health professional (Drexler, 2019). There seems to be a kind of pride associated with accessing therapy that millennials have that the previous generation did not have. This could be because many millennial-aged celebrities are openly discussing their mental health and they promote access to therapy services online. For example, Lady Gaga and Dwayne Johnson have openly talked about their mental illnesses. This has promoted the belief that it is okay and even cool to talk about therapy, and that working toward recovery is something that creates a sense of pride rather than shame (Drexler, 2019).

Summary

While most generations have hidden their mental health struggles, thinking about mental illnesses as weaknesses or “cop-outs,” millennials have accepted them and have sought

to understand them. Millennials are addressing generational traumas and talking about mental health in ways that other generations never did. This is promoting the belief that having a mental illness isn't a flaw, but rather just another experience to work through.

Section 4: How is the overall physical, social, and mental health of millennials?

Introduction

Each generation will experience various health difficulties depending on the events that occur, what information is/was known about the impact of the environment on health, how individuals are parenting, and other factors. What is important to understand for behavioral health professionals is how these factors impact physical and mental health, because the two are closely linked. The difference between physical health and emotional or mental health is generally small (Hillside, 2019). Physical health and mental

health directly influence one another and respond to one another. This is especially true where immune health is concerned. Mental health issues weaken the immune system and vice versa: naturally weak immune systems can cause mental health issues. Other physical health issues linked to mental health include mental illness and fatigue, anger/anxiety and heart health, sleep and stress management, and more (Hillside, 2019). Because they are so interconnected, behavioral health professionals must understand the physical, mental, and social health trends for millennials to appropriately support their whole health.

What is the general physical health of millennials?

Unfortunately, millennials are struggling with their physical health. Millennials are having an overall decline in their physical health at a faster rate than Generation X is (Hoffower & Akhtar, 2020). Research shows that millennials could see a “40% uptick in mortality compared with Gen Xers of the same age” (Hoffower & Akhtar, 2020). Millennials are having high numbers of “health shocks” that are defined as unpredictable illnesses that reduce overall health. This can often be correlated with opioid use, hyperactivity, and rates of depression (Hoffower & Akhtar, 2020).

Some of the most common health conditions amongst millennials are as follows (Elflein, 2020):

1. Depression
2. Excessive weight
3. Migraines
4. High cholesterol
5. Hypertension

One of the most concerning issues with millennials is that a large number of them are living uninsured in the United States (Elflein, 2020). 16% of millennials did not have health insurance in 2018, which is up from recent years. Although 84% of millennials were insured, many reported not wanting to attend medical appointments, even when necessary, because of the high cost of treatment (even with insurance), long wait times for healthcare, and lack of transparency about healthcare costs (Elflein, 2020).

Another troubling concern for both millennials and generation Xers is that their health is worse than their parents and grandparents were at their current ages (HealthDay, 2021).

Despite significant advances in medical systems and services, this is a frustrating reality for millennials and young people. Deaths from despair, substance use, mental illness, and suicide have increased since the 2008 recession and research states “not much has changed since” (HealthDay, 2021). Millennial bodies are experiencing persistent inflammation due to high blood pressure, cholesterol, and body fat. They have chronic diseases at high numbers and are more obese than previous generations (HealthDay, 2021). The link between obesity and poor health is well known.

Obesity and overall health are closely connected. Healthy weight, according to The President and Fellows of Harvard College (2021) is a predictor for bone, muscle, brain, heart, and other health functions in the body. It will predict the efficiency of such functions for years for the body. Excess weight diminishes health in many ways including respiratory functioning, reproduction, memory, and mood. It promotes diseases such as diabetes, heart disease, and some cancers. Obesity impacts quality and length of life, hormone functioning, and metabolism. Obesity is also closely connected to and can cause artery disease, stroke, and cardiovascular death (The President and Fellows of Harvard College, 2021).

Unfortunately for millennials, they are the most obese generation in history (Cassata, 2019). More than 7 in 10 millennials will be obese by the time they reach middle age. There are many reasons why millennials are the most obese cohort. The following list offers some insight (Cassata, 2019):

1. Food is extremely processed - the 1980s was marked by processed foods hitting the market that communities had never been exposed to. Sugars were being added to foods and processed foods offered a very high glycemic index, which promoted obesity rates
2. Life has become more fast-paced and as a result, individuals began eating more fast foods and cooked for themselves less
3. Technology has increased and therefore activity has been reduced - millennials have engaged in more activities such as video games and watching television and less time playing sports and walking

The following recommendations are made to promote better health where obesity and weight are concerned with millennials/all people (Cassata, 2019):

1. Eat more vegetables and learn about appropriate meal development - one of the most common recommendations is to ensure that half of a meal plate is green

2. Understand how food is made - knowing about ingredients, brands, and processing food helps individuals to make better choices about their food
3. Increase heart rate - exercise helps reduce obesity
4. Reduce screen time - screen time should be limited as this promotes movement and exercise

What is the general mental health of millennials?

The following statistics offer some insight into millennial mental health (Silvermist Recovery, 2017):

1. Suicide is the third cause of death among millennials
2. The average stress of millennials is 4.9/10 with 10 being the most stressed
3. 76% of millennials identify work as their main source of stress
4. 73% of millennials report the money as the second cause of stress
5. 56% of millennials report family as the third cause of stress
6. 55% of millennials report the economy as the fourth cause of stress (Silvermist Recovery, 2017)
7. Since 2014 there has been a 43% increase in depression among millennials (Miller, 2020)
8. Since 2014 there has been a 17% increase in substance use disorders among millennials
9. Since 2014 there has been a 39% increase in ADHD diagnoses among millennials
10. 92% of millennials report the Covid-19 pandemic has harmed their mental health (Miller, 2020)

Stress is an ongoing issue for millennials that continues to cause poor mental health. While millennials are more anxious and depressed, often as a result of more stress than with past generations, there is hope in how they access mental health services. Millennials are seeking mental health services more often than other groups of people (Drexler, 2019). Between the years 2011 and 2016, when the vast majority of college students were millennials, the number of students seeking mental health services on

campus increased at five times the rate of new students starting college (Drexler, 2019). While the general mental health of millennials may be poorer than other generations, there is hope in the sense that they are accessing services and support for recovery.

The most common millennial issues that many therapists see patients for are the following (Olive Branch Therapy, 2021):

1. Anxiety
2. Depression
3. ADHD
4. Suicidal ideation
5. Eating disorders
6. Substance use
7. Social isolation (Olive Branch Therapy, 2021)
8. Perfectionism (Brown, 2019)
9. Expectation and disappointment (Brown, 2019)

The common therapy session for millennials looks like the following (Olive Branch Therapy, 2021):

1. Introductions between therapist and patient
2. Discussion about the best way to approach issues, conditions, and scenarios
3. Review of individual, family, and medical history
4. Discussion about issues being faced at school, work, home, in relationships, etc.
5. Development of coping skills for issues including problem-solving, relaxation techniques, etc.

The millennial struggle with perfectionism is greatly impacting their mental health (Brown, 2019). This is something that most therapists who work with millennial-aged clients are noticing. Perfectionism across all life areas is resulting in anxiety that millennials are finding debilitating. There has been a 10% increase in the need for perfectionism for young people in the last three decades and socially prescribed

perfectionism has increased by 33%. Perfectionism is often promoted through validation and approval by others, which social media is exacerbating through likes and views. When individuals have high numbers of likes, views, and follows they the need to be perfect is validated. When they are not perfect, they feel less than, experience depression and anxiety, and long to be or feel perfect again. Millennials are largely addressing perfectionism in mental health therapy (Brown, 2019).

The millennial struggle with expectations and disappointment is also negatively impacting mental health (Brown, 2019). A significant piece of this is that millennials are the most educated generation on record, but there is not as significant payback for education currently as there has been historically. So, millennials were raised hearing their education would offer them significant advances, but those expectations are not being met in communities. This leaves millennials feeling they are not good enough or are failing to meet the expectations set for them. This results in anxiety and depression as well as financial stress, which is closely tied with mental health issues (Brown, 2019).

The impact of financial stress on mental health has been felt by many millennials. Financial health can result in stress, diminishing physical health, a decrease in the quality of relationships, a reduction in self-esteem, and a lowering in energy levels (Robinson & Smith, 2021). Financial struggles result in anxiety and depression, which decreases the desire to address their financial struggles. In other words, it seems to be a never-ending cycle for millennials who struggle with finance-related anxiety (Robinson & Smith, 2021).

The following recommendations are made for millennials who struggle with financial stress (Robinson & Smith, 2021):

1. Talk with a professional about the financial stress - this does not have to be a financial advisor or someone who works in finance but rather a professional who can offer guidance and support for managing the anxiety associated with it. It is recommended that millennials are honest about their worries because of how at risk they are for adverse outcomes such as substance use and suicide
2. Take inventory of finances - as mentioned above, many millennials may find themselves avoiding looking at their finances and developing plans for how to improve their finances. This includes keeping track of spending, limiting debts, tracking income, identifying spending patterns, determining what small changes can be made, reducing impulsive spending, and having grace for themselves when they do not get it perfectly right

3. Develop a financial plan that identifies financial problems, solutions, and a way to put the plan into action. Progress should be monitored and potential setbacks should be avoided
4. Develop a monthly budget that includes annual spending, automatic payments, all monthly bills, and includes ways to save money
5. Learn to manage overall stress, which will decrease the likelihood of impulsive spending (Millennials are likely to impulsively spend when they experience all types of stress)

What is the general social health of millennials?

One might assume that the social health of millennials is strong. After all, they are always connected with text, phone calls, FaceTime, Facebook, Instagram, Snapchat, and more. How could millennials feel lonely, isolated, and disconnected when they were raised during the invention of tools created solely for connection? It is an interesting phenomenon that millennials are the most lonely generation and therefore have poor social health.

Social health is a basic human need (Nop, 2020). Maintaining relationships and connections with others is something that humans rely on both for literal functioning and joy. No human can go through life independent of others. Strong relationships promote high productivity and positive mental health. Why is it then that millennials are lonely and have poor mental and social health? One theory is that they are preferring to connect via mobile and technology-based formats and the most effective communication methods are actually in person. Millennials are engaging in less in-person activities and communication than any generation before them. Second to face-to-face communication in promoting health is written communication, and last is broadcasting communication. Because millennials are doing a lot of broadcast communication such as making Facebook posts instead of sending direct messages, they are feeling less connected despite having more abilities to connect (Nop, 2020).

The following recommendations are made to millennials for boosting social health (Community Access Network, 2018):

1. Spend time with others in person
2. Maintain eye contact when talking with other individuals
3. Practice good listening skills

4. Practice positive and safe body language
5. Be thoughtful in responding to others when talking
6. Build meaningful relationships with others
7. Spend time with people who feel healthy and safe
8. Create a strong network of supports
9. Practice self-love and self-respect

People who are considered socially healthy can do the following (George, 2021):

1. Balance their social time and personal time
2. Be true to themselves when with others
3. Engage with people in their community
4. Treat others with respect
5. Maintain strong friendships and relationships
6. Have boundaries that are healthy and that serve them
7. Have strong conflict management skills
8. Can trust others
9. Communicate to others what they need when asking for support
10. Effectively communicate

Millennials can nurture the relationships they do have by doing the following (George, 2021):

1. Keeping their commitments instead of canceling them
2. Not blaming or criticizing their friends or community members
3. Learning to communicate verbally and non-verbally in positive and healthy ways
4. Being attentive to people around them

5. Practicing listening skills that include reflecting to ensure they understand what people are trying to communicate to them
6. Creating safe boundaries

Summary

While millennials are struggling with their physical, mental, and social health, they are also a very aware group of people. They self-reflect and are willing to ask for help more than past generations have. Because of this, there is great hope for millennials. Behavioral health professionals supporting millennials should consider providing education to them about the importance of maintaining in-person connections, managing their physical health and preventing disease as much as possible, and accessing appropriate behavioral health services as preventatively as possible. The combination of these kinds of supports offers millennials the best outcomes they can have where health is concerned.

Section 5: How behavioral health professionals can support millennials

Introduction

Millennials are addressing unique struggles in therapy. These have been referenced above but are not limited to such issues as perfectionism, anxiety and depression, generational trauma, substance use, and loneliness. Clinicians must be well prepared for how to support millennials in therapy. This is especially true because not only can professionals assume they will work with millennials, but they will work with an overwhelming number of millennials given how millennials are accessing behavioral health services. They must be prepared for the unique struggles that this age group faces.

Provide support on generational trauma

Behavioral health professionals will be responsible for supporting millennials as they cope through recognizing their generational trauma and working to rectify and heal from it. Generational trauma is trauma that is “transmitted through attachment relationships where the parent has experienced relational trauma that significantly impacts individuals across the lifespan, including predisposition to further trauma” (Boone, 2021). This means that trauma is very literally transferred from one generation to the

next in how adult people teach young people to cope, to heal, to communicate, to behave, and what to value (Boone, 2021).

Generational trauma manifests itself in families in the following ways (Boone, 2021):

1. Emotional numbness
2. Inability or hesitancy to discuss feelings
3. Accessing mental health services or talking about feelings is perceived as a weakness
4. Inability or struggle to trust people they deem as “outsiders”
5. Constant conflict within family units
6. Anxious and overprotective parenting even when there is no threat of danger or reason to do so
7. Unhealthy boundary setting
8. Unhealthy teaching about survival behaviors when families can do much more than survive
9. Neglect and abuse toward family members

Mental health professionals must understand the impact of generational trauma because it teaches people they are not safe (Boone, 2021). Feeling safe in one’s body and family is the most important and essential feeling individuals will have. Without it a person is likely to stay in a constant state of worry and anxiety, therefore promoting poor mental health and inability to appropriately function in communities (Boone, 2021)

The role of a therapist or behavioral health professional is to see individuals as a part of a larger family system (Boone, 2021). They should recognize immediately any generational traumas that individuals have been exposed to and seek to treat them and offer healing (Boone, 2021).

This kind of healing can occur via the following modalities (Boone, 2021):

1. Family systems theory
2. Genogram work
3. Child parent relationship therapy

4. Parent-child interaction therapy
5. Theraplay

Family systems theory and therapy

Family systems theory is a helpful tool for behavioral health professionals to support millennials with generational trauma (The Center for Family Systems Theory, 2021). Family systems theory assumes that a family is an emotional unit that can impact the functioning of one member automatically because of the previous members' thoughts and behaviors. The functioning of the family unit where emotion is concerned will greatly impact individuals and therefore treatment does not necessarily need to be directed at just the individual with symptoms but rather the family unit as a whole (The Center for Family Systems Theory, 2021).

The theory is based on eight main principles (The Center for Family Systems Theory, 2021):

1. The differentiation of self
2. The triangle
3. The nuclear family emotional process
4. The family projection process
5. The multi-generational transmission process
6. Sibling position
7. The emotional cutoff
8. The emotional processes in society

These principles can be further defined (Your Mindful Compass, 2021):

1. Differentiation of self: how individuals identify with the way their families think and how they separate their thoughts and behaviors from their families
2. Triangle: a three-person relationship system that is the smallest and manages more tension than a two-person relationship. Triangles exert social control and stabilize tension spreading

3. The nuclear family: describes the relationship patterns that manage anxiety, conflict, dysfunction, impairments, and emotional distances within family members
4. Family projection: describes the way parents transmit their emotional difficulties onto their children
5. Multigenerational transmission process: describes how the differences between parents and their children across generations impact the larger family unit and differentiate between generations
6. Sibling position: people who grow up in the same sibling position, for example firstborn, have important common characteristics
7. Emotional cut-off: when people manage their unresolved issues by cutting off contact with their family members
8. Societal emotional process: how emotional systems impact behavior on a larger societal level, which either progresses or regresses society

In family systems therapy, behavioral health professionals help individuals to understand the adaptive and maladaptive behavioral processes that have been passed generationally, work to create more sustainable behavioral patterns, and work to reduce the passing of such value and behavior systems to future generations (Your Mindful Compass, 2021).

Genogram work

Another helpful tool for generational trauma healing is to use genograms for processing trauma. A genogram is a visual mapping tool that helps behavioral health professionals and clients identify family history through the past three generations (Scarnato, 2019). Genograms help show parenting styles across generations by offering in-depth information about behavior patterns and relationship dynamics. These are tools that help to uncover the best ways for clinicians to work with their clients (Scarnato, 2019).

The following steps are taken when creating a genogram with a patient or client (Scarnato, 2019):

1. Identify the client and make the genogram centered on that individual
2. Determine all family members back three generations

3. Ensure the relationship or connections are specific for as many family members as possible and especially for everyone that directly involves the client
4. Capture as much family history and individual information as possible
5. Focus on family strengths and resilience when able

Child parent relationship therapy

Child parent relationship therapy (CPRT) is a tool that clinicians can use with millennials who are parenting children (Center for Play Therapy, 2021). It is a play-based program for young children who are having behavioral, emotional, social, and attachment disorders. These are common for children with generational traumas. The goal of CPRT is to strengthen the relationship between parent and child to reduce problem behaviors that children have and promote healthy parenting behaviors and healthy attachment (Center for Play Therapy, 2021).

This therapy is generally administered in 10 weeks with two-hour group sessions per week (Center for Play Therapy, 2021). Most groups will have 5-8 parents in them. Clinicians will supervise parents during play therapy, teach new skills during play sessions, and provide one-on-one feedback to parents (Center for Play Therapy, 2021).

Parent-child interaction therapy

Parent-child interaction therapy (PCIT) is another treatment modality that can be provided to millennials who are parenting that have generational trauma who are likely passing behavioral issues onto their children (PCIT International, 2021). PCIT is offered through coaching sessions between therapist and parent and child in a playroom setting. The therapist observes play with parents and children through a one-way mirror. Therapists provide in-the-moment coaching support to the parent via a “bug-in-the-ear” device that supports managing child behavior more appropriately (PCIT International, 2021).

Parent-child interaction therapy is administered in two treatment phases (PCIT International, 2021). The first treatment phase focuses on establishing warmth in the parent-child relationship and offers skills to help children feel secure with their parents. The goal of the first phase is to reduce the severity and frequency of tantrums, to decrease activity levels, to lower attention-seeking behavior, to lessen parental frustration, to improve feelings of safety for children, to increase attention span, to

increase self-esteem, and enhance social behaviors such as taking turns (PCIT International, 2021).

The second phase of PCIT includes helping parents manage challenging behaviors that their children are displaying (PCIT International, 2021). The outcomes of this phase are decreased severity of aggressive behavior, lower frequency of destructive behavior, decreased defiance, increased compliance with adult requests of children, increased respect for rules in the family home, improved public behavior, and enhanced calmness by parents when disciplining children (PCIT International, 2021).

Provide psychoeducation

One of the best ways to support millennials is to offer them psychoeducation on their own health experiences (Best Counseling Degrees, 2021). The goal of psychoeducation is to offer knowledge about individual conditions and circumstances or situations that place individuals at risk. This helps to optimize their health outcomes and gives individuals a roadmap for how to navigate specific issues or situations. It offers them strong coping skills, resources, an understanding of their cognitive patterns, and self-esteem to cope with whatever they are struggling with (Best Counseling Degrees, 2021). They should be educated on the risk factors for poor mental, physical, and social health. Millennials should understand their risk level for anxiety, depression, perfectionism, and social isolation, and loneliness as discussed previously. This should help them to engage in preventative behaviors such as maintaining in-person connections, reframing the need to be perfect and reducing expectations.

Provide services and supports to reduce substance use

Because millennial age individuals are struggling with substance use at such high rates, clinicians must be well prepared for how to treat substance use disorders and especially opioid use issues (Goforth, 2020).

The following services are helpful for individuals with substance use issues (City of New York, 2021):

1. Harm reduction services - this offers easily accessible and anonymous services for people who actively use drugs to attempt to reduce drug use. This includes education services, rehabilitation, care coordination, and outreach programs

2. Syringe access and disposal - access to sterile syringes that helped reduced the number of HIV cases by 95% in the last 20 years and is a very helpful service in harm reduction as well
3. Overdose prevention - access to medications such as Narcan can help reverse the effects of an overdose and saves lives of people who are addicted and near-death
4. Peer-support services - this connects individuals to other people who are living in recovery but have a history of substance use issues. Peer support is one of the best services to normalize recovery and the accessing of treatment
5. Medically Assisted Treatment (MAT) - medication-assisted treatment provides medications that reduce the likelihood of substance use by providing a small elation feeling but by blocking most other effects of drugs. This helps to reduce use until use is eliminated
6. Outpatient treatment - treatment provided via weekly counseling and rehabilitation programs
7. Inpatient/residential treatment - treatment provided via a location where patients live and receive treatment

Some of these services may not be directly provided by behavioral health professionals but professionals should know how to refer to these resources to best support their patients.

Normalize imperfections

Normalizing and reframing imperfections is an essential part of work for millennials because of how prone they are to perfectionism. Cognitive reframing, a Cognitive Behavioral Therapy tool, helps to address imperfections (Zencare Group, 2021). Cognitive reframing assists individuals in recognizing and naming distorted thought patterns that they are having and helps them develop healthier ways of thinking about their situations (Zencare Group, 2021).

The following cognitive distortions are common with perfectionism (Zencare Group, 2021):

1. All or nothing thinking - in this an individual will see everything as either a success or a failure. They will see nothing in between and it will often create great anxiety because they will feel they have failed often

2. Overgeneralization - individuals will take one or two situations and apply their thinking and beliefs to represent those situations all the time. They “generalize” the situations to always be true
3. Mental filter - individuals will ignore situations and exclusively focus on one situation they want or need to be true
4. Discounting the positive - individuals will disregard positive or healthy situations to perpetuate difficult or unhealthy patterns
5. Conclusion jumping - individuals will assume what might happen despite there being little to no evidence
6. Magnification - individuals will emphasize inaccurate patterns or behaviors
7. Emotional reasoning - individuals will develop conclusions that do not make sense simply based on emotions
8. Should statements - individuals will make up beliefs such as “I should always be able to manage this”
9. Labeling - individuals will define who they are as a person based on one characteristic or life circumstance
10. Personalization or blame - individuals will blame themselves for outcomes that are not their faults

Millennials can cognitively reframe these damaging thoughts by naming the cognitive distortion that is happening (Zencare Group, 2021). Next, they can practice self-compassion for the difficulties they are experiencing. Then they can evaluate the evidence to determine what is true. This is often referred to as “fact-checking.” Finally, they can develop more appropriate and accurate thought patterns to lead to healthier behaviors (Zencare Group, 2021).

Unique components of treating millennials

Millennials are currently such a robust part of the client field in therapy services that there are more than 500,000 professionals in the United States who specialize in treating millennials (Court, 2016). They call themselves “millennial therapists.” Millennial therapists offer services in slightly different ways than therapists who serve other age groups. Millennial therapists focus on the stress brought on by unique millennial experiences such as student debt, uncertainty, and helicopter parenting. They also offer

a shorter-term therapeutic relationship because millennials want strategies that can be immediately used. They do not want a therapeutic relationship to last forever but rather want applicable support and services to offer progress as soon as possible (Court, 2019).

Millennial therapists also have to be very cautious to not rely on millennial stereotypes - of which there are many (Court, 2019). They cannot treat millennials as entitled, bratty, lazy, or any other of the common stereotypes that exist about millennials. They have to actively fight and reframe any self-shame and internalization of such stigmas with patients. Millennial therapists must also be comfortable utilizing technology such as texting and telehealth with their millennial patients who may not want to transport themselves back and forth between a therapist's office for care. Clinicians should also be prepared to refer to age-appropriate online resources that will engage their millennial clients. Finally, they should understand that many millennials are going through a "quarter-life crisis" during the transition into adulthood. There is a strong level of empathy and support that must be provided during this time for millennials to be most successful (Court, 2016).

Summary

Therapists treating millennials must understand the unique millennial experience as well as the unique experiences of Generation X and the Baby Boomers that raised millennials. They should be trained in how to provide Cognitive Behavioral Therapy and other appropriate services such as family systems theory/therapy and play therapy that can benefit millennial parents who are parenting and fighting generational traumas. Millennial therapists must have training and access to appropriate services for their unique patient needs because they are an overwhelming majority of people accessing care in the United States today.

Section 6: Case studies

Case study #1: Arthur

Arthur is a 32-year-old man who recently entered therapy for a variety of reasons. He initially started therapy because he was feeling "crippled" by his anxiety. He reports that money troubles and fear of never being able to own a home as his parents did are the primary causes of his anxiety. However, when he begins therapy he and his therapist trace his anxiety back to early childhood. He finds that his mother was overbearing and this caused him to feel constant worry about failing her, not being good enough, and not meeting her expectations for his school outcomes and behavior. When his therapist asks

more about his family he explains that both his parents were raised in homes that suffered abuse and substance use. Both his maternal and paternal grandparents struggled with alcoholism and domestic abuse in their marriages. He reports his parents explained, “this was the norm” in that generation. He thought because of this it didn’t have much impact on his family.

Arthur reports being the 3rd and youngest child in his family. He states that his older siblings seem to be “better functioning” than he is and less impacted by the “stuff with my mom,” Arthur’s therapist wants to start Cognitive Behavioral Therapy with him to help him recognize these inaccurate thought patterns and begin to identify more helpful thought patterns. Arthur thinks this will be helpful. Before they do this, however, Arthur and his therapist develop a genogram to outline his family history. His therapist learns that his mother had several miscarriages between his older siblings and him. His therapist understands this to be a kind of generational trauma passed to Arthur because of the fear of losing him. Arthur is further impacted by his mother’s unhealthy upbringing as a “latchkey” kid who was always left alone and inappropriately parented when she was with her parents as a result of substance use and abuse in the home.

The repercussions of these kinds of struggles for Arthur has been an inability to establish healthy boundaries and relationships. He fears “failing” at marriage and so he refuses to marry his longtime girlfriend despite her desire to marry him. He also worries there’s “no way” he will be a good dad and he isn’t sure he wants to parent as a result. Arthur fears he is sabotaging his relationship and this prompts him to enter therapy.

After several months of utilizing a Cognitive Behavioral Therapy approach to address these cognitive distortions and helping Arthur to have appropriate conversations with his mother about the way he was parented, he begins to have less and less anxiety about all things. He is also relieved to feel less stress about financial issues.. Within two years after therapy, he feels comfortable getting married to his partner and several years later they have their first child.

Arthur’s case is a good example of the impact of generational trauma and helicopter parenting that many millennials are experiencing/have experienced.

Case study #2: Shell

Shell is a 29-year-old millennial, queer woman. She identifies as queer and came out in her early 20’s. She currently resides with several roommates and her dog in San Francisco. Shell had a stable childhood. She was raised in a Christian home and attended private schools in California. Her parents worked in the tech industry as it was rising and

prospering. They are financially very well off and were able to pay for Shell's college education. She did not come out until after college because of her fear that her parents would no longer pay for her schooling and support her if she came out as queer and introduced her female partner to them.

When Shell did come out, her parents were not necessarily disapproving but they were not validating. Shell decided it was better to create distance from her parents and she does not spend a lot of time traveling to see them, despite only living about two hours away. She reports being close with her girlfriend's family and feels accepted and seen there. These are important relationships for Shell. Despite being happy with her roommates and in her relationship, Shell has struggled with substance use for many years. She started drinking in college and reports being unable to stop binge drinking. She drinks over six beers a night several nights per week and this is greatly impacting her mental health and employment. Shell works as an audio engineer and reports being groggy and tired most mornings after drinking. Because of this, she reports her work isn't nearly "up to par" and she states that her employer is starting to notice.

Shell begins seeing a therapist to help facilitate a reduction in her drinking behavior. Upon entering therapy, Shell's therapist also identifies that her insecure attachment to her parents is very difficult for her but that she feels she cannot talk about this because "they were so good to me growing up" and "I had everything I ever wanted, and cannot whine about one little thing." Shell believes that because her parents facilitated a strong education for her and ensured she had access to the resources she needed and wanted growing up that she is unable to focus on her insecure attachment and feelings of invalidation regarding her queer identity from her parents. Shell's therapist helps Shell to understand that this attachment-related issue is likely related to her inability to stop drinking. She reports "well I do think a lot less about the pain of not being loved by my parents when I drink" and "I started drinking heavily after I came out to them." Shell's therapist diagnosed her with an alcohol use disorder and referred her to an intensive outpatient program for substance use. She addresses her alcohol use disorder in this outpatient group several nights per week. In individual therapy, she works with her provider on childhood-related attachment issues and reframes her beliefs that because her parents were good to her growing up that there cannot be space for any feelings of her parents having been inadequate in some ways. This is a cognitive distortion that Cognitive Behavioral Therapy is helpful for.

Shell's alcohol use disorder is not surprising to her therapist given her status as a millennial. Shell's therapist treats many queer millennials in the San Francisco Bay Area

and many of them struggle with alcohol and drug use. This psychoeducation is provided to Shell in therapy as well as CBT. Within several months of individual therapy, Shell feels confident having a conversation with her parents about when she came out and her queerness. Shell's therapist empowers her to use the language: "I needed you to respond differently than you did when I came out to you when I was younger. I am wondering - can you validate that you love and accept me, even as queer, now for me? This will help me in my process to manage and navigate my mental health now." Shell's parents were able to offer that validation for her and Shell and her parents began to repair the insecure attachment that she felt as a result of not having felt validated in her identity. She is learning skills to navigate her alcohol use disorder in her outpatient program and within several months is abstaining from alcohol altogether. Three years later and Shell is still sober and reports having a much-improved relationship with her parents.

Shell's case illustrates the relationship between parental attachment and substance use as well as some of the internalized shame that millennials face when their parents are providing for them well but do not offer as clear of emotional support and validation as they need.

Case study #3: Adam

Adam is a 25-year-old millennial who lives with his parents in their home in Portland, Oregon. He has been living with his parents for his entire life and has never been able to move out of the family home because of the high cost of living in his area and the low wages that he earns in the service industry. Adam never felt he could make an adequate decision about his career because "there were just too many choices - it was overwhelming to me," He also reports "student debt is terrifying because the cost of education is so high. I don't want to ruin my life with student debt so I just never went to college. Now I cannot afford an apartment in the city because of how expensive it is. I'm not just sure what to do anymore and honestly, I do not want to live like this. Sometimes I don't want to live at all."

Adam reports that he's been suicidal off and on for several years. He reports feeling embarrassed about living with his parents but unable to decide to go to school or not for a better, more "career-type job" as he puts it. He fears student debt and "never being able to pay it back." He has a history of engaging in self-harm but no suicide attempts. Adam reports that he doesn't drink alcohol or use drugs because it's a "slippery slope" for him and that it concerns his parents too much when he is consistently drinking alcohol.

Adam's parents were frustrated several years back when he never moved out but now have gotten used to the idea of him remaining at home and they seem to enjoy having him around. He helps out with bills, provides support with chores, and generally, they have fun together as a family. Adam's older siblings have moved out and gone to college but have over 50k dollars in student debt each and Adam states they are "living on borrowed money and time" it appears. He states he doesn't want this.

Adam is accessing therapy to work through his debilitating anxiety and depression. He states that his depression makes it hard to develop a clear path forward for himself and that he's anxious to try to make friends. He doesn't believe that anyone will think he is a cool guy because he lives with his parents. Because of this he doesn't date or go out very often. His fear of rejection is very high. Together Adam and his therapist work at identifying a plan for how to work toward a better future for himself that he feels safe with. His therapist provides psychoeducation and support with decision-making. Adam didn't realize that he could go into a trade school without having to have debt. His therapist helps connect him to skills training services and within a year Adam is working as a carpenter making good enough money to save for not only an apartment but a down-payment on a home.

Adam and his therapist also work toward anxiety management skills. He learns about mindfulness strategies such as deep breathing and progressive muscle relaxation. This helps him reduce his daily anxiety to a more manageable place. He was given a referral to a psychiatrist from his therapist to address his severe depression and started taking medication. He reduced his self-harm to almost none and no longer has suicidal thoughts. Several years after therapy Adam reports that "therapy saved my life." His anxiety and depression are manageable, he is far more confident with himself, and therefore he is dating and making friends.

Adam's case provides an example of how millennials struggle with decision-making when they have so many options for their future but also face high costs for how to achieve their goals. His case also illustrates how anxiety and depression often prevent a clear path forward. His therapist teaches him to be confident in his decisions and how to manage his anxiety, and also provides a referral for necessary services for his depression. This was successful in Adam's case.

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