

Behind Happy Faces

ELLEN TAYLOR: Hello, and welcome. I am so pleased to see such a great turnout here tonight for this presentation. I'm Ellen Taylor. I'm the Associate Vice President for Student Engagement here at WSU. And I have the pleasure of introducing Ross Szabo to you all.

Ross is the CEO of the Human Power Project, a company that creates cutting-edge mental health curriculum. He's an award-winning speaker, author, curriculum designer, and returned Peace Corps volunteer. Ross was the director of the National Mental Health Awareness campaign for eight years. In that time, he spoke to over 1 million people, created the first youth mental health speakers bureau in the country, reached millions in media appearances, and wrote a book entitled Behind Happy Faces.

After eight years on the road, he burned out. So he did what anyone would do when they're that exhausted. He joined the Peace Corps. Ross served in Botswana for two years. When he came home, he decided to start his own company and create mental health curricula for people of all ages. His first curriculum, also entitled "Behind Happy Faces," is being used by over 200,000 students around the country.

He's a social pioneer who has led the Youth Mental Health Movement, a blogger for the Huffington Post, a former mall model, and knows how to track lions by watching the movements of other animals. A very useful skill. Today, he's here to talk to us about mental health. I encourage you to get ready to laugh and change. And let's please, offer a warm Palouse welcome to Ross Szabo.

[APPLAUSE]

ROSS SZABO: Thanks, Ellen. All right. What's up? How's everybody doing tonight? Great? Good? A little mix of words? Are you excited to learn about mental health tonight?

[LAUGHTER]

That's a little more enthusiastic. The one thing that Ellen didn't mention is that I am also a member of Phi Kappa Phi. All right. In my Phi Kaps here tonight. Couple? Two? That's about right. That's about our showing.

And for you in the Greek life community, you may notice Behind Happy Faces, because a lot of your national chapters use it. A bunch of you. I'm not going to name all of them.

So before I talk to you about mental health-- and I do want to talk to you about the Peace Corps-- have any of you ever thought about volunteering abroad, living in a different country, learning a different language, giving back in some way? That's actually a lot of you. As you heard in my introduction, I served in Botswana. Please, help me out, fancy clicker thing. OK.

So I served in Botswana. Americans are terrible with geography. So I used to put up just a picture of Botswana, and people would be like, where is that? And then I started using a map of southern Africa, and people are like, oh, is that near India? So now I use-- thanks, Americans-- so now I use a map of the entire continent of Africa with a large arrow pointing to Botswana.

I lived in the most northern part of the country, and I worked at a center for people with disabilities. So the students you see in this picture have different disabilities. Some of them have intellectual disabilities. Some of them have physical disabilities. Some of them are deaf.

In the villages that they live in, they can be treated in pretty horrific ways. They can be abused, left alone, locked in closets for weeks at a time. So this center was created to give them different skills, so that when they go back to their communities, they can find employment. They can be a part of the village. They can do other things.

If you've ever thought about joining the Peace Corps, I highly recommend it. It's often a two year and three month service. When I was serving in Botswana, I was serving with six Cougs. Washington State is a huge feeder system into the Peace Corps. But you get to do a lot of really important work. You learn about yourself. You learn about America's role in the world. And you learn about a whole different culture.

You also get to do some really amazing things. You get to be a part of a community. So this is me in a wedding where I had to learn six choreographed Africans step dances, and dance with a partner in what was just like, six-inch loose dirt. I have a lot of families in Botswana that adopted me. I became fluent in the Setswana, which is the local tribal language.

And as was mentioned earlier in my introduction, here is me, and here are lions. On the weekends, I learned how to drive safari trucks, and sometimes tracking lions is really difficult, like, you have to watch a lot of movements and know a lot of sounds. On this day, literally every animal within at least a half mile was running one way. And I was like, let's go see what they're running from. Lions.

So if you've ever thought about joining the Peace Corps, I highly recommend it. I am not here tonight to talk to you about the Peace Corps. I'm actually here tonight to talk to you about mental health. And the biggest challenge that I have whenever I stand up in front of any audience and say I'm going to talk to you about mental health, is that all of you have different ideas of what that means. If you google image mental health, these are the images that come up. So take a second to soak those in.

You have celebrity breakdowns. You have school shootings. You have people looking angry, sad, lonely, scared. And the biggest problem with all these images is that as you look at these images, very few people in the audience are like, I want to be like the people I see on this screen. Very few people, when they hear the words mental health, think of positive things. Most people, when they hear just those two words, mental health, immediately think of having

a problem. You think of depression, suicide, schizophrenia, bipolar disorder. You think of all the challenges people can face.

But the actual definition of mental health is not having a problem. The actual definition of mental health is how you address the challenges in your lives. So mental health isn't having a problem. It's how you deal with lack of sleep. Does anybody know anything about lack of sleep? Yes? It's how you deal with stress and breakups and family and your future and your finances, and of course, a mental health disorder.

So tonight when I say we're going to talk about mental health, I don't want you to think like, oh, that's not for me. Mental health is as important as your physical health. When you want to work on your physical health, you have to think about what you do to exercise, what you eat, how you take care of your body. When you want to work on your mental health, you have to think about how you communicate, what your relationships are like, and how you can take care of your mind.

And so a lot of people when they first see me, often wonder how did this guy become the spokesperson for mental health. Very few people when they first see me think like, oh, I don't trust this guy. He looks a little scary. Looks like he has some mental illness. I don't really think he's OK. And what I'm going to share with you tonight is my personal story, because I don't appear to be someone who has a lot of challenges. But I have been through them.

And I want to be clear from the start of this presentation that I don't know what it's like to be you. I don't know what it's like to go through what you go through. I don't know what it's like to experience the stress you experience, the loss, the change that you experience.

But I do know what it's like to be diagnosed with bipolar disorder when I was 16. I know what it's like to attempt to take my own life when I was 17 and a senior in high school. I know what it's like to go to college, and be there for two months before I had a major relapse with bipolar disorder and have to go home. I know what it's like to be in and out of psychiatric wards and different colleges for the next four years until I found a way to really manage bipolar disorder and start balancing it.

So what I'm going to do tonight is talk to you about a variety of things. I never share my personal story to scare you. Like, I would never want anyone in this room to be like, man, that guy's life sucked. Guess I'll go eat. That's not why we're here. If that's what you take from this presentation, I failed.

What we are going to talk about tonight is a broad overview of mental health and how it impacts your life. I'm going to share with you my personal story to get you to think about the choices and decisions that you're making. And then we're going to talk about coping mechanisms, because coping mechanisms really are the building blocks of mental health.

So I always like to start this presentation with some statistics. The statistics around mental health are pretty overwhelming. 25% of college students experience a diagnosable mental health disorder. Suicide is the second leading cause of death for college-age students. 76% of college students report feeling overwhelmed. 11% report getting a good night's sleep.

I could go on with statistics for a while, but here's what I have become sick of. I feel like since all of you have been in middle school, you've heard these statistics. You're stressed out. You don't sleep. You have anxiety. You have depression. You have all these problems.

There's been awareness campaigns letting you know how messed up you are for years. And then when you get to the point where you're like, hey, I do have a problem. What can I do about it? We tend to say like, you got to talk to someone. You have to seek help. And that's cool. That's important.

But it's disempowering, because it's basically going out and telling you, hey guys, you're all messed up. And this is the only person who can help you with it. We don't do this with physical health issues. I would never sit all of you in this room and be like, all right, everybody, here's the deal. You have heart problems and cancer and diabetes. You're probably all going to die in the next five years.

And then when you're freaked out, and you're like, what can I do about it? I'd be like, I don't know. Talk to a doctor. I can't help you. I was just here to tell you you're messed up. I don't have any other involvement.

We need to start treating mental health like we treat physical health. All of you in this room know what kind of exercise you should do. How you should eat. How you take care of your body. You have been given skills and tools to manage your physical health since kindergarten. We need to do the same thing with mental health.

And that's what tonight's presentation is about. It's about creating skills and tools to actually manage your mental health instead of telling you you're messed up. There is one statistic that is really relevant, and one statistic that is the reason I started speaking. And that is that over 50% of college students do not seek help for their mental health. So I always like to begin the presentation with this question. Why?

Why is it that all of you in this room know someone who is experiencing some kind of mental health challenge, but over 50% of people won't talk about it? Won't tell a friend, a family member, anyone. So I was hoping some you could raise your hands. Give me some quick answers. Why don't we talk about mental health? Yeah?

AUDIENCE: Scared to admit it.

ROSS SZABO: Scared to admit it. Yeah. You had your hand up.

AUDIENCE: Negative stigma.

ROSS SZABO: Negative stigma. So you're going to be judged or labeled. What else? What are some other reasons we don't talk about mental health? Yeah?

AUDIENCE: People don't know how to put it into words.

ROSS SZABO: People don't know how to put it into words or communicate it. Yeah. What else? Yeah?

AUDIENCE: Lack of resources.

ROSS SZABO: Lack of resources.

AUDIENCE: Hard to be vulnerable.

ROSS SZABO: Hard to be vulnerable. Anything else? I can't see all the hands. So if you have your hand up, give me some kind of signal, especially you in the dark zone that I can't see at all. Any other reasons? You're missing some huge ones.

Flipping hair. Yawning. Yeah?

AUDIENCE: People tell you they're fine.

ROSS SZABO: Did you say, people tell you they're fine?

AUDIENCE: That you are.

ROSS SZABO: Yeah. Oh, so you tell somebody you have a problem, and they're like, no. You're fine. They kind of minimize it. Yeah? Anybody else? Yep?

AUDIENCE: It's taboo.

ROSS SZABO: OK. It could be a bit taboo. So going back to not knowing how to communicate it. Anything else? Yeah?

AUDIENCE: Don't want to be a burden.

ROSS SZABO: Don't want to be a burden. Behind him.

AUDIENCE: Pride.

ROSS SZABO: Pride Yeah. I got this. I can suck it up. I can deal with it on my own. Yeah? Last one.

AUDIENCE: They don't know they have an issue.

ROSS SZABO: They don't even know they have an issue. So you could be in denial and not know you have an issue. I think the two biggest ones I didn't hear are trust. A lot of people have their trust burned, so they don't feel like they can talk about it. And then it's a sign of weakness. Why don't you suck it up? Why don't you deal with it on your own? Why are you crying?

The reason I start with this question-- sorry this clicked ahead a bunch. OK. All right. I see you, remote control thing. OK. So the reason I start with this question is because a lot of people think step A for treating mental health is getting a diagnosis or getting treatment. But step A is actually asking this question. Why don't we seek help? Why don't we talk about it?

You need to ask this question in your friendships. You need to ask this question in your families. You need to ask this question in your chapters, wherever you are. Because the answers to this question are actually step A.

I had access to the best mental health treatment in the country, and I wasn't compliant with it because I felt stupid, weird, ashamed, weak. I thought I should suck it up. I thought it should go away on its own. I was not actually able to get help until I addressed all of the issues you just mentioned. That's step A.

The second piece of this is, as somebody mentioned, we don't have a vocabulary to talk about it. Oftentimes, when we ask people, how's your mental health, they mainly give three answers. It's good. It's bad. It's fine. But we don't have a vocabulary past that to explain anything.

So this next slide is about changing that vocabulary. What I did up top is I broke mental health challenges into five different categories. On the left are everyday challenges. These are things all of us experience. Next to that are environmental factors-- the home you grew up in, the school you went to, the way you were raised. Next to that is significant events. Next to that is mental health disorders. Next to that is developmental disabilities.

The reason we have to separate mental health into different categories is because currently, a lot of college students think if they experience stress, which is an everyday challenge, it's the same thing as having an anxiety disorder. It's not. Some students go through a breakup, which is a significant event, and think they have clinical depression. They often don't.

We need different categories to make sense of what you're experiencing. And then the mental health spectrum is on the bottom. The mental health spectrum that most people are familiar with in this country is, on one side you're sane, and on the other side you have like, a diagnosed mental health disorder. The problem with this spectrum is you can have a diagnosed mental health disorder and be sane.

So if you have to be in two places on the spectrum, it's broken. But the more dangerous thing is it promotes only seeking help if you have a diagnosed mental health disorder. So if you think

about your mental health in terms of being able to balance, it makes more sense to use this spectrum.

On the left side are people who have a balanced life. These are people who don't have to think about their mental health much, don't have a lot of stress, don't have a lot of triggers, don't think about even taking care of their mental health that much. They're the people I hate most in life. But they exist, so they get a place on the spectrum. Difficult to balance is, I'm aware that I have stress. I'm aware that I have triggers. But I'm not actively working on my mental health.

Needing help to balance could be somebody who is in treatment. It could be somebody who's getting therapy. But it could also just be a person who knows that every day they need to exercise, read a book, listen to music, do yoga, write, do art, do something to balance their mental health. Needing constant assistance could be somebody who is in Alcoholics Anonymous, Narcotics Anonymous. But it could also be somebody who is in a situation that a lot of you have seen.

At some point in your life, something has happened to a friend where you have thought, OK, I'm just not going to let this person be alone. I'm going to sleep on their couch. I'm going to make sure they eat. I'm going to make sure they take care of themselves. I'm worried about them.

And then being unable to balance could be someone who's suicidal. But it could also just be somebody who went through a really traumatic event, and no matter what they try, they can't balance-- parents divorce, death of someone you love, break up. Something traumatic that even for a couple of days, or longer, you can't balance.

So I'm going to give you an example of how you can change on the spectrum just to give you an idea of how it plays out. So me, someone with bipolar disorder, I always need help to balance. I have treatment. I have therapy. But I also-- I do yoga. I run. I lift weights. I do a lot of things to take care of myself.

I currently work at a school-- I created a middle school/high school on UCLA's campus-- where we teach wellness once a week to kids in grades 6 through 12, where basically, they learn about mental health the same way they learn about physical health. First school in the country to do this. We're trying a lot of different things. It's a dream job for me.

So we opened the school last year. Two weeks before the school opened, my brother called me with easily the most devastating news I've ever received. So my brother called me and told me that my dad died. Now at the time, my dad wasn't sick. He was the healthiest person I knew. He rode his bike 16 miles a day. He ate right. He wasn't on any medications. He had no problems with his heart. He had no cancer.

And so when my brother called and told me that, it was just shocking. And it's still the news that I grieve the most. And so my place on this spectrum went from needing help to balance to

not being able to balance. But even though I wasn't able to balance, that doesn't reflect if I was able to function. I couldn't balance my life for probably four to five months.

Did I still go to school every day? Yeah. Did I still teach every day? Yes. Did I still have my marriage? Yes. Did I still have responsibilities in my life? Yeah. But no matter what I tried, I wasn't able to balance.

So when you think about your mental health moving forward, don't think about your mental health being good, bad, or fine. Think about where you are on this spectrum, and what you need to do to change it. And this spectrum is important because there are a bunch of issues hitting college students today that are really difficult.

And the first one is what I like to call a competition to see who can be more stressed out. So the way this plays out is, one student tells another student, yo, I didn't sleep last night. I have a test I have to study for. I have a paper I have to write. I'm not going to sleep tonight because my life is stressful.

And the next student, instead of being like, oh, that sounds really hard. I'm cool. Is like, no. I have two tests. I have three papers. I play two sports and six instruments. I volunteer everywhere. I got a job to help feed my family. My life is harder than your life. My life is more stressful than your life.

If all of you are having a competition to see who can be more stressed out, please know this is a competition nobody actually wins. Because the winner of that competition is the most burned out person you know. You don't win ice cream. You don't win a car. You win by being like, now I can't do anything.

It would be much more useful to have a competition to see who can sleep more or who can handle their workload better, than to see who can stress out. And what this boils down to is there is a huge difference between good stress and bad stress. Good stress is a motivating factor. Activate your fight or flight mechanism. Good stress helps you get things done.

Bad stress is the polar opposite. It's headaches, body aches, insomnia. It's loss of appetite. It's moodiness. It's anxiety. It's nervousness.

The issue is, when I say just the word "stress" to all of you in this room-- so just the word "stress"-- how many of you immediately think of good stress? And how many of you immediately think a bad stress? And so if you want to watch a fascinating TED talk about this, it's called "How to Make Stress Your Friend." It's research from Kelly McGonigal where they took hundreds of thousands of people who had the same stress levels, and they asked them how they frame it-- good or bad. And then they followed them in longitudinal studies to see who died.

People who framed stress as being good, on average lived to life expectancy, had a normal amount of health issues, and went through their lives pretty fairly normally. People who framed stress as being bad-- that was the only independent variable-- [INAUDIBLE] often died five years before life expectancy, had more heart issues, cancer, health problems, than people who framed it as good.

There are a lot of neuroscience tricks about how to frame stress as being good and motivating in your life. But here's the deal. If you, in college, are already framing stress as being bad, you probably did it in high school, and you created this whole habit of looking at stress as being in a bad way. And that is going to really affect your mental health.

The next big issue affecting college students today is lack of sleep. I have a great saying up here. You don't have insomnia. You have a messed up sleeping pattern. I have two pictures of people asleep, and then a baby asleep on a pug. Why? Because it's adorable.

So before I go into why sleep is important I want to ask you some quick questions about how much you sleep. I want you to think about how much you sleep on your average school night. I don't want you to think about how much you sleep on breaks, because I know anytime you get a break, a lot of you binge sleep. You'll be like, yeah. I slept for 16 hours. I woke up once to eat. I went back to sleep.

I want you to think about how much you sleep on your average night. So how many on your average night would say you sleep eight hours a night? Seven hours? Six hours? Five hours? Four or less? OK.

So this amazing thing happens whenever I do this with any audience. When I'm at eight and seven hours, no one ever looks around the room. One, because I don't think people believe people sleep that much. But Two, no one is interested. When I get to six hours and lower, people start looking around the room. And I never know if someone's looking around the room to be like, who sleeps less than me, because I will out unsleep-- I will stay up the rest of this year. I will beat you at this no sleep thing.

Here's the most important thing you need to know about sleep. Neuroscientists have found that the most effective way to break a human being down is to only allow them to sleep for three to five hours a day. So when militaries around the world capture prisoners of war, and they want to get information from them, they don't keep them awake for 24 hours or 72 hours or weeks or months at a time. They only let them sleep for three to five hours a day. That's the easiest way to break a human being down.

The average college student in this country sleeps between four to six hours a day, which is right in line with the harshest interrogation techniques used by militaries around the world. So congratulations. I'm not sure what to tell you. But I will say, if you're not getting enough sleep, it's obviously going to impact your mental health.

And the reason stress and sleep are so important, is because the human brain doesn't fully mature until age 25. I have a picture up here of your brain as a computer. Your brain is the most advanced computer that we have any knowledge of. We can't build a computer that does a tenth of what the human brain does. Your brain has trillions of synapses firing and taking in all kinds of information effortlessly. Right now your brain is taking in at least 10 sounds, 40 colors, and focusing on my voice, and blocking everything else out effortlessly.

Your brain is an amazing, amazing, amazing organ. The issue is two things. One, your brain matures back to front. So when we say your brain doesn't fully mature until age 25, all we mean is it's not fully connected. The last part of the brain to fully connect is the prefrontal cortex.

Now, young women mature faster than young men. This is not news to anyone. It's not surprising. But the last part of your brain to mature is only responsible for things like decision making, planning, communicating emotions, and doing a lot of self-regulating things.

So the reality is before age 25, your brain doesn't look like this. It looks more like this. It's wiring itself. It's connecting itself. It's forming coping habits. It's forming communication styles. It's forming relationships.

This is why mental health is not something you do just when something is wrong. It's not something you do just when you have a problem. Your mental health is something that you have to wire and foster and grow like your physical health. And two of the biggest, confusing issues inside of that tend to happen with anxiety and depression.

As I travel around the world, people come up to me all the time. They're like, hey, man. Anxiety disorders are off the charts. We have so many more anxiety disorders than we ever had. And that's possible. It's also possible that people don't know the difference between feeling nervous and having an anxiety disorder.

Nervousness is something all of you in this room feel. The butterflies you get in your stomach when you're about to take a big test that you haven't studied for or write a paper on the last night it's due. The butterflies you feel when you really like someone, but you don't know how to talk to them, so you just follow them on SNAP or Instagram. The butterflies that you feel when you post the most perfect picture ever, and no one likes it. All of you have those butterflies. That's normal.

An anxiety disorder is that nervousness times 900 million. It's a physical feeling like you're having a heart attack. You can't breathe. You're going to die. You can tell someone who is nervous to calm down. Someone who has an anxiety disorder, the opposite of that is actually reality. It's not just being calm.

And on the flip side of that is depression. Everyone's talking about depression, and a lot of people don't know the difference between feeling depressed and actually having clinical depression. When you feel depressed or upset or sad, those are things that have an identifiable

cause. You go through a death, a parents divorce, a breakup. You go through some kind of change or loss. You can feel depressed about it. But you have an identifiable cause. A lot of those things I just mentioned are so important you should talk to a mental health professional.

But the opposite of feeling depressed is happiness. When you have depression, you don't have an identifiable cause. Everything sucks. Everything hurts. And you don't know why. You lay in bed all day and sleep all day. You stop doing things you enjoy. You stop taking care of yourself. You may have thoughts of death. You may have thoughts of suicide. But you don't know why.

A very famous author, Andrew Solomon, said, "The opposite of depression isn't happiness, it's vitality." It's having the energy to get up every day and do the things you need to do. So to talk to you a little bit more about depression, I'm going to share with you more about my personal story. I have a really interesting beginning to my personal story. As I mentioned, I live in Los Angeles now. I didn't grow up in LA. I grew up in Pennsylvania. That's not really interesting.

What is interesting is that I was actually born in Bethlehem and raised in Nazareth, Pennsylvania. If you are unfamiliar with biblical figures, Jesus was also born in Bethlehem and raised in Nazareth. It was just a whole different part of the world. The deal is, if you live in Nazareth, it's a really small town. We don't have a hospital. So if you're pregnant and you live in Nazareth, you have to go to Bethlehem, have your child, flee back to Nazareth. I'm not sure how my mom got home.

Pennsylvania has a lot of really strange town names. An hour south of Bethlehem on one road in Pennsylvania, you can drive through Intercourse, Middlesex, Virginville. And then what is the town next to Virginville, Pennsylvania? Blue Ball, Pennsylvania.

[LAUGHTER]

So if you are driving through Pennsylvania, hopefully you drive like, reverse on that-- I'm not saying that it would help you. But it could happen. And now you're looking at me and you're like, I thought this was a mental health presentation. This is where my mental health issues started. So I would like to blame the people who named these towns.

Any presentation about mental health starts with a picture of a family. This is mine. This is a really great, early-1980s photo. My parents are wearing matching track jumpsuits. My mom has just let out her hair from a perm. We are moving forward with bad decisions in our life.

I have two older brothers, so I am the little baby in yellow that's being held by my dad. What I love about old photos like this is like, the dog figured out where the camera was, but my oldest brother couldn't. Like, OK. So what I love about family photos-- and all of you have a family photo-- is that there's so much you can't tell from this picture.

So as you look at this photo, you would never know that my father was raised by a classic 1950s alcoholic dad. That when my dad was growing up, he was never hugged. He was never told he was loved. He never had a friend come to his house.

He never had a birthday party. He was never given a present. He wasn't supported in any way. And the only time he was touched was when he was physically abused, like his mom, his brother, and his sister.

And as you look at this photo, you would never know that my mom grew up with a mom who had bipolar disorder and was an alcoholic, and that her childhood was filled with such a different tumultuous time. That sometimes she came home to music and cookies. And sometimes she came home to a really dark house.

And so, these two people got together, and they decided they would have kids. And they decided that they would be different. And my dad, who had three boys, decided he would hug us every day, and he would tell us he loved us every day in a language he had to completely learn on his own, which is a million percent difference from the household he grew up in. And my mom worked as hard as she could to make sure our home was stable and not tumultuous and not strange.

And these people raised us the best they could. But the one thing they could never change is the biological makeup of our family. And on both sides of our family, we have anxiety disorders, depression, bipolar disorder, and addiction.

I often joke with people, it wasn't a question of if I was going to have a mental health disorder. It was more like, which one was it going to be? What age was it going to come out? And it was prevalent in our family.

And so my life changed pretty heavily when I turned 11. This is a great picture of me rocking a Jordan T-shirt. We're dropping my oldest brother off at the University of Pennsylvania for his sophomore year. My oldest brother is really book smart. Like, he graduated high school when he was 16 and went to the University of Pennsylvania to major in physics. Smart. Got through his freshman year. This is us actually dropping him off in August of his sophomore year.

So we drop him off in August. In October of that year my dad gets a call from the University of Pennsylvania psychiatric ward. And they said, your son has been determined to be a threat to himself and others. We've hospitalized him against his own will. We hope you can come down to visit him.

So in October, when I was 11 years old, I went to visit my brother in a psychiatric ward. He stayed in that hospital for a couple of months. He came home in December. In January the next year-- so just a couple of months later-- my grandmother died. Six months later, my grandfather died. And six months after that, my best friend was killed in a car accident.

So from the ages of 11 to like, 12, 13, I went through a lot of loss. I went through a lot of change. And no one ever came to 11-year-old Ross and said, hey, man. Don't talk about your feelings. Make everyone think everything's OK. It's not OK for you to talk about this. But that's what I did.

As I was traveling between the psychiatric ward and the two other hospitals every weekend to visit my dying family members and my brother, I realized that I could make people laugh. But I never talked about how I felt. And when my best friend was killed in a car accident, I just started drinking. Not all the time. But it was one way I would express myself was to just get drunk.

So this was my pattern from middle school. I hid my emotions, and I drank. As I got older and into my beautiful 10th-grade year-- it's OK to laugh at this photo. Who thought this guy would have trouble adjusting to high school? Lots of people. What happened to me in 10th grade was I started having experiences with bipolar disorder.

So it started off with me not sleeping for four or five days in a row, but I wasn't tired. A lot of you don't sleep. I see it in your faces tonight. But you're tired. When you have mania, you can think like, eight to nine thoughts a minute. Your mind is just racing and racing and racing and you're not tired. I felt invincible. I felt like nothing could stop me.

Then my moods would change. I would get really angry. My moods would change. I couldn't get out of bed. And because my mind was going through so much, I just wanted to shut it down. The quickest way for me to shut my mind down was not to talk about it. It was to drink.

But when I was 16, I didn't drink to hang out with people. I drank to shut down. So I would drink a case of beer and pass out. Drink a bottle of vodka, drink a bottle of rum and pass out. When I was in school, we had presentations like this. Someone always coming in and be, like, hey, everybody. Don't drink alcohol. It's bad for you. I knew that.

No one ever came in and said don't drink alcohol because you hate yourself. Don't drink alcohol because you don't know how to talk about what you're feeling. Don't drink alcohol as a coping mechanism. Luckily, my middle brother saw everything I was going through. He told a friend of the family. Friend of the family took me for a walk and was like, I think you need to seek help.

So at age 16, I sat down with the psychiatrist, answered all of his questions for an hour and a half. And at the end of it, he said, OK. You have bipolar disorder. And in my 16-year-old brain I thought, cool. It's got a name. I'll probably just go through some stuff, and I'll move on with my life. But it wasn't that simple. It wasn't that easy.

The hardest thing that happened to me before that diagnosis was that I learned to hide my emotions five years before it. And the more difficult challenge was that I learned to drink alcohol before I learned to talk about my feelings. So as I went through my junior year and into my senior year, that's what I did. I drank, and I hid.

And when I went into my senior year of high school, I went into a really deep state of depression. And that didn't just happen in one day. That didn't just happen in one moment. In September of my senior year, I started feeling really lonely. I felt like there was no one to talk to. No one would understand me.

But even if there was someone to talk to, I thought I should suck it up. I thought I should deal with it on my own. I thought like, one day I'll wake up, this loneliness, it'll just go away. It didn't. In November of my senior year, I started having thoughts of death, thoughts of suicide. And that built to the point where I was thinking about suicide and death 24 hours a day, seven days a week. But again, I didn't talk about it.

For two months of my senior year, anytime I was at school I put on my happy face. I made everyone laugh. I made everyone smile. And then I went home, and I either cried myself to sleep, or I didn't sleep at all. Because I always thought one day I'd wake up, and I'd just want to live again. I didn't want to burden anyone. I didn't want to talk about it. I wanted it to go away.

But unfortunately, that day didn't come. On January 5 of my senior year, I was hospitalized for attempting to take my own life. And nothing happened that day. I went to school like I always did. Had a basketball game that night. Played in the game. Won the game. Went to a restaurant with my friends to celebrate like we always did. And on the way home from that restaurant, I decided I no longer wanted to live.

I think the scariest thing about this moment in my young life is that I didn't want to die. And people always ask me, well, why did you try and kill yourself if you didn't want to die? I didn't want to die. I just couldn't handle living the way I was living anymore.

And taking my own life was a way out of that pain. For me, it was a way to get those thoughts to stop running through my head. And I did think everyone would be better off if I was gone. It wasn't true, but that's the way I felt.

So that night, I was rushed to the hospital. I had attempted to take my own life. When I got to the hospital, they gave me a tranquilizer. I woke up like, 24 hours later. I had no drawstrings in my sweatshirt, no shoelaces in my shoes, no sheets on my bed. Someone watching me 24 hours a day.

A couple days after that, we all had group therapy. Everyone had to stand up and talk about why they were there. And the stories before mine were filled with really traumatic things. And then it was my turn to talk. And I was 17, and I really didn't even know what to say. And they said, all right, if you don't know what to say, can you at least tell us about your life?

And I said, yeah, I could do that. My name is Ross. I'm president of my class. I played varsity basketball for three years. I'm a member of SADD and Peer Helper. I volunteered five years to the Special Olympics. I attended the National Youth Leadership Forum in Washington DC. I have a 3.8 GPA.

And I stopped. And I felt really stupid, because the life I was describing was my external life. It was the life that everyone else saw. It was my college resume. But it wasn't the life that I actually lived.

If I wanted to talk about the life that I lived, I should've stood up and said, hi, my name is Ross and I hate myself. And I hate myself so much I'm willing to binge drink, and drink and drive, and I don't think anyone should care about me. And I didn't say that.

And the point of this part of my story is not actually about me. It's about all of you. Because how many people do you know with an external life that everybody sees, and an internal life that's completely different? A lot of us do that. We put up fronts. We put up defense mechanisms. We want everyone to think everything is OK.

When you pledge a fraternity or a sorority, you pledge with your external life. And then maybe share some parts of your internal life later. This is OK. This is what a lot of us do. But if your external life is so apart from your internal life, it can explode. And you need to find a way to focus on it more.

Eventually, I got out of that psychiatric ward. I went back to high school. And when I went back to high school, all of a sudden everything was different.

Before I went to this hospital, I was the cool guy. I was the guy everyone partied with, everyone liked, everyone knew. When I got out of the hospital, all of a sudden, people just started calling me a psycho, a crazy kid. They made fun of me. They picked on me. They started a lot of rumors about me. I lost my friends.

And two months after I got out of the hospital, a psychologist came into one of my classrooms to talk about the patients he was treating. And as he talked about the patients he was treating, every single student in that classroom started laughing. And it felt like they were laughing at me. And I was tired of being laughed at.

And so I grabbed my teacher, and I took him into the hallway, and I said, hey, this isn't funny. And he look down at me in a very, like, rural Pennsylvania way, and he said, OK. Well, what do you want to do about it? And I said, let me speak. Let me tell people what it's like to actually go through this.

He said I could speak. So two weeks later I stood up in that exact same classroom, and I spoke for the very first time. And it did not go as smoothly as this. I stood behind a podium, and I sweated through my clothes, and I shook. But when I finished my presentation, nobody laughed. And I learned at a young age that if you share your story, it opens people to sharing their stories.

Now, it's April my senior year of high school. My college acceptance letters come in, and all I want to do is get as far away from Nazareth, Pennsylvania as I possibly can. So I went to

American University in Washington DC. Two months into my freshman year, I had a major relapse with bipolar disorder. I had to go home. I was hospitalized again. This time, when I got out of the hospital, I didn't think I had a future.

I used to sleep on my couch for 16 hours a day, sit out in my backyard staring at nothing. I took a year off from school. I went to a local college at my house for three semesters. I took another year off. In that last year off, I had this epiphany that if I just went back to American University, everything would magically get better. So I returned to American University at age 22.

And on the outside again, I am killing it. I have internships. I'm giving school tours. I have a great GPA. But on the inside, not only am I a mess, I'm more of a mess because I never stopped drinking. And now my tolerance is higher than it was when I was 18.

So in November my first semester back when I was 22, one night I drank so much that I passed out for 22 hours. This was not uncommon for me. I used to binge drink myself into these mini-blackout comas where I'd be knocked out for 12 hours, 14 hours, 10 hours. 22 was the most. So when I woke up that night, I looked in the mirror and I started crying, and I said to myself, all right. You are either going to continue this and you're going to die. Or you're going to have to change.

That night at age 22, was the very first moment of my life where I ever accepted having any of the problems I just told you. And acceptance is important, but I hated myself, and I hated myself more than I think anyone in this room could possibly imagine. And so when I started thinking about my treatment, and how I needed to get better, obviously, I needed therapy. I needed something that could help stabilize me. But the first thing I had to work on was finding a way to like myself.

And only after learning to like myself could I address bipolar disorder and anger issues, and a substance abuse issue. And I went through the whole treatment, and kept finding new ways to cope, and kept finding new ways to change. And what I learned in my recovery is that I never chose to have bipolar disorder. But I could choose to change the way I cope.

I could choose to stop drinking. I could choose to stop hiding. I could talk to people. I could write. I could speak. I could exercise. I could find new ways to really take care of my brain.

And after doing that for a while, eventually, I graduated from American University. I went into the fancy career you heard about in my introduction. But I have to work on my mental health every day. I have to take care of myself every day. And the one thing that unifies all of us in this room is that none of you in this room will ever choose to go through anything difficult. You won't choose to go through loss or change or rejection or pain. But you can choose [? to ?] change the way you cope with it.

So I always like to take the last couple of minutes to talk about coping mechanisms. You cope every single day. You cope with your friends, your family, school. You cope with other activities, your future, your finances. You have all kinds of coping mechanisms.

The concept I want to introduce you to is that this is a synapse in your brain. This synapse sends messages. And the more often a synapse sends a message, the more automatic the actions in your brain become.

So if you look at the world's top athletes, these are people who have practiced a sport over and over and over again to the point where they don't have to think about it. They're just doing it. When Serena Williams is on a court, she's never thinking, oh, here comes a tiny yellow ball. I need to move my arm back and hit it. She doesn't have time for that. It's automatic.

If you watch basketball, it's not just Steph Curry, but you'll notice when someone thinks about their shot, they often miss. But when it's automatic, it often goes in. This is a beautiful process of the human brain. If you took MRIs of their brains, you would see pathways for their behaviors. But it's not just them who does this. It's you.

How many of you in this room play an instrument? How many of you played an instrument for more than six years? All right. What do you play?

AUDIENCE: Flute

ROSS SZABO: Flute? How long have you played it?

AUDIENCE: 10 years.

ROSS SZABO: 10 years. How long did you have to play it before you wanted to play it in front of lots of people?

AUDIENCE: It depends.

[LAUGHTER]

ROSS SZABO: It depends. So was it a couple of years, or--

AUDIENCE: Five years.

ROSS SZABO: Five years. All right. Who else plays an instrument? Raise your hands. Where did all my instrument players go? All right. What do you play?

AUDIENCE: Saxophone.

ROSS SZABO: Saxophone. How long have you played?

AUDIENCE: Probably about ten years.

ROSS SZABO: 10 years. How long before you wanted to saxophone in front of people?

AUDIENCE: It was probably five or six.

ROSS SZABO: Five or six years. OK. Is anyone in this room good at video games? Anyone on a college campus good at video games? All right. What is your best game, sir?

AUDIENCE: Fortnite.

ROSS SZABO: Fortnite. OK. Now, Fortnite is a tricky one, because a lot of the skills for Fortnite came from other first-person shooter games. So I want you to be honest with me. How long did it take you to get really good at first-person shooter games?

AUDIENCE: Like a year.

ROSS SZABO: Like a year. That's very honest, because some dudes will be like, I was always great. I was probably playing in the womb. Just came out killing people on the video games. Like, I'm really good at it.

What's fascinating about video games and music is that you have to build neural pathways to get good at it. The five to six years it takes to learn an instrument is so that you're comfortable with it, you built the pathways, you can do it. Same thing with video games. When I play my nephews in Call of Duty, I'm not even good enough to get shot. They will just come up behind me and stab me. Just straight shank me, and I die. And then they laugh at me. And then I'm like, why couldn't you guys just shoot me? And they're like, you're so bad at this.

And here's the deal. I'm never going to be as good as my nephews in Call of Duty, because I have a job. And secondly, because I'm never going to invest all of the hours that they have invested in building neural pathways in their brain for that game. I'm just never going to do it.

So this process of building neural pathways gives you the ability to play music, to drive, to walk, to play video games, to do all kinds of different activities. The only downside of it is it also affects your coping. I started drinking alcohol when I was 13. I started binge drinking when I was 16. And I'd binge drink for every emotional trigger I had until I was 22. The longer you use a coping mechanism-- just like the flute, just like the saxophone, just like Fortnite-- the better you get at it.

So the coping mechanisms that you use, no matter what they are, you get better at them. And so, what I want to do quickly is just take you through a montage of how early coping begins, and where it can go. Coping starts this early. When you're crying because you want to be fed, held, or changed, your coping. Oh, we're just jumping-- we're back to this game.

Some people suck their thumbs. Some people have a blanket. How many of you in this room know someone who still has a blanket from their childhood that gives them comfort? I don't want to call anyone out and see a blanky tonight. What I want you to think about is there are actual neural pathways from this time period in your life to that blanket. And the reason it gives you such instant comfort is because of that. Some people have stuffed animals.

At a certain age, your emotions start coming out. I hope this girl got what she wanted, because she's real mad about it. And as soon as your emotions start coming out, the first thing people try to do is put you in front of screens to calm you down, to quiet you. What you have to think about with your coping mechanisms is which of them are effective-- they build you your mental health or your physical health-- which of them are ineffective-- they take away from you your physical health, your mental health? Because some of you watch TV for an hour and two and zone out. Others of you Netflix binge for a four-day weekend and then resurface.

Other early coping mechanisms. We just are doing fun stuff. Hold on. So some other early coping mechanisms are video games-- that one's pretty clear-- shopping, eating. Eating is a lot of people's go-to mechanism for coping. Some people, as they get older-- OK. All right-- listen to music. As you get to middle school, you might start playing a sport or doing art or writing or reading a book, but as you get to your teenage years, your coping mechanism change.

Some people drink. Some people smoke weed. Some people abuse prescription drugs. And sometimes coping isn't an action. It's a lack of action. It's isolation. It's shutting down.

The reason all this is important is because the time period between the ages of 12 and 24 are when most people develop their coping mechanisms for the rest of their lives. So whatever you're doing right now to cope, whether it's isolation or self-harm or talking, whether it's not being able to manage what's going on, whether it's zoning out. Whatever it is is important. Because the earlier you start working on it, the better chance you have of changing it.

And there are steps. The first step is you have to want to do it. Nobody can make you do it. The second step is you have to be able to identify your coping as you're doing it. So when I wanted to stop binge drinking, I couldn't just be like, oh, I want to stop binge drinking. I had to know when I was doing it. What was my emotional trigger? When was I about to binge drink? So that I could replace the ineffective coping mechanism with something effective.

Now, a lot of pop psychology will tell you, you can create a new habit in 30 to 60 days, maybe. But you have to use that neural pathway over and over and over and over and over again until you become the Serena Williams of that coping mechanism. That's not 30 to 60 days. That's months or years. You also have to unlearn the coping mechanisms and the neural pathways you had. That's not 30 to 60 days. That's years.

The most important piece of this-- and this is where, if you're a part of a team or a chapter or anything-- is having an environment that allows you to change. Having an environment that

allows you to grow and see those slow results. Those are the steps. That's how you can change your coping.

So the last thing I want to say to you tonight is we have talked a lot about building your brain. This whole presentation has been about building your brain. And I have one more part of my personal story that I want to tie into that.

When I turned 21 years old, my parents took me out to eat for a birthday dinner. Pretty standard birthday dinner. We sat down. We ordered appetizers. Waiter walked away. And then my parents started crying. And this was not standard. I'd actually only ever seen my dad cry one time before this in my entire life.

So I'm 21. It's my birthday dinner. My parents are crying. So I look at them really confused and I say, hey, like, why are you guys crying? And my dad looked back at me through those choked up, kind of like, bawling breaths, and he said, we didn't think you would live to be 21.

I gave my parents a lot of reasons to not think I would live to be 21, but I did. I can't tell you how many hands I've held, how many people I've hugged, how many tears I've seen from friends and family members who have someone who didn't live to be 21. Two years ago my cousin died from an opiate overdose at 23.

All of you in this room, you have one life. You have one chance. And this is it. And most of us spend our daily lives going through some checklist of things we have to do. But every day we do that to just get to our one place of comfort, to get to our one moment of peace.

And for all of you in this room, that place a comfort or peace could be different. For some of you it's a person. For some of you it's a room. For some of you it's a song. It's a phone. It's something.

The next time you're in your place a comfort or your moment of peace, I want you to really think about your internal life and how you can express it more, because it takes more strength to talk about these issues than it does to hide them. It takes more strength to uncover these issues than it does to bury them. All of you in this room have the power to change your mental health. It's time for you to embrace that power.

So tonight I shared with you my personal story. But what I really hope is, the next time you're going through something difficult, the next time you're struggling, you will find the strength to tell your story. Thank you very much.

[APPLAUSE]

[MUSIC PLAYING]