

THE BROOKINGS INSTITUTION
BROOKINGS CAFETERIA PODCAST

INVEST IN BRAIN HEALTH TO COMBAT AMERICA'S CRISIS OF DESPAIR

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PARTICIPANTS:

FRED DEWS
Multimedia Project Manager
The Brookings Institution

CAROL GRAHAM
Leo Pasvolsky Senior Fellow and Research Director
Global Economy and Development
The Brookings Institution

DEWS: Welcome to the Brookings Cafeteria podcast about ideas and the experts who have them. I'm Fred Dews.

My guest today is Carol Graham, the Leo Pasvolsky Senior Fellow at Brookings, a College Park Professor at the University of Maryland, and a senior scientist at Gallup. She's an expert on a range of issues related to happiness, the economics of well-being, the crisis of despair, and more. She joins me today to talk about new research on brain health and its connection to the economy and health, and a new proposal for a White House Brain Capital Council.

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ORDU: Welcome to Foresight Africa, a podcast that celebrates Africa's dynamism and explores strategies for broadening the benefits of growth to all people of Africa. I'm your host, Aloysius Uche Ordu, senior fellow and director of the Africa Growth Initiative at the Brookings Institution.

I'm excited to be with you on this journey—a journey that will take us from Cape Town to Cairo; from Dakar to Lagos to Mombasa; as well as to the heart of Africa—DRC Congo.

In this podcast we will interview experts, and policymakers from the public sector, the private sector, civil society, and Africa's youths. We will talk about the key trends affecting people and the nations of the African continent.

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DEWS: And now on with the interview, Carol, welcome back to the Brookings cafeteria.

GRAHAM: Thanks, Fred. Good to be on again.

DEWS: It's great to see you again. Let's start with your piece coauthored with Harris Eyre titled "Combating America's crisis of despair by investing in brains: A grand strategy to protect and build our brain infrastructure." It's on our website, Brookings.edu. Can you talk about first what's the big picture context of what you call the crisis of despair?

GRAHAM: Well, the big picture context is essentially the decline of low-skill jobs and, in particular, the decline of the white working class. Minorities have traditionally been able to multitask more, or have had to do different things to survive and somehow have adapted and are more adaptable to economic changes. But the blue collar white working class has faced hits beginning with the late 1970s with the decline of manufacturing. And actually, we find that optimism started to fall in the late 1970s among less that college educated white men, two decades before the depths of despair started.

Now we have a full blown crisis of despair. Throw in declining jobs, declining communities, a sort of lack of purpose and lack of narrative in life as the working class narrative disintegrated. And unfortunately with the narrative and with the jobs went the marriages, went the civic life, went the communities. And then throw in opioids. So you have a huge crisis that isn't only opioids, it certainly exacerbated. It isn't driven by the producers of opioids, but they helped exacerbate it. I think it's such a multifaceted, perfect storm kind of problem.

Before COVID hit, we had about 70 to 80 thousand deaths of despair per year—suicides, drug overdose, and alcohol poisoning, as well as reasons of preventable deaths

among middle-aged, less than college educated whites in particular. With COVID, the overdose numbers grew from about 70,000 to 93,000; the preliminary 2020 data and other data we've looked at suggests that. At the same time, suicides fell. So it's sort of a substitution effect, let's say. But we still have a very high level of preventable deaths every year, a million deaths since about 2005 of preventable middle aged deaths.

The other change with COVID is you started to see overdoses spread to minorities in a way that they hadn't dominated the numbers. They don't really dominate the numbers, but their rate of increase in 2020 was higher than whites. They still haven't reached the level of whites, but we do see a change, and the change is worrisome. It's in part due to fentanyl, very lethal drug, which I'm sure you've heard of, which is very unpredictable and particularly lethal. We don't really know what overdoses are intentional and which or not, they're not recorded very well. There's a chance there was, as I mentioned, substitution effect. Instead of committing suicide by other means, people committed suicide by overdose.

And then the other change, of course, is that the minority communities were hit much more by COVID deaths, COVID incidents, than more white communities. That number has shifted a bit back, so poor rural communities, poor white communities have also been hit. But in the end, the death rate has been higher for minorities from COVID, not from overdose, and so that anxiety produced problems.

And then the last trend that is new and also very worrisome is a suicide among educated minority teens. I think that's very different, has different causes. And in fact, it may be glass ceiling effects, because we still find higher levels of optimism among minorities and in particular African Americans compared to whites, and particularly at the low income level. So the gap is greatest at the low income level. That may be changing somewhat among more educated minority teens who may be worried about their job opportunities, who may be worried about much more explicit racism, who knows. So that's the big overlay.

DEWS: In the piece you write that brain challenges are jeopardizing our communities. And you just laid out a lot of data on some of the specific harms that are occurring in communities and individuals. Talk about how these brain challenges are jeopardizing the communities.

GRAHAM: So, on the one hand, it's very related to the same problems, that jobs require very different skills. In today's and certainly in tomorrow's labor markets, our youth are not prepared for them. Certainly, our high school youth who go to top universities are prepared, they can shift and do whatever. But low skill, low income kids who only get high school education are not going to make it in tomorrow's labor market. And unfortunately, the pattern seems to be a lower belief in higher education among uneducated whites than among minorities who still see education as a path forward. And I find this, and it exists in the large N data attitude surveys. If you talk to heads of HBCUs and other universities, it's very weird—at the low income level, minorities still have more belief in higher education than whites.

I've been doing surveys of low income minorities in Missouri, sort of the heartland of the country, and I find that the students, the African American students, conditional on grad school are more likely to pursue college and are more likely to have a parent or grandparent that supports them than the white kids. And in fact, one of the most worrisome things in my surveys—now these are qualitative, not large N data, but smaller scale surveys—is that the white kids report that their parents do not want them to pursue college. They just don't support more education than high school. So, in the end, their dreams for the future, if they have any, are very much curtailed at high school. And that just doesn't bode well for the future.

DEWS: So, talk about how all of these what you call brain challenges are examples of brain health.

GRAHAM: Right. So this one side of the coin is talking about investing in new skills, in socio-emotional skills, the kinds of skills that will be more and more valued in tomorrow's labor market, the kinds of skills that high schools don't necessarily impart. There's very much focus on mechanical education, but there isn't things like debating teams or other kinds of civic and social skills. Socio-emotional skills aren't really taught very much or very well. There are also technical skills that can help people survive in tomorrow's labor market. They don't need a college education, but they do need a skill set that is marketable and feasible unless they want to drive Ubers for the rest of their lives. Unfortunately, the stable, low-skill jobs with today's skill set are disappearing very quickly.

And so part of the story is what brain capital suggests—investing in brain skills. Right? Different skills that people don't get usually in traditional schools, or at least they need a year or two after high school to do some kind of training. The other is brain health, and that's the whole life course, both concern and approach, which is that, one, as population ages, you've got a lot more dementia and Alzheimer's coming up. Can we do anything to prevent it? It turns out we can, but we don't do very much of it. And at the younger end of the scale, you have a lot of uncertainty among youth about their futures. You also have things like social media, which is, you know, flooding young people with all kinds of information contributing to things like ADHD or other kinds of diseases. So the idea behind the initiative is we need to prioritize mental health but also mental well-being as part of our approach going forward as a society, because brain skills and brain health are going to be increasingly necessary in tomorrow's economy.

And if we're seeing a huge decline in manual jobs, the opening for jobs is in high skill, high tech service sector jobs. And we don't train people very well for those. And we certainly don't in sort of traditional public high school curriculums.

DEWS: I do want to get to the specifics of the Brain Council proposal here in a minute, but first, Carol, I want to ask, is there a negative feedback loop happening here? I mean, the more brain challenges negatively impact individual and collective social and economic productivity that creates the conditions that make these brain challenges worse. And on and on it goes.

GRAHAM: Right. I mean, you get things like floods of fake news and floods of information and it's too much for us to compute without some sort of prioritizing system. And you do that to young brains, and they're just not ready for it. Right? They don't know how to separate the junk from the good information. And we all know that our news has become increasingly polarized, fragmented, and not really focused on the truth. Obviously, Jonathan Rauch can speak better to that than I can in his book and does in his book *The Constitution of Knowledge*. But there's sort of a flood of information that comes both from tablets and phones and everything that just overwhelms your computing ability, to a flood of information that has to do with where we're going with polarization, with kind of civic distrust, and it's exacerbating it for sure.

And what neuroscientists find—and I'm hardly a neuroscientist, I'm a dumb economist—but what neuroscientists find is when people are in despair and they don't have a narrative for living, in fact, they don't really care. One of the definitions of despair is that you kind of don't care if you live or die, you stop having a vision of your own future. That kind of mental condition, because it is a poor mental health condition, makes people very vulnerable to things like conspiracy theories. You're sort of lonely and desperate, and some group asked you to join it, and it gives you a sense of something that you have lost. And it turns out that the brain is actually wired that way. That's what neuroscientists emphasize.

And so that there is a mental health component to this story. There is a skills component, investing in brain skills. And there's also a national security component, which

has to do with the fact that if you have large percentages of your population in despair, in some sort of desperate straits, they're very vulnerable both to political extremism and conspiracy theories, and we're seeing it. We're seeing it every day, whether it's in horrible shootings or whether it's in the January 6th insurrection or whatever it is, the situation is riling people up to behaviors that are really harmful to our society and democracy.

DEWS: Just a quick aside, Carol, I have to take issue with your characterization of yourself as a “dumb economist.” When I used to give talks about how to interview an expert, I used my preparation to my interview with you on happiness economics and the different kinds of happiness that you have defined and observed. So I’ll just set that out there. But actually that segues into this next question—

GRAHAM: —well that’s very nice, Fred. Thank you.

DEWS: You’re welcome. You are an economist. You’re not a neuroscientist. But one of the interesting things about this new proposal and this post that we’re talking about now is the way that you have come together with some other people who I think are neuroscientists or medical doctors—

GRAHAM: —Very much so, yes.

DEWS: And you write that “brain function and the myriad of conditions that influence it are rarely considered in current economic or public policy approaches.” Can you discuss that collaboration?

GRAHAM: So, it’s very new and very out of the box. You know, I’m an economist that works on happiness, so I tend to go in that direction with my research. And I’m very lucky to have met my coauthor, Harris Eyer in the work I started on despair and economic recovery, in which he really introduced the neuroscientist’s perspective on it, and the national security links that it had. He started the Brain Capital Initiative, and I got very involved in it both because it has an economics component and it has an economics working group, which

I'm involved in, but also because of the very obvious implications it has for our future and for our future economy, as well as public health. Right? That they're increasingly linked. And again, back to the point that the brain skills are very much part of what we need as we think about the future of work.

We don't have any great solutions, but we know the kinds of skills that are going to be valued in the future. We don't say the future of work is going to look just like this. As economists, we have some sense that it's going to change, that it's going to require different skills, and that the classic blue collar jobs are going to continue to disappear. We know that, we're in a world of driverless cars and everything else. And so it struck me as a wonderful way to put together both concerns about our deaths of despair, which are very much linked to not having a future, and our political problems, which are very much linked to not having a good future, and then blaming other people. It's easy if you're losing to blame somebody, we've seen that over history. And it's easy to blame outgroups or it's natural to blame outgroups that you think are replacing you.

So we very much have a problem on both those ends. The manifestations of the second one are more worrisome, but in a way, if we don't address the first issue and think about how larger numbers of people are going to survive in an economy which doesn't emphasize the skills they have, we have to think about the future and we have to think about the next generation—something I'm sort of obsessed with because I feel like if you think it's bad to have this generation in despair, it's going to be even worse if we have another generation in despair, both politically and public health-wise and deaths of despair-wise, it's not just going to go away. So I found the idea compelling, I think it's something we should start to think about. It's way out there. It's not what we normally think about in terms of policy, but yet maybe that's what we need right now. We need really novel and innovative solutions.

And then on top of that, it links with the new approaches to deliver mental healthcare in different ways and to more people. Because, you know, it's very hard to get good mental health care in this society. And yet we have a mental healthcare and mental health crisis. I mean, if deaths of despair aren't one, I don't know what one is. Right? If a hundred thousand people almost a year are dying from killing themselves, we have a mental health crisis.

So, you know, you add all of them together and it provides a very nice umbrella for addressing the problem in a positive, future oriented sense and in a care sense, you know, and then in a preventive sense, preventing the crisis from getting worse. And again, it very much links with my work on dealing with our social crisis of despair as part of economic recovery.

DEWS: And you say the proposal is new, it might be out there, but I'm thinking now in terms of what Robert Brookings, the founder of our institution, wrote decades and decades and decades ago that he liked to look into the dark and see the shape of things to be. So it's very forward looking, very agenda setting. So, Carol, let's talk about this Brain Capital Council idea that you and Harris Eyer and many others have put forward. It's again on our website and I'll put it in the show notes. What is the Brain Capital Council?

GRAHAM: The idea is that like the Task Force on Despair and Economic Recovery that we recommended in our July report on despair and economic recovery, that these are the kinds of cross-cutting issues that you can't put in silos. They don't get fixed in silos. But you also need to push them up the political priority. Right? They're the kinds of issues that aren't usually political priorities because they're unusual and they require not just interagency cooperation, which they do, but also some sort of public push, which is nothing like a White House organized effort to do that. What it really looks like it doesn't matter, it doesn't need to cost a lot of money. It needs to coordinate ongoing efforts and to emphasize their importance and then pull together the siloed efforts to work together.

And so I think part of the purpose of the paper is exactly that, that neuroscientists work on different parts of the brain and different brain problems, but they rarely think in terms of overall policy, overall economic policy. You got to be kidding, right? And yet we're seeing these big, strong linkages. And then, the drug control people don't think about drug control in the sense of mental health, really. I mean, they think about prevention, that's what they're supposed to do. But yet if you think about the two sides of the story, if you help people who are going to be addicted not be addicted, you're going to help solve the root of the problem.

And so in the same way, thinking about the future of our economy very linked to the future of our cognitive skills, and therefore the brain, it starts to come together. And it comes together in a way that pulls together some of the highest levels of science to deal with the problems of people who are uneducated. And I think that's kind of what we need. You know, how do you train people for the future when you don't know, as Robert Somers Brookings said, what the future looks like, right? But yet you want to be prepared, and that's a classic Brookings thing, to be ahead of the of the current policy agenda and to think sort of what it should look like in the future. So I was late on to the brain capital idea. Harris definitely founded it, but I'm very much behind it. And I hope we can get make some progress. Will we have a White House council? I don't know, I doubt it. But it doesn't matter, right? We're trying to get the issue out there.

DEWS: I'll note that the report also, it goes through a lot of very specific White House councils and how brain capital relates to those, like the Council of Economic Advisers, the Domestic Policy Council, Gender Policy Council, the National Security Council—you referenced national security earlier—Office of National Drug Control Policy that you mentioned, Office of the U.S. Trade Representative, Carol, do any other governments around the world have something like this? I know some governments do have consideration built

into the highest levels of their government issues of happiness and measures of happiness.

But what about something like brain capital?

GRAHAM: Well, I see them as very linked. I mean, I think if you're going to emphasize well-being, that's a great umbrella to combine sort of brain skills and brain health because part of well-being is not just dealing with bad mental health, but it's improving well-being. Right? And improving people's lives in general. And part of that is dealing with mental health. Part of that is going beyond just dealing with it and trying to make the whole greater than the sum of its parts, and then society's prosperity is not just about money, but about people's well-being. And that very much focuses on their mental well-being.

So there are a number of governments, like the UK and now New Zealand, and Canada is starting to really emphasize well-being as its main policy priorities as a way to even organize budgets. It doesn't mean we throw out GNP, it doesn't mean we throw out economic activity. It's just that we take into account what we count as counting towards or not well-being to society's well-being, as well as to productivity. And the two go together well. People who are healthier and have higher levels of well-being are more productive. I mean, the short version is happier people are more productive. So that's a good thing.

But then the brain capital initiative comes out of an OECD-inspired neuroscience policy initiative. So it it's getting attention in many countries—the French are taking it on, I think, quite seriously. It will probably take different forms in different countries. I'm really glad the OECD is taking it on because in the same way that they provided guidelines for measuring well-being, they can make this a more international kind of effort. It's sort of the economic United Nations, the OECD. So I think that's a good start.

The U.S. tends to go to its own tune and bang its own drum. So we don't tend to follow these international efforts. I mean, we're finally measuring well-being now. I'm really happy to see that, although sort of for the wrong reasons, just because of fear of mental health

crisis during COVID. So many official agencies are finally starting to include measures of well-being in their official statistics: the Fed, the CDC, the Bureau of Labor Statistics, HHS, Census pulse. But they still don't follow the OECD guidelines. So they lost all of the year 2020 by collecting only anxiety and depression measures and not collecting positive well-being. So they told half the story, that people got more anxious and depressed, and we know that and we see the numbers. Their estimates vary. But they also didn't measure the fact that life satisfaction, which dropped during the lockdowns recouped and people kind of recalibrated and began to adjust to a new, if not fun, way of living. And that there are lessons from that positive side that can help address the negative side. And we lost half the story.

But that said, we started down this path at least of collecting the measures. I've been commenting on them theoretically they're going to be in the 2021 data in some of the surveys. I don't know for sure, but eventually we'll come around. But we do tend to do things on our own. So in the sense that it be an OCD kind of effort, and it's probably still good to think about it separately in the U.S., right, let's see if people get into this or buy into this idea here.

DEWS: Well, they should read the Brain Capital Council proposal on our website and also Google "brain capital." There's a lot of information about that online, Carol. Just looking ahead, thinking about your kind of general overall body of research, how does this proposal on brain health fit within your overall focus on happiness and well-being? I mean, to ask, what are you going to be working on next?

GRAHAM: Gosh, I wish I knew. I'm trying to finish, desperately, a book on hope and despair. So I have a couple more weeks to go, I think, and I'll be done—for Princeton Press. And part of the questions that are therein that aren't answered are how do we restore hope among populations where it's been lost? Do we know how to do that? We don't, really. We do have some interventions to look at that have pulled people out of isolation and out of depression and into communities. And that's a good start, and I certainly describe some of

those efforts. But how do we go beyond that? And how do we get the next generation to have hope in its future?

And part of that story, part of it is in the well-being metrics and the wellbeing interventions. And I'm telling that story and I want to push further and see if we can advance our knowledge in that direction. But part of it is having available tools, and available tools are having the tools to train the next generation to have a future. And I'm not sure we have all those tools yet. We know kind of what the socio-emotional skills we think people should acquire, but we haven't rethought, like, the future of education. I don't think we have any obvious solutions on how do we deal with the education gaps. There's a lot of literature out there, you know, about gaps in education and gaps in achievement and all sorts of other things, but it's with very traditional metrics and in traditional measures of education. But how do we measure? Because if you don't measure things it's very hard to advance from how do we measure and then advance the availability of the new kinds of skills that we think youth will need.

And so I think key to advancing well-being, which I hope will not drop as a priority, is going to be thinking a lot about how the next generation trains and the kind of skills and tools they will need to survive in the labor force of the future. And then also the kinds of skills and tools we will need as societies to navigate a high-tech with still COVID-kinds of diseases world. It has changed, and I don't think it's just going to switch back.

DEWS : Well, Carol, whenever I speak with you on this program, I always learn some pretty scary things about the state of society in terms of all the data that you talk about. But there's always a hope that you bring in the kind of research and data and collaborations that you're engaged in that we can find the right kinds of solutions to solve these problems. So thank you for that. Thank you for your work in this.

GRAHAM: Oh, well, thank you, Fred, for your interest. It's inspiring that it's definitely gotten attention that, I guess, because it's so different, the brain idea. But I think, as I said, it is very linked to this whole bigger agenda that's hard to completely define, but chip away at one thing at a time. And it's wonderful to have people like you ask great questions and take interest in it.

DEWS: Well, again, the research on the Brain Capital Council and brain health is on our website, Brookings.edu. Carol, thanks again for sharing with us your time and expertise.

GRAHAM: Thanks, Fred. I really appreciate it.

DEWS: A team of amazing colleagues makes the Brookings Cafeteria possible. Gaston Reboreda is the audio engineer; our audio intern this semester is Skye Sutton; Bill Finan, director of the Brookings Institution Press, does the book interviews; my Communications colleagues Adrianna Pita, Chris McKenna, Chris Peters, and Colin Cruickshank are key collaborators. And finally, Ian McAllister, Soren Messner-Zidell and Andrea Risotto provide guidance and support.

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Until next time, I'm Fred Dews.