THE INFORMATION PROJECT

The Kids Are Not Alright

An information study on adolescent mental health in Rhode Island

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Background & Rationale

A significant body of research supports the existence of a growing mental health crisis among adolescents in the U.S. (*Kids' Mental Health Is in Crisis. Here's What Psychologists Are Doing to Help*, n.d.) According to the CDC's latest Youth Risk Behavior Survey, the number of children and young people experiencing mental health challenges has been increasing over the 10 years leading up to the Covid-19 pandemic, which created a new set of challenges and contributed significantly to the trend.

An increasing number of young people in Rhode Island are also struggling with their mental health. Close to 38% of Rhode Island high school students reported feeling sad or hopeless in 2021 — up from 26% in 2015 (RI Kids Count, 2022).

More and more young people are turning to social media platforms for information about mental health and to find support (Naslund, 2020). For example, as of April 20, 2023, the videos with #mentalhealth on TikTok collectively had 79.1 billion views. Content of these TikTok videos ranges from information from mental health professionals to ordinary people sharing their experiences.

The increase in mental health issues among young people and the widespread adoption of social media have prompted concerns about a potential link (Nesi, 2020). Research has found that social media can have both positive and negative effects on adolescent mental health but its precise significance remains unclear (Beyens, 2020).

What is clear is the significant need for improved mental health information and services for young people. Addressing the adolescent mental health crisis in Rhode Island requires knowledge and insight into the questions and conversations young Rhode Islanders are sharing about their mental health online.

To meet the needs of and provide care for the variety of groups affected by mental health challenges — parents struggling to get help for their child, those new to Rhode Island looking for providers, and young people who don't know where to turn during a mental health crisis — it's essential to examine what people are sharing online and why information often fails to reach them.

The aim of this report is to help bridge the information gaps and identify the information challenges that prevent young Rhode Islanders from getting the support they need, prolonging the mental health crisis. We hope that with further investigation we can demonstrate how Rhode Island is indicative of larger national trends playing out online that affect young people.

Rhode Island's Mental Health Crisis

Mental health challenges, illnesses and emergencies are becoming increasingly common for young people in Rhode Island. In 2022, pediatricians and psychiatrists declared that Rhode Island's child and adolescent mental health is in a state of emergency (RI Kids Count, 2022). The latest data illustrate how significant the crisis is:

- One in five children ages 6-17 has a diagnosable mental health problem; 1 in 10 has significant functional impairment (RI Kids Count, 2022, p.1).
- In 2019, 13% of RI high school students reported having seriously considered suicide within the last year (Rhode Island Department of Health, 2019).
- 467 teens ages 13 to 19 were admitted to the emergency department after attempting suicide in 2020 (RI Kids Count, 2022, p.3).

This is due, in part, to the disruptions caused by the pandemic and lockdown, along with a lack of state funding. Research also shows that young people in RI struggle to access care and support. Barriers to seeking out mental health treatment and services include but are not limited to financial barriers, stigma, lack of mental health care services/professionals, long waitlists, and limited awareness/education on mental health (RI Kids Count, 2022, p.4)

- In 2021 just over 22% of the high school students who reported feeling sad or hopeless reported receiving the help they needed (Rhode Island Department of Health, 2021).
- There is a higher student-to-counselor ratio in RI schools than the national recommendation (RI Kids Count, 2019, p. 2).
- From 2019 to 2021 there was a 92% increase in children waiting for admission to psychiatric inpatient care (RI Kids Count, 2022, p.4).

In response, a handful of the state's government agencies have been developing initiatives to address the mental health infrastructure, especially for students and youth populations. Examples of this include the Rhode Island Department of Health developing a suicide prevention plan (Prosnitz, 2023) and the 2022 Trauma informed Schools Act dedicated to establishing and implementing trauma-informed practices within all elementary, middle and high schools in Rhode Island (State of Rhode Island General Assembly, 2022).

There are also now more social workers in schools, along with the inclusion of mental health modules in Rhode Island's health education curriculums. Additionally, the Rhode Island Department of Children, Youth & Families (DCYF) and St. Mary's Home for Children have entered into an agreement for an expanded Psychiatric Residential Treatment Facility (PRTF) for girls in North Providence. The religious community, where some denominations have been described as attempting to "pray away" mental health problems, has by the same token aimed to help ease the crisis of anxiety and depression among young people.

Definitions

Our methods were based on a broad definition of "mental health" as encompassing our psychological, emotional and social well-being. It affects how we think, feel and act. We used a wide range of keywords in our research but, considering our focus on young people, excluded terms unlikely to be relevant to them, such as "dementia" or "Alzheimer's." Some of the youth/school-specific terms we included were "stress," "peer specialist" and "counselor."

Limitations

There are several notable limitations to our findings. First, these findings are not generalizable to all of Rhode Island's population of young people because:

1. Any user's reference to Rhode Island in the posts we studied does not guarantee that the person is a Rhode Island resident.
2. We can only study publicly available information and posts. Thus, any information or conversation held on closed messaging apps or through direct messages is excluded.
3. All of our results come from online monitoring; we cannot make any conclusions about offline conversations or conversations held in private spaces.

Second, we conducted all searches in English, leaving out any posts or conversations in other languages. Future work should include other languages, particularly Spanish, given the existing and growing Hispanic/Latino community in the state (Health Resources and Services Administration, 2022).

Language used by adolescents online

Because this report is focused on the mental health of Gen Z, we investigated phrases and colloquialisms used by youth online. They include:
- ➢ **Depressy** (used to get around keyword moderation for "depression").
- ➢ **Sewer slide** or **unalive** (used to get around keyword moderation for "suicide").
- ➢ **Beans/hitting beans** (used by people who self-harm, it describes cutting deep enough to expose the layer of fat underneath the skin. It's named for the fact that the bubbles of fat resemble beans).
- ➢ **#MySe-cretFamily, #MySecretFamily** (terms used by people who self-harm).
- ➢ **Ana, Annie, Proana, ed without sheeran** (used to get around keyword moderation for words such as eating disorders and anorexia).

We created large boolean queries and put them into multiple search engines and social media platforms. They include:

- ➢ **Self** *AND* **(diagnose** *OR* **diagnosis** *OR* **diagnoses** *OR* **harm** *OR* **cutting** *OR* **cut** *OR* **inflict** *OR* **inflicted)**

- ➢ **"hitting beans"** *OR* **"#selfharmmm"** *OR* **"#ana"** *OR* **"#proana"** *OR* **"#thinspo"** *OR* **"#fatspo"** *OR* **"#ricecaketwt"** *OR* **"angelspo"** *OR* **bonespo** *OR* **deathspo** *OR* **"#selfinjuryy"** *OR* **"#MySecretFamily"** *OR* **"#Deb"** *OR* **"#Annie"** *OR* **"#Olive"** *OR* **"#mia"** *OR* **"#SecretSociety123"** *OR* **"#cutternation"** *OR* **depressy** *OR* **unalive** *OR* **anxiety** *OR* **depression** *OR* **"bipolar disorder"** *OR* **schizophrenia** *OR* **"obsessive compulsive disorder"** *OR* **ocd** *OR* **"post traumatic stress disorder"** *OR* **ptsd** *OR* **audhd** *OR* **adhd** *OR* **anorexia** *OR* **bulimia** *OR* **bulemea** *OR* **arfid**

For platforms that we couldn't do boolean searches on, we used the keywords as independent entities.

All the examples linked to and mentioned in this piece were found using our keywords.
We also want to note that these keywords are used in a range of different online conversations. The keywords themselves should **not** be used to draw conclusions about the content of these conversations. Our research demonstrated that people use these spaces in many different ways across a spectrum of positive and negative reasons (i.e., as a support mechanism, as a way of understanding different issues in more depth). Calls to moderate or remove these types of conversations often miss the different roles these communities can play for different people struggling with mental health. This focus on the

platforms themselves removes the much more important need to ensure that the young people seeking out this information are provided with the support they need.

Key Findings

These are the key trends we identified in the conversations and narratives surrounding adolescent mental health both nationally and in Rhode Island.

Informational or conversational online spaces

The communities most vocal about the mental health crisis in Rhode Island mirror those talking about it at the larger, national level. One thing we observed is that compared to other social media platforms, Reddit seemed to have the most engagement.

➢ We found [r/RhodeIsland](#), the Reddit community dedicated to talking about Rhode Island, as one of the more active spaces for conversation that we could observe. The phrase "mental health" appeared 29 times in r/RhodeIsland's comments since the start of this year, making it one of the more popular topics, according to a co-occurrence analysis[1]. Further investigation may uncover what the popularity of Reddit in Rhode Island means for the demographic of people engaging in these conversations and how people in Rhode Island choose — or choose not — to be perceived online since Reddit is particularly anonymous. Speaking about intimate topics such as mental health anonymously online can offer a sense of safety and privacy that not many other social media platforms can offer (Sowles, et.al., 2018).

➢ This is also particularly unique as Twitter and Facebook, platforms that typically provide the most "on the ground" information, didn't yield as much information as Reddit. While Rhode Island [politicians](#) and [political groups](#) are active on Twitter, their content receives little engagement.

➢ We did find a number of closed groups on Facebook dedicated to mental health — many were dedicated to psychiatrists, social workers and other mental health practitioners in the state. This might reflect providers' preference for private spaces to discuss sensitive topics, but might also be a gatekeeping of information that could be helpful to the general public. Further research might explore the role of these private spaces.

Questions Rhode Islanders Are Asking

These are some of the questions we've identified from our analysis of Rhode Island Google searches and on social media.

➢ On r/RhodeIsland, we found a relatively high number of posts from [RI residents asking about where to find mental health care services.](#) Some posts were looking for information on specific types of services, such as providers who work with transgender patients or offer [low-cost or free mental health care.](#)

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[1] The co-occurrence analysis was conducted with 29,000 comments posted between Jan. 1 and March 17, 2023 on "r/RhodeIsland" and through Python's NLTK toolkit. This type of analysis is an examination of the frequency of occurrence and the strength of the link between specific keywords.

➢ Google Search analysis revealed similar results, with RI residents asking questions about how to access support services. Questions included:
  ○ Is there a bipolar support group in RI?
  ○ How do you get diagnosed with ADHD in Rhode Island?
  ○ How much does therapy cost in Rhode Island?
  ○ Does CBT (cognitive behavioral therapy) take insurance?
  ○ Are there ADHD support groups in Rhode Island?
  ○ Where are the good mental health services in Rhode Island?
  ○ Where are the trustworthy mental health services in Rhode Island?
  ○ What do I do if I am worried about my child's/my own mental health?
  ○ Does Rhode Island have a department of mental health?

➢ We also identified questions associated with adolescent mental health, such as:
  ○ At what age can a child drop out of school in Rhode Island?
  ○ What are truancy laws in RI?
    ■ Research has shown that nationwide, among students who do not complete high school, over 20% prematurely end their education because of early-onset psychiatric disorders (Serani, 2020).

Rhode Islanders continue to express frustration over unmet mental health needs.

While the state government is trying to address the rise in mental health challenges among young people, residents have continued to express frustration with accessibility and quality of support, and are skeptical of future efforts.

Content and conversation online reveal that residents and care providers continue to feel disappointed and dissatisfied with the available mental health services. This may reflect that currently available care and support aren't meeting the needs of residents.

➢ In response to the state's suicide prevention plan, users on the very active Rhode Island Reddit, /r/RhodeIsland, called for the issues leading to the rise in youth suicide to be addressed. "I'm assuming this will include better and affordable family housing, better-paying jobs for adults and illegal families so teens don't have to work on top of going to school," reads one reply. "More community events, more funding to schools/teachers/counselors, eliminating food scarcity and deserts, making communities walkable and public transit accessible [...] I guess I can dream."

➢ In response to an op-ed, written by Benedict F. Lessing Jr., president and CEO of Community Care Alliance, calling for more mental health funding, a user on Reddit asked, "Can Rhode Island figure out a way to profit from people with mental illness and addictions? It seems as though if it can't be taxed, fined or licensed it's not on the agenda."

➢ Some Rhode Island residents have taken to expressing their opinions of some of the state's biggest mental health facilities on Reddit and Google Reviews. On Reddit we witnessed more positive reviews. Google reviews were not all positive; it will require additional research to

understand how other users consider these types of reviews when they're making decisions about care.

➢ The dissatisfaction was amplified In November 2022, when then-State Rep. Marcia Ranglin-Vassell criticized the Rhode Island Department of Education (RIDE) [on Twitter](#) and in a [Boston Globe article](#) for its failure to implement the state's Trauma Informed Schools Act.

The state has made efforts and investments to improve services, but the information isn't reaching residents who need it.

The frustration expressed online by residents may indicate that information about changes and improvements that would address their needs isn't reaching them.

➢ One indicator is the relatively low engagement rates on posts from Rhode Island's official government or agencies' social media accounts with announcements about efforts to address the mental health crisis. For example:
  ○ The limited engagement rates on the Rhode Island Senate's Facebook posts about [increasing social workers in schools](#) and the [expansion of psychiatric care](#) for young girls.
  ○ Very low views on the [Mental Health Association of Rhode Island YouTube channel](#). For example, a video titled "Meet Rhode Island's Mental Health Advocate" received 22 views and got one comment: "It was great to learn about the Office of the Mental Health Advocate. More Rhode Islanders should know about this resource!"

Conclusions + Recommendations

Here are some conclusions and recommendations we have made based on this preliminary investigation.

Rhode Island residents are calling for more mental health support and improvement to existing mental health infrastructure and services.

As explained, we observed a mismatch between "official" Rhode Island sources and on-the-ground anecdotal experiences with accessing mental health care. While there are a lot of services available, provided by both Rhode Island health officials and mental health initiatives, residents express difficulty in seeking out and receiving quality care. In particular, Rhode Islanders expressed concern that not enough is being done to address related factors of mental illness, such as economic insecurity and lack of affordable housing.

It may be that information about services available to Rhode Islanders isn't reaching them. This may be evidenced by the lack of engagement on government pages and social posts. This may reflect that officials and organizations need to find additional ways to communicate with residents and make it easier for them to share responses and feel heard by their government.

Efforts should address the many other known drivers of mental illness in adolescents, rather than hyper-focusing on social media platforms such as TikTok as the cause.

One thing we noticed in our research is that people outside of Gen Z talking *about* Gen Z and youth mental illness garner substantial engagement. It is less so for the young people who speak up about their lived experiences. TikTok is the current hub for young people to express themselves. We should take advantage of that and listen to the voices TikTok amplifies.

Rhode Island officials should think about addressing these questions and addressing the low engagement on official accounts.

In this report, we highlighted the low engagement on Rhode Island officials' social media posts. We can then infer that using the more "mainstream" social media outlets (i.e., Facebook and Twitter vs. Reddit) and traditional Search Engine Optimization methods don't seem to work for gaining Rhode Islanders' attention. Mental health care providers, relevant government agencies and advocacy organizations need to engage with Rhode Island residents in a way that highlights mental health information, is easily accessible and easy to comprehend. This means that, based on our research, officials and professionals should take steps to move their announcements and efforts away from online interactions and toward in-person conversations. This can be done with more community engagement and partnership. Putting

into motion initiatives such as the Trauma Informed Schools Act will also help. And if institutions aren't able to move forward on such initiatives, officials should look into the situation and determine how they can support them.

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