

Rhode Island Young Adult Survey Reveals Mental Health Crisis

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INTRODUCTION

While young adult mental health involves a broad spectrum of psychosocial and environmental determinants, this special issue of the *Rhode Island Medical Journal* (RIMJ) focuses on timely and specific challenges of this population, including the mental health harms of losing a loved one to COVID-19; the role of racial discrimination in depressive symptoms; the association between brain injury and substance use; the disparities in and mental health consequences of pornography addiction or smartphone addiction, and predictors of suicide ideation among college students.

All articles leveraged data from the novel Rhode Island Young Adult Survey (RIYAS), which was first implemented in 2020. This surveillance system, though a convenience sample of Rhode Island young adults, includes the largest sample of young adults in Rhode Island relative to other commonly utilized surveillance systems to inform programming and planning for young adult health, such as the Behavioral Risk Factor Surveillance System (BRFSS) or the National Survey on Drug Use & Health (NSDUH).

This issue was made possible by a collaboration between the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, & Hospitals (BHDDH) and the Johnson & Wales University (JWU) Center for Student Research and Interdisciplinary Collaboration. Using data from the new RIYAS, supported by BHDDH, JWU-affiliated faculty and undergraduate students have contributed their research and analytical skills to tell this important, evidence-based story of the current young adult mental health crisis.

CONTEXT: THE VULNERABILITY OF YOUNG ADULTHOOD

Young adulthood is a vulnerable developmental stage of the life course. The individual faces tremendous social and emotional challenges while growing from a dependent minor to, ideally, an autonomous adult. Developmental tasks of young adulthood include forming one's own identity, establishing financial independence, and engaging in intimate relationships. Other milestones include finding employment, enrolling in college or the military, or starting a family. Given evolving societal trends such as economic recession, inflation, rising housing costs, longer periods of education, and marriage postponed or forsworn, young adulthood

has become a more complex and less linear transition.^{1,2}

In addition to burdensome environmental, social, and emotional shifts, young adulthood includes complex developmental changes in neural and hormonal stress-processing systems.³ These changes often accelerate stress-related psychopathology,⁴ and psychosocial stressors during young adulthood are strongly linked to psychopathology.⁵ About 75% of mental health disorders are established by the mid-20s,⁶ and young adulthood tends to have the highest rates of anxiety and depressive symptoms.⁷ A similar vulnerability exists for risky and addictive behaviors during young adulthood.⁸

Substance use behaviors tend to peak in early adulthood,⁹ in part due to brain development. Cognitive underdevelopment, particularly the immaturity of the prefrontal regions of the brain, has been linked to increased sensation-seeking behavior, including the initiation of substance use and shifts to more regular or dependent use.¹⁰ Recent studies suggest the start of college is an important developmental transition in terms of polysubstance use and risky sexual behaviors.^{11,12} Young adults also bear a disproportionate burden of gambling disorder¹³ and are particularly vulnerable to internet-gaming disorder.¹⁴

Even prior to the COVID-19 pandemic, the United States was facing a mental health crisis. Over the decade leading up to the pandemic, prevalence of major depressive episodes and suicidal ideation among young adults aged 18–25 almost doubled.^{7,15} Across the United States, need for mental health care outstrips supply. The Henry J. Kaiser Family Foundation estimates more than 155 million people live in designated mental health care professional shortage areas.¹⁶ Demand for mental health services pre-pandemic already was outpacing workforce capacity on and off college campuses.

While evidence suggests there is an increasing need for behavioral health treatment among young adults and that efficacious treatment exists,¹⁷ there continues to be barriers in the help-seeking process. These include stigma, difficulty recognizing the problem, and a desire to address these problems on one's own.¹⁸ Young adult college students have additional barriers, such as fear of a negative impact on occupational or academic records or a lack of knowledge about available mental health services. Female and sexual or gender minority young adults are particularly likely to report needing but not receiving mental health services.¹⁹

THE COVID-19 PANDEMIC AND YOUNG ADULT MENTAL HEALTH

On top of the usual developmental stressors of young adulthood, the COVID-19 pandemic added new stressors: social isolation, disruptions to in-person schooling and employment, limited access to health and social services, increased food and housing insecurity, as well as sickness, disability and loss of parents and loved ones from the disease. The pandemic, like prior catastrophes, has been linked to unhealthy coping mechanisms such as problematic substance use.²⁰ Evidence gathered over the course of the pandemic supports such links, showing dramatic shifts in mental health and substance use disorders among young adults. A survey from June 2020 showed 13% of adults reported increased substance use due to coronavirus-related stress, while 25% of young adults reported an increase.²¹ From February to May 2020, drug overdose mortality among young adults increased by 59%, disproportionately affecting Black young adults (79% increase) and other people of color.²²

A recent study found that over the 2020–2021 school year more than 60% of college students struggled with at least one mental health disorder,²³ a 50% increase since 2013. During the same school year, the National College Health Assessment estimated that almost 3 in 4 college students across the country experienced moderate to severe psychological distress, and more than 1 in 4 were suicidal.²⁴ Provisional data from 2021 also suggest a significant increase in the national suicide rate, especially for young adults aged 15 to 24 years. In December of 2021, well into the global pandemic, the U.S. Surgeon General issued an advisory on the youth mental health crisis, including young adults.²⁵ Evidence from prior disasters indicate that behavioral health impacts tend to outlast physical health impacts,²⁶ suggesting these elevated rates of substance use disorder and mental illness among young adults are likely to persist.

INHERITING A WORLD OF TURMOIL

The collective trauma of the COVID-19 pandemic affected young adults and exacerbated pre-existing societal crises. As a result of the pandemic, for example, there was an increase in anti-Asian sentiment and xenophobia. In fact, the Federal Bureau of Investigation issued a warning to law enforcement in 2020 of an increase in crimes of anti-Asian bias.²⁷ High-profile cases of police brutality against Black Americans led to the popular participation in the Black Lives Matter movement and widespread protests against racial inequity, as well as continued counter-protests to the movement.²⁸ These incidents of racial discrimination have been shown to lead to traumatic stress and psychopathology.²⁹

As racial tensions intensified, so has anti-LGBTQ sentiment. Despite advancement in LGBTQ rights and marriage equality over the past 30 years, anti-LGBTQ legislation at the state level is increasing significantly. Laws restricting

restroom access and participation in sports teams for transgender youth,³⁰ as well as legislation to limit discussion of sexual orientation and gender identity in schools, have become increasingly common.³¹ The targeting of sexual and gender identities has been linked to poor mental health,³² particularly among the young adult population, among whom almost 1 in 5 identify as a sexual or gender minority.³³

Young adults have also grown up in an era of an unprecedented drug overdose epidemic, perpetual gun violence and mass shootings, and the existential threat of climate change. Having a parent with a substance use disorder and experiencing or witnessing community violence have been linked to depression, anxiety, suicide ideation, and post-traumatic stress disorder.³⁴ Direct and indirect impacts of climate change and associated natural disasters have also been linked to increased anxiety and mental illness.³⁵ Ultimately, young people are transitioning to adulthood in a society experiencing ongoing collective trauma.

THE AGE OF TECHNOLOGY

Young adults have always lived in a world with internet access and smartphones. More than 90% use a smartphone and almost 98% regularly use social media.³⁶ While the digital age has provided easier and more convenient access to information, social connections, and goods and services, the persistent digital connectedness also comes with harm. Excessive smartphone and social media use among young adults has already been linked to poor mental health,³⁷⁻³⁹ although many mechanisms are still being explored. Some mechanisms established in the literature include unfavorable social comparisons, increased exposure to social harm, and social isolation.⁴⁰ Recently, social engagement on smartphones has been linked to the dopamine reward system. Each notification, text, or like contributes to a variable reward schedule – positive stimuli provided at random intervals. This variable sense of reward is often short-lived, and it can lead to an intense anticipatory period awaiting the next positive stimulus, keeping young adults connected to their smartphones, similar to other behaviors with a propensity to become addictive.⁴¹ Constant digital access also exposes young adults to targeted advertisements associated with negative social and health consequences,⁴² such as for substances like alcohol and marijuana, and other potentially addictive engagements like gaming, gambling, and pornography.

And yet, despite these risks to health behaviors and mental health, technology is an important tool in addressing the mental health of young adults. Use of telehealth services for behavioral health among young adults has increased since the COVID-19 pandemic, jumping from 10% in 2019 to 33% in 2020,⁴³ and telehealth services have been shown to increase access to care for disadvantaged groups like racial/ethnic minorities, sexual and gender minorities, and those

with low socioeconomic status.⁴⁴ Young adults have significant interest in behavioral telehealth services, but other digital mental health interventions may also be effective in addressing the current young adult mental health crisis. Evidence from a recent systematic review suggests that computerized cognitive behavioral therapy interventions for young adults have been effective in treating anxiety and depression, particularly those interventions with an in-person component. However, evidence of efficacy for other digital or mHealth (i.e., mobile health) interventions among this age group remain inconclusive.⁴⁵

WHAT'S NEXT FOR YOUNG ADULT MENTAL HEALTH

Despite additional investment in mental health care services, there are simply not enough mental health practitioners to meet the unprecedented need. Increasing the behavioral health care workforce and access to behavioral telehealth for marginalized young adults is an important step. In addition to high quality, culturally tailored, and integrated behavioral health care, young people need environments that cultivate a sense of community and care for their study, work, and living, including minority young adults, whether racial/ethnic minorities, sexual and gender minorities, or those with differing cognitive or physical abilities. This means instilling emotion-regulation skills in young people while addressing other key social determinants of health like economic and social mobility, affordable housing, healthy food access, environments that support healthy sleep habits, neighborhood safety, healthy relationships, and trauma-informed education and health care. More high-quality research on the mental health harms of technology use among youth and young adults is needed, as is examination of effective ways these harms can be mitigated and addressed. Similarly, we need better evidence-based digital or mHealth behavioral health interventions for young adults.

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