Firearm Violence, Digital Amplification, and the Case for Mental Health Literacy

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THE ALARM ENDS BUT THE EXPOSURE DOES NOT

The emergency alert eventually stopped buzzing. Classes resumed. Emails reassured everyone that resources were available. Yet for many at Brown University and the surrounding communities, the danger did not end when the shooter was neutralized. Fear does not follow institutional timelines. It lingers in the body: in hypervigilance, disrupted sleep, irritability, withdrawal, and a recalibration of feeling safe.

The December 2025 Brown shooting was not only a campus crisis; it was a community-level exposure event. Individuals and communities who were never physically near the scene nonetheless absorbed the shock. In this way, firearm violence functions less like a discrete incident and more like a public health exposure—diffused, cumulative, and unequally distributed.

PRACTICING THE DRILL, NEGLECTING THE AFTERMATH

Schools and universities have become increasingly adept at preparing for the *moment* of violence. Lockdown drills, shelter-in-place protocols, and trauma-informed language are now routine.[1,2] These measures are not misguided; they save lives. What remains largely unaddressed is the mental health crisis fueling and following these events.

In 1963, Rhode Island (RI) established a vision for school health centered on education, services, and a healthy environment. For decades, "school safety" was synonymous with fire drills and Cold War-era simulations. Today, the landscape has shifted fundamentally; firearm violence is now the leading cause of death for American youth.[3,4] RI law mandates that students in grades 1–12 receive about 20 minutes per day of health and physical education, including mental health and emotional well-being.[5] This mandate has been operationalized primarily through standardized physical education and emergency preparedness, while relegating mental health education to episodic, reactive, and inconsistent instruction.[2,6] As early as grade school, we are drilling the body for survival and leaving the mind to recover on its own. This imbalance reflects a broader systems failure: preparedness without recovery, protection without processing.

FIREARM VIOLENCE AS AMBIENT EXPOSURE

Firearm violence is not a rare experience of RI residents. Nearly one in four young adults reports exposure to firearm violence during childhood or adolescence.[4,7] Exposure to firearm violence, a form of adversity associated with increased risk of mental health problems later in life, is not limited to direct victimization.[4,7] Witnessing violence, knowing someone who was harmed, or repeatedly experiencing lockdowns and alerts all contribute to cumulative psychological load.

The Brown shooting fits squarely within this pattern. Even for those not in immediate danger, the event added to an existing archive of exposure—one that many Brown students and community members have been building for years. Unlike traditional adverse childhood experiences, exposure to firearm violence often extends into young adulthood and higher education yet remains largely absent from prevention frameworks that focus narrowly on K–12 populations.

THE AMPLIFICATION ENVIRONMENT: COVID-19, SOCIAL MEDIA, AND ARTIFICIAL INTELLIGENCE (AI)

The psychological impact of firearm violence unfolds within an amplifying environment shaped by the COVID-19 pandemic, ubiquitous social media, and rapidly expanding AI technologies. This environment does not create violence, but it intensifies its reach and prolongs its effects.

Adults and youth experienced profound social isolation during the pandemic, alongside disrupted routines, loss, and uncertainty. Although the lockdown eventually ended, life never fully returned to the way it was, and youth development never quite caught up. Simultaneously, distress is no longer episodic, and the learning environment is no longer just the classroom; both are available 24/7, in virtual landscapes designed to hijack dopamine and amygdala pathways. We inhabit a digital ecosystem of algorithms and a never-ending stream of distressing media, such that platforms

constantly deliver streams of alerts, videos, speculation, and graphic content, often before context or support is provided. Violent events are replayed, analyzed, and algorithmically resurfaced, transforming acute incidents into chronic psychological exposure. Moreover, emerging reliance on AI-based companionship and mental health tools reflects systemic gaps in care.[8,9] Technologies are increasingly used not as supplements to traditional psychological services, but as substitutes—filling voids created by insurance barriers, provider shortages, and persistent stigma.[7,10] Like students, faculty, teachers, healthcare workers, parents, and community members are embedded in this digital and social ecosystem. Exposure is collective, even when risk is uneven.

THE RESILIENCE TRAP

In the aftermath of gunfire violence, resilience is praised. Youth and young adults are commended for returning to their academic settings. Communities are applauded for "bouncing back." While well-intentioned, this framing quietly shifts responsibility from systems to individuals.

Repeated exposure to violence without corresponding investment in skills, language, and access to care is not resilience; it is endurance. Expecting individuals to continually adapt to environments characterized by fear and instability—without structural support—risks normalizing psychological injury as a personal failing rather than a predictable response to chronic stress.

Public health research increasingly emphasizes that recovery depends not only on individual coping, but on protective factors embedded at the community and policy levels.[4,11] This includes education that equips individuals to recognize stress responses, seek help early, and understand when distress is a rational reaction to an unsafe environment.[11,12]

MENTAL HEALTH LITERACY

Mental health literacy is not built with a one-time assembly or a worksheet distributed after a tragedy. However, it comes from a standardized, developmentally appropriate curriculum that is taught longitudinally and reinforced. Mental health literacy includes understanding how stress and trauma affect the brain and body, recognizing early distress signs, navigating coping behaviors, and knowing how to access care.

Evidence suggests that improving mental health literacy increases help-seeking, reduces stigma, and strengthens early intervention—outcomes that are critical in environments marked by exposure to violence.[12] Mental health literacy facilitates skill-building that is as routine as physical health. If K–12 schools can mandate standardized health screenings and physical health, they can also require formalized mental health literacy to promote mental health and wellbeing.

WHEN FEAR DISRUPTS MENTAL HEALTH EDUCATION

During Fall 2025, our team delivered a series of mental health workshops at a RI high school. Following the Brown shooting, the final workshop was canceled because our team was too overwhelmed. That cancellation was instructive. It demonstrated that fear disrupts learning. Sleep education cannot land when individuals are hypervigilant. Nutrition lessons falter when cortisol remains elevated. Mental health is not an adjunct to physical health education; it is the foundation that enables individuals to function at their best.

STEWARDSHIP AND THE PATH FORWARD

Stewardship is a core obligation of public institutions: the responsibility to create conditions for healthy populations. In the context of firearm violence, stewardship must extend beyond drills and security measures to include literacy, prevention, and recovery. We call for the RI Department of Education to rebalance the implementation of the 20-minute daily health mandate to explicitly require recurring, standardized mental health education to facilitate mental health literacy. Mental health should be treated as a core priority introduced early and reinforced across developmental stages.

We cannot predict every act of violence, but we can decide whether individuals are left alone with its psychological aftermath. Preparing bodies to survive without teaching minds how to recover is an incomplete form of safety. Moving beyond the drill requires acknowledging exposure, adapting to changing environments, and committing to mental health literacy as essential education for students, especially K–12.

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