

Testimony of Claire Rhyneer, Mental Health Youth Advocate
U.S. Senate Committee on Health, Education, Labor & Pensions
“Mental Health and Substance Use Disorders: Responding to the Growing Crisis”

Chairman Murray, Ranking Member Burr, Senator Murkowski, and members of the committee: Thank you for having me here today to speak from the perspective of a young person who understands the importance of mental health awareness.

My name is Claire Rhyneer, and I am from Eagle River, Alaska. In high school I was a storyteller and facilitator for MHATS (Mental Health Advocacy through Storytelling). MHATS is a youth-led, youth-founded group of Anchorage students working to decrease stigma and increase access to mental health resources through true, personal, short stories of mental health struggle and triumph. Last year, following my work with MHATS, I worked as Program and Outreach Coordinator for NAMI Anchorage, the Alaskan affiliate for the National Alliance on Mental Illness.

I’m here today to advocate for youth who have, or currently are experiencing mental health conditions. I’m advocating for myself, for my peers, for Alaskan youth, but also for youth across the nation to give them a voice.

To be completely clear, the people who most need the services are least able to be here advocating. I am representing the tip of the iceberg.

A few years ago, I experienced a difficult and dark period of depression. But more than being “difficult” and “dark” my experience was governed by confusion. I was self-harming and all I felt was uncertainty. I asked myself: Do I need help? How should I know? I turned to Google, taking dozens of “Are You Depressed?” quizzes.

However, Google is not a doctor and is in no position to diagnose a middle school girl — or anyone. It left me more confused. Each night I wondered not only what was wrong, but if something was wrong at all. In hindsight, it is terrifying to know that I was physically harming myself and still unsure if I needed support. No one bullied me or neglected me. From an external perspective, my life was perfect. I was getting good grades, my parents loved and cared for me, and I had friends I could talk to. But mental health was never discussed at school, at home, or even in my health classes, besides the “take care of yourself, get sleep, eat well, and exercise” spiel.

In the absence of relevant information, I turned to online communities. What I uncovered on social media was horrifying. I could find images, drawings, stories, even videos of intense self

harm. It was disturbing to find, but it was even more disturbing to discover that I was attracted to it and found myself going back to it.

I still cannot look back at the journal entries from those years, but I know I wrote down "I don't know what is happening to me" over and over and over again. I kept telling myself everything was okay. *Why should I feel sad? Why should I feel lost? I'm so fortunate, how could I possibly feel this way? Maybe I'm making this all up in my head,* I thought.

Ultimately, I didn't seek help because I didn't know if anything was wrong. I didn't believe myself. It's like having a broken leg and telling yourself that you're just imagining the pain, it will go away on its own, and there's no bother in telling anyone because it's probably not a real problem. I told myself my self harm was just for attention.

I am more than an anecdote. When I tell a roomful of people that I was confused, or that I turned to Google for help, I see a chorus of nods. I can count on more than one hand the number of close friends who have experienced suicidal ideation. Starting in middle school, there were nights when I wasn't sure if I would see my friend the next day at school.

In suicide prevention, we emphasize that there is no *one* reason that someone dies by suicide. There are always a multitude of factors. Not only do college and university therapy offices have months-long waitlists, but private practitioners are cost-prohibitive and aren't covered by insurance. High school counselors are scarce and ill-equipped. Many youth never even reach the point of asking for help. They are like me. They doubt and diminish their experience. They don't believe anything is wrong. They're scared to reach out. They're worried about what their community will say. They think their family will crack jokes or not take them seriously. They expect their parents to blame themselves. They're afraid they'll be seen as "weak," "crazy," "attention-seeking," "wacko," "broken," or a "lost cause."

These barriers to care do not discriminate. They cross every border and infiltrate every home, regardless of race, class, or geography.

However, living in Alaska poses unique challenges. First, Alaska's dark winters make SAD (Seasonal Affective Disorder) more prevalent. In areas near the equator, only 1 percent of the population experiences SAD. In Alaska, that number is closer to 10 percent. Second, the generational trauma our Alaska Native populations suffer from colonization contribute to higher rates of substance use and mental health conditions. Third, the prevalence of guns in Alaska generate higher suicide rates. Alaska Native men between the ages of 15-24 have the highest rate of suicide among any demographic in the country. Fourth, providers are few and far between, especially in rural areas and small villages. Youth who need services must fly two hours away from their home, leaving behind their family and support systems. While tele-health has become

more accessible, good weather, power, wifi, and service are not guaranteed. Fifth, the services Alaska does have are limited. They are overwhelmed, underfunded, and exhausted. While I worked at NAMI, I had to tell people they would be on a waitlist for 9-12 months before they'd receive care from a case worker. It would be 3 months before the patient would even be contacted to confirm they were accepted as a patient. It would be another 6 months after that before they could talk to a case worker and begin care. And lastly, transportation is especially onerous in Alaska, even in its central hub, Anchorage. People who signed up for NAMI recovery programs canceled after they realized it wasn't virtual. They couldn't afford transportation for the few miles between their home and our centrally located office building.

The Covid-19 pandemic exacerbated and introduced new issues. During typical high school classes, a teacher is one of the first lines of defense. They can catch changes in a student's behavior, performance, and attitude. But during zoom classes, I stared at a screen of gray squares. Questions from the teacher were met with silence. Teachers found fewer opportunities to ask, "Hey, are you okay?" "How are things going at home?" "You seem a little off, is there anything you want to talk about?" Furthermore, during the first year of online school, student support programs disappeared. Suicide prevention trainings and presentations were put on hold. General clubs moved online and lost attendance. Sport games and races barred spectators and family members. Students in unsafe families couldn't find the security they typically found at school.

Compared to most, I am privileged. In my Junior year, I was introduced to YANA (You Are Not Alone) Club, suicide prevention trainings, and MHATS. It was my own friends at MHATS who taught curriculum related to mental health and helped me tell my story. It's because of these resources and education that I opened up to my parents last year. I am now able to be focused on school, on sports, on my family and friends, and maintain my wellness. I am proud that I am now able to point my friends in the right direction when they express similar feelings. I am proud to be able to say "I know where you're coming from," or "I know how that feels." I am proud to be able to say "this pain can be temporary" and to know that it is true.

But this is only true because of the education and support I received. We need to support school counselors, station social workers in schools, fund wellness programs at universities, and introduce mental health curriculum into health classes where they belong. We must reflect on the way we separate academic success from mental wellbeing. We need to make care more affordable, ensure it's incorporated into primary care, and that it's covered by insurance. We need culturally competent health care workers and diversity among providers. We need to reduce stigma, promote early intervention, normalize mental health conversations early, and educate our youth, teachers, and parents.

We can *not* be satisfied with allowing our children and youth to be educated by mental health through social media and searching online. We can *not* be complicit in allowing my friends and classmates and your kids and neighbors to suffer in silence. We can not knowingly let our students experience the confusion, doubt, and harm that I felt.

I am here because I am a privileged voice. The people who are failed by this system aren't here. They can't be. They are busy going to school, they are caring for their families, they are working multiple jobs. They are searching "Am I depressed?" on Google and are self harming in their bedroom. Their friends are filling in as therapists, sacrificing their own wellbeing to listen and support.

Those of us who know suicide and mental illness are preventable are watching the leaders of this country and waiting for you to do something. And the ones who think suicide and suffering is inevitable? They need you.

Thank you for inviting me to testify. I would not have been here without my peers at MHATS, the people at NAMI, my parents, and the friends and family who have been generous enough to share their stories with me and the rest of the world. Vulnerability is contagious and powerful. I'm here in the hopes that my story might inspire change—both for all of us to work towards a healthier community, but also to inspire other young people. If you are suffering, I urge you to speak up. Thank you.