Report on youths' discussions of mental health online

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Introduction:

This research used a qualitative approach that included semi-structured one-on-one interviews and observational research. At the end of May 2021, when this research was approved by the University of Auckland Human Participants Ethics Committee (UAHPEC), I identified and contacted various disability and mental health groups on Facebook and Reddit. A total of eight Facebook groups and seven subreddits participated in the research.

The process of contacting admins or moderators and joining groups differed between the two social media platforms. On Facebook, the groups were "private", which meant that I had to be accepted into the group by an admin to view the group's content. Without access, I could see the group's name, cover photo, rules, and description. When requesting to join private groups, a series of screening questions would appear, the responses to which were sent to the group's admins once submitted. Private groups often had variations on the same questions: why do you want to join the group? Have you read the rules? For New Zealand-specific groups, do you live in New Zealand? And a question for which the answer could be found in the group's rules. In addition to this screening process, I reached out to admins and moderators to get their explicit permission to join the group as a researcher. I introduced myself as a Master's student in the University of Auckland's Anthropology department, outlined my research project, and requested their permission to conduct observational research and advertise to potential interview participants in the group. I also sent an admin and moderator-specific participant information sheet (PIS) that outlined the project in further detail.

On Reddit, the process worked slightly differently. There were no screening questions to join a subreddit. However, when I joined, I was sent a welcome message which linked me with

the moderators of the subreddit. I used this link to contact the moderators, sending the same introductory information and PIS forms, under a "Research" inquiry option.

Once I had permission from the moderators or admins, I started by submitting posts announcing my presence as a researcher in the groups, explaining the basic outline of my project, and advertising for potential research participants, asking interested individuals to contact me. In these posts, I also explained that if anyone did not want to be included in the observational research, they should send me a direct message or email, or comment on the post. I noted the screen names of those who opted out in a password-protected Excel spreadsheet and did not look at or use any of the content they had posted in my research. In the first few months of the research, when I did not have many respondents, I posted approximately once every few weeks asking for interview participants.

I began conducting observational research in June 2021 once the groups' moderators had given their approval. For my observational research, I scrolled through the week's posts and made general notes on the themes and topics discussed, noting which group and social media platform they were on. I also used keyword searches to find archival data. I saved any posts that caught my attention. When I saved posts, I messaged the author seeking their permission to use them and checked whether they met the research criteria of living in New Zealand or Australia and being between the ages of 16-24. I spent approximately five hours a week for 20 weeks (a total of approximately 100 hours) in these groups collecting observational materials between June and the beginning of October 2021.

I saved posts that represented overarching themes, arguments, commentary, and concerns for the disability and mental illness communities I was researching. The majority were posted to Facebook groups and on Instagram, with some from Reddit and Twitter. On Twitter and

Instagram, I set up keyword notifications and followed accounts that I thought had or would produce relevant content. However, accounts on Twitter and Instagram tended to have less community engagement because of how the sites are set up. Interestingly, many of the posts I saved from Facebook groups are screenshots from Twitter or Tumblr. In addition to posts in private groups, for which authors gave their consent to be included in the study, I included Facebook posts from public figures or groups.

I used my personal accounts on each social media site where I conducted research. The main reason for this was so that people could see my "social media history", which would hopefully ensure that our interactions began with a sense of trust. The use of my personal accounts meant that I would receive notifications on my phone and computer when people posted in the groups. This would often prompt instances of engagement where I would scroll through to see what had been added since I was last active in the groups

I conducted 15 interviews with respondents who were recruited from the groups and sites on which I conducted my observational research. These sites were Reddit, Tumblr, Facebook, and Instagram. As mentioned above, I posted in private groups asking for interview participants once I had admin approval to do so. I also encouraged members to share my post with anyone they thought would be interested. Finally, I posted on my personal Instagram, Facebook, and Tumblr accounts using keyword tags to spread the post and again encouraged those who saw it to share it around. When contacted by potential participants I would ask them three screening questions: "do you live in New Zealand or Australia? Are you between the ages of 16-24? Do you talk about mental health and/or disability online?" If they met all these criteria, I sent them the Participant Information Sheet and Consent Form to read and sign.

All interview respondents were offered the option of in-person (if they were in Auckland and COVID-19 restrictions permitted), phone call, video call, or text interviews. The variety of interview options ensured that anyone could participate regardless of any disabilities they may have, their comfortability in talking to a researcher and stranger from the internet, and their level of access to resources – such as a stable internet connection. Interviews were recorded either on a phone recording app or embedded recording software (such as that available on Zoom), depending on whether they were conducted in-person or online. Two interviews were also conducted using text WhatsApp text messaging, which generates transcripts of the text conversation. Interviews lasted between 30 to 80 minutes, with breaks as needed to relieve any emotional or mental fatigue.

All interview participants were either New Zealand citizens or permanent residents between the ages of 16-24. The median age of participants was 21. My participants represent a diverse range of gender identities, including nine cisgender women, two cisgender men, one non-binary person, one trans-feminine/non-binary feminine person, one feminine gender-fluid person, and one questioning cisgender woman. Seven participants were New Zealand European (Pākehā), five Pākehā/Māori, one Indian/New Zealander, one Pilipino/New Zealander, and one Ukrainian/ Pākehā. Respondents were spread out over the North and South Islands, with twelve respondents across the North Island and three from the South Island. Auckland and Wellington were the only regions with multiple respondents, with nine in the greater Auckland region and two from the Wellington region.

This report will cover my observations of the groups, focusing on how youth discussed mental health.

Key points:

- Social media and digital participation can be supplementary to other modes of engagement in youth mental health discussions, or it may be someone's primary point of engagement in youth mental health discussions in New Zealand

- Anonymity allows for grater candour, creating more explicit discussions on sites that offer greater anonymity for users

- Community and peer-to-peer support is critical for engagement in online groups and youth mental health discussions

- These groups validated young people's experiences with mental health and disabilities

- Humour is a dominant tool that young people use to discuss mental health online

Important online terminology:

How social media sites are formatted impacts the kinds of engagement that can occur. Facebook, for instance, is intended as a digital form of in-person and community bonds. A user has "friends" who are people they (usually) have offline relationships with. Community groups on Facebook are often location or offline community based, where you must provide proof that you "belong" to that community. Of the social media sites included in my observational research, Facebook most closely imitates offline relations.

Instagram offers "private" or "public" accounts. Private accounts on Instagram allow the user to restrict who can see their content to their followers. Public accounts operate like Twitter accounts in that they are open for public consumption without the requirement of following the account. This creates a hybrid engagement of public and private in the same digital space.

Reddit on the other hand is a social media site where anonymity is the goal and the reason for engagement. It is a public site that can be used without an account. The main reason for creating an account is to be able to follow groups, post, and comment.

YouTube is another example of a public/private social media site. The premise of the site is to share content; however, creators can choose to make their content private, only available to those with a link, or public, available to all. Like Reddit, you do not need an account to use YouTube, however, to engage with the features of liking, commenting, subscribing, and saving videos, you do have to have an account that is linked to a Google account.

Twitter is another example of a public/private space. You do not need an account to see tweets. However, to access in-depth content as well as features you must make an account. You do not need to be following an account to see its content. Like Reddit you do not have to request

to follow someone, however, users can choose to block other users to prevent them from viewing their content. This, however, does not remove the content from the public sphere.

Memes are a digital dialect that is integral to online engagement and participation. They are always culturally relevant and can be transformative – two factors that are key for a meme to spread successfully. 'Memeable' content is a snapshot from society and culture in the form of a transmittable image that can be transformed and rapidly redistributed, creating relatable and editable content. This means that memes have a hyper-memetic logic that assumes further meaning than the socio-cultural spaces in which the meme first appears, creating a multidimensional presence that is open to interpretation, encoding, and decoding based on the needs of the individual or group reading them (Shifman 2014:26, 31). Memes have two functions, the first being to provide a form of grassroots political commentary. The second function of memes is to facilitate public discussion – highlighting power dynamics and empowering citizens' engagement in collective action. Memes and online spaces cultivate critical arenas of resistance.

Memes are also a conduit for humour – a positive coping strategy for stress and to relieve boredom. They offer a safe space to discuss sensitive issues, such as mental health, illness, and well-being because they frame it through a humorous relatability. Humour and laughter are common trauma responses that offer a sense of dissociation and separation from the events allowing individuals to "cope" with them in a less confronting way (Spearman 2021). Covid-19 has created a cultural trauma phenomenon that everyone can relate to in some way. This has caused an explosion of Covid-19 related memes that have been passed around groups that would normally not show memes or mental health content such as in disability-based groups (Akram et al. 2021; Muir 2020; Nepul Raj and Jayaprakash 2021).

Lurkers, also known as passive users, are members of an online community who regularly visit groups, observe, and consume content but very rarely post or otherwise engage with the group. Most online groups and communities have a high percentage of lurkers, though some groups have made rules that "nonactive" members – those who do not post or comment – are regularly culled. Groups get annoyed with lurkers because they do not contribute to the group. This dynamic works because the rest of the group is sharing content and keeping the group "running" and there are enough active users that the workload is shared so no one user is left feeling like they are doing all the work. But like any machine, external factors – like a pandemic – can cause more users to become lurkers, and therefore place more strain on those who post consistently. This may cause active members to become worn out and discontinue engagement. Eventually, the machine stops working and the group becomes stagnant. This was observed in some of the groups included in this research.

Summary of observations:

How disabled and mentally ill New Zealand youth engaged and communicated in digital spaces varied depending on the social media site. There appear to be several factors that influenced engagement. Facebook cultivated greater interpersonal relationships with members who were able to recognise one another, see each other's public profiles, and mutual friends. This created relationships that both extended outside of these community groups and developed within them. For instance, when I posted on a comment thread in the Facebook group "DC", an interview respondent replied to my comment with information obtained from our interview, extending our relationship from just interviewer and participant. Similar occurrences of comment conversations and information sharing was common on Facebook, especially in smaller New

Zealand-specific groups. Because people were more likely to already know or possibly meet each other in person, they were more reserved on Facebook compared with other social media sites, such as Reddit, which enabled more anonymity. Comments and posts on Facebook were linked to public profiles, and the possibility of friends or someone with mutual friends was such that people might reserve or filter their engagement.

Reddit is a significantly more anonymous social media site. Users do not have to divulge any personal information to open or operate an account. This appeared to give users a greater sense of freedom when posting because posts could not be linked back to them unless they wanted them to. These groups were significantly more active than the Facebook groups with upwards of 30 posts in any one group a day. Reddit posts on average obtained far more engagement than Facebook posts (except for the "Memes" which had a lot of tagging engagement rather than commentary). Reddit groups were also significantly larger than Facebook groups, in part because they were general discussion subreddits or global subreddits.

All New Zealand-specific subreddits were general discussion groups. Interestingly, I was unable to find New Zealand-specific disability or mental health subreddits. However, I did find such groups on Facebook. This may be because New Zealanders feel comfortable obtaining general advice and discussing their life experiences and medical conditions in a global setting and have other means to obtain New Zealand-specific advice and information. However, by keyword searching in subreddits and going through the group archives, I observed a significant increase in discussions of disability and mental health or illness since the first Covid-19 lockdowns. For instance, in the subreddit "Kansas" there was a significant increase in conversations about mental health from July 2020 to October 2021. Over the course of just 12

months, conversations about mental health more than doubled on the previous two years (2018-2019) combined.

There was a significant decrease in activity in New Zealand-specific groups during 2021 compared to 2020 and 2019 (for groups that were active in 2019). Engagement in Facebook groups increased during the 2020 Covid-19 lockdowns; several groups were created during the 2020 lockdowns to provide a space for people to check in, share advice, and cultivate a sense of community. However, there was a significant decline in member participation during the late 2020 and 2021 lockdowns. Most groups dissolved into admin posts with members "lurking" or passively engaging through reacting to posts or just "seeing" them.

Across the groups, I observed people sharing advice and experiences, and discussing diagnosis and political issues. Humour was also present, often in the form of self-deprecating humour or group-related memes. During the early 2020 lockdowns, conversations centred around community care and checking-in. The posts that garnered the most engagement were positive affirmations, or posts about medical assistance, burnout, and not having energy to engage.

General group observations:

"SW" was a global Facebook group. This group was not very active during the observation timeframe; considerably more content was posted in 2020. The group was created on October 8th, 2020, and most posts were from admins. In 2020 there was a range of posts, with new members posting a quick hello and thanks for being added to the group, advice seeking, links to articles, information, and affirmations. During 2021 posts were limited to article and information links and affirmations posted by admins. Commenting and liking, signs of group members' engagement with posts, rapidly declined during 2021. Posts asking direct questions or people

posting their stories tended to receive greater levels of engagement than photos or quotes which often received no engagement. For instance, a post asking, "If you could learn or change one thing about your health (mental, emotional, or physical) what would it be?" received 28 comments, which was a high level of engagement for this group, despite having 550 members as of August 2021.

Some themes from the group's posts, and throughout my observational research in general, were difficulties accessing mental health treatments, a lack of mental illness awareness, mental illness stigma, the effect of relationships on mental health, and the mental fatigue that the pandemic had caused. Interestingly, the posts about the pandemic and mental fatigue appeared after a long drop off in membership posts and were then followed by another long drop off. This indicates that the mental fatigue led to decreased engagement in certain public spaces and groups. Some interview participants stated that they had been less engaged in online groups because it took so much mental effort just to maintain their close relationships. I also observed a rapid decrease in user engagement in New Zealand specific groups with the 2021 August lockdowns. However, many of those that had been members for a long time remained quite active throughout and after lockdowns. I think this is because they felt that they were in a community and they had relations to maintain, as opposed to lurkers or passive users.

"Stingray" was a New Zealand based Facebook group that was created on February 25th, 2015, and as of August 2021 had 1,342 members. Like "SW", posts were predominantly created by the group's Admins. However, unlike SW, the frequency of posts increased since the August 2021 lockdown, with reminders to reach out to loved ones and to take care of yourself. There was much discussion of "bad days", but nothing specifically linked to lockdown. However, the pandemic was often referenced in less explicit ways. People shared images of what people

around the world had been using as masks, making jokes about a "quarantine challenge" and just "doing what you can in the moment". It seemed that posts and comments skirted around the impacts of lockdown and the pandemic, leaving its effects implied. People talked about things that impacted their mental wellbeing, most of which, during the August-November lockdown (for Auckland), was directly related to being in lockdown. However, it was never expressly stated. I wonder if this was a community defence mechanism as the only real time the pandemic was discussed during this period was through humour.

The group also discussed the stereotype that men must be "strong", one user stating, "it's very unhelpful and damaging", on February 18th, 2021. They talked about combating the stereotypes by normalising men expressing emotions. This group had a greater range of posts including comics, memes, links, affirmations, videos, and user-made posts that asked questions or shared experiences. Most of the interactions with posts were likes, but there was also a lot of people commenting things such as, "this resonates with me" or, "I relate to this." This type of engagement was prevalent on posts that explained feelings of social anxiety or used and explained terminology in ways that allowed people to put feelings into words. For instance, on a post about "self-gaslighting", one user commented on June 9th, 2021, "This is so my thoughts". Gaslighting is when someone makes you question your own reality through lies and deception. I see self-gaslighting as akin to impostor syndrome – the inability to believe one's success is deserved or legitimate because of the perceptions of one's efforts, abilities, and skills as lacking. Stingray's main goal as a group was to normalise the idea that everyone has mental health and some have mental illness on top of that, and that everyone is carrying around something, so be kind and focus on yourself and what "drives your choices".

"Karen's complaints" was created on Facebook in January 2014 and as of August 2021 had 796 members. Engagement was severely limited in the second half of 2021, with almost monthly gaps between posts. Because it was a complaints page, most of the posts and comments were negative. However, these reflected the negative mental health experiences members had, with many sharing similar narratives, leading to questions about the need for fundamental change in the country's Mental Health sector. One user asked on September 2nd, 2021, how people were finding public mental health services since the pandemic began. Many stated that they were "disgusted" but "not surprised" by the lack of follow-up care.

Something that was interesting about this group compared to the two already discussed was the lack of care for others, specifically, judgement towards medical personnel. Unlike "Stingray", where there were explicit calls to see things from another perspective or act in a caring way, posts in Karen's Complaints seemed to fail to acknowledge that (during the pandemic) the people and systems they were complaining about were also experiencing the same restrictions and perhaps the same mental or social strains. Several posts focused on inequalities in the treatment of sexual violence for men and women. Another widespread concern was the lack of Samoan and Tongan health authorities. People also brought up the impact of Covid-19 on support services and the need for health services to adopt a holistic approach to wellbeing. Others used the group to ask members for alternative treatments or recommendations for support services in specific districts. Such discussions often took place through comments on a single post where people would complain, share experiences, and throw blame. There were a lot of the same people commenting on or initiating these posts. However, rather than spreading their concerns, the genuine issues expressed through complaints seemed to get lost in the group's vortex of anger.

"DC" was created on Facebook on March 26th, 2020, and had 502 members as of August 2021. An interesting observation from this group was the implicit presence of mental health in the experiences people shared. The group often discussed ableism and discrimination, a common disabled experience of dealing with doctors and naïve able-bodied individuals, and something that the pandemic further exacerbated. On September 6th, 2021, a user wrote, "I'm sick [,] tired. And [want] answers". This sentiment was very provocative and emotive to me. It spoke on many levels – being sick of having to self-advocate, physically sick, sick of the systems that discriminate against those with disabilities, sick of having to be an agent of change – all of which puts an enormous mental strain on an individual. While the online group was a place of support, kindness, and community, the language was often combative due to the social situations that these individuals faced and the added everyday hurdles they had to overcome to simply exist. There were several posts about the role the pandemic played in creating additional barriers to support, worsening peoples' mental and physical health, particularly those with pre-existing struggles with mental illness. In response, people in the group offered resources and support to try and aid others in accessing services and support. One of the group's intentions was to normalise the lived experiences of the disabled community and highlight how the pandemic disproportionately impacted people with disabilities.

"Memes" is a global Facebook group that was created in December 2019 and had over 162,200 members as of August 2021. Many of the memes in this group used humour or "unconventional" means to cope with trauma. A common template was to make light of these coping mechanisms in "conversation" with a therapist – as is evident in some of the examples below. A common response to these types of posts was that "you laugh, or you'll cry". The

members of this group created content that placed themselves as the butt of the joke. For instance, one meme based on the TV show "Squid Game", read,

> Captors: for the next game… you must talk about your mental health … without turning everything into a joke
>
> Player: *in danger face*

The member who posted this meme created a self-satire to show the ridiculousness of the degree to which people in the group used humour as a coping mechanism. This satire also addressed the fact that globally there are not sufficient systems in place to cope with mental health and illness. This is the power of memes; on the surface they are funny jokes, but beneath they are often expressing deeper and more complex social commentary. A similar meme: *Gently puts my mental health in rice*, refers to the inexpensive *last-ditch* attempt at saving electronics when they get wet. These are two examples that demonstrate the over-arching themes of the memes posted in the group. People often commented on memes with statements like, "I am in this photo, and I don't like it" or "I feel personally attacked". These comments expressed that people 'related' to a meme, the former statement referring to a reason for reporting photos on Facebook. Memes are there for people to 'relate' with, for entertainment, and to provide social and political commentary for those listening. It is evident that many people related to these memes because the average post had upwards of 1.5k reactions.

The 'Memes' group also discussed deeper social issues present in the other groups, such as trauma. Where other groups linked articles by academics about cutting out toxic relationships, this group did the same in meme form – a more relatable and digestible format. I believe this format contributed to this group becoming so large and having significantly more engagement than other groups. The age demographics in this group also tended to be more varied and have

more younger members. However, there were some "serious" moments in the group with people sharing resources, information, and positive thinking. These moments were a drastic tonal shift from the predominant humour-laden satirical posts. Memes offered a safe space through humour to explore deep rooted pain, trauma, and illness, it allowed the members to see that they were not alone, and that other people experienced the same or very similar things to them. I think this is a very powerful element of this method of communication and community dynamic. People can be reflexive on their experiences, discuss the depths of trauma and realise that it is not their fault. To me, the connections and communities made through humour is reminiscent of the movie "Good Will Hunting" and the dynamics between Will Hunting (Matt Damon) and his therapist Sean Maguire (Robin Williams). Will Hunting uses humour to deflect from his faults and traumas until he meets with Sean Maguire who helps him processes these events while making him realise that he is not to blame for the things that have happened to him.

The dynamics of subreddit communities were less reserved than those on Facebook. The subreddit "WhiteCloud" was a general discussion forum for things happening across New Zealand. This group was highly active with several posts each hour of the day, leading to a lot of general discussion content about housing prices, world news, lockdown, "roasting" people, questions, advice seeking, and problems of social justice; it was essentially a "dumping ground" for anything New Zealand related. While there was some mental health-specific content, a lot of it was implicit in the other topics, such as in the concern about rising costs of living, care of elderly and disabled citizens, the impacts of Covid-19, and the ever-changing rules for alert levels. One point of conversation that lasted a few weeks was the Lynn Mall Terror Attack which occurred on the 3rd of September 2021. One main point of discussion was the assumption that the attacker had a mental illness. One user wrote, "mental illness exists without violence. Violence

exists without mental illness". While there was general agreement with this statement, the author later added to the post, asking for "no hate", and eventually the subreddit moderators turned off comments for this post. This is an example of a long-standing social stigma that positions those with mental illness as dangerous, which is why it has been difficult for people to talk about mental illness in public sphere. Interestingly, from the information I was able to obtain, most positive comments came from users between the ages of 18-45 (however, there were people that posted positive comments above this age range, and I was unable to obtain the age of about 60% of commentors).

The subreddit "Tremor" focused on the happenings in a major New Zealand South Island city and was significantly less active than the "WhiteCloud" subreddit. Most of the content was thematically like the content in "WhiteCloud", however there was significantly more Covid-19 related discussion, particularly around "taking action" against covid misinformation circulating online. There was very little direct mental health or well-being content. However, in a bid to cultivate a positive thread and discussion of a Canterbury mental well-being campaign, one user asked to see photos that made other members happy. An interesting point about the campaign was its "targeting" towards cultural minorities through the incorporation of Māori and Pacifica cultural values. The post centred around holistic approaches to health with Māori concepts such as waioratanga, doing things to look after your wairua (spiritual side), and metaphors such as *He waka eke noa* ("we're all in this together"). While there were positive comments on this holistic approach and its cultural engagement, people also expressed general frustrations with New Zealand's mental health system. In particular, people reflected on how the pandemic brought to light failings in the Mental Health system.

The subreddit "Kansas", like "Tremor", focused on things going on in a major New Zealand North Island city. This group had a "daily chat" on Sundays that involved random conversations and "shit-posting". But it was pretty wholesome content; reminiscent of the neighbourhood dads gathering on the street and having a yarn about the local goings on (an image a recent TikTok turned meme plays on

https://www.tiktok.com/@memezar/video/6992933982442736901?lang=en).

People also discussed how to help connect with elderly neighbours, which lead to suggestions of events such as "art for wellbeing", a communal art therapy session. On this theme of wellbeing, people also asked for "happiness" recommendations such as favourite coffee shops and places to eat. There were also discussions about location-specific mental health funding and services, although these tended to be instigated by younger members. In one such conversation, there was a comment that people aged 24 and under could access subsidised counselling when referred by a GP. Many people in their late 20's onwards asked for mental health service recommendations because they had "traumatising experiences with mental health professionals [in the past]". This conversation yielded some very helpful recommendations of new services. However, there was little discussion of what was wrong with the mental health system that had contributed to the traumatising experiences people spoke of and what was different now that could prevent the same happening again.

When people in "Kansas" talked about their city, they spoke of it as a place that made their mental health worse. This was due to the often cold and dark weather, high costs of living, and feeling trapped in the city. Others stated the city made their physical health worse, which in turn affected their mental health. The rising costs of living also contributed to this. Many redditors (Reddit users) commented offering links to resources and suggesting people talk to their GPs if

they felt this way. I think this was a missed opportunity to examine the social determinants that were causing and worsening mental health and illness. Rather than just suggesting people seek "professional help" – which many cannot afford and do not meet the requirements for subsidised care – I think there needs to be a closer examination of the environmental elements that create the need for professional help. Obviously, these redditors could not change these things, but it is interesting that acknowledgement of this seemed to be missing from any of the conversations.

The subreddit "babyHumans" was a global group made up of people between the ages of 10-19 (including some members who were a little older but had not left the group). However, as per the approval conditions of my ethics application, I only looked at the content produced by users who were 16 and over. While it was a global group, the content in "babyHumans" seemed largely American based. The group leaned heavily towards visual media, with a lot more memes, videos, and screenshots than in other Reddit groups. One of issue that seemed to be important to youth online was gender equality for men in mental health care. One user commented that people saying that it's okay for men to open up felt like "empty words". From what I observed in the other groups, and on the other social media platforms such as Instagram and YouTube, this was not an abnormal feeling. While people would say these words, very little was being done to enact them. In the past, New Zealand has used sporting "heroes" (such as prominent All Blacks) to advocate for men's mental health, but I have not seen any of these campaigns since about 2017 and did not come across any during this observational research.

Much of the discussion in "babyHumans" centred around topics of depression, suicidal ideology, and self-harm. While the latter two received very little engagement, the rate of these posts in the group was concerning. Users commented that they felt trapped, lost, wandering without meaning, that they had no motivation or drive, that they were at their "fucken breaking

point". One post simply read, "Ya'll ever just: Cry?" to which a lot of people replied, "yes". There were even suicide notes in this subreddit, one of which had 126 comments and two posts afterwards to show support for the person who, at the time of my research, was in a coma. People also talked about living with disabilities and feeling "worthless" because the world "refuses to accommodate for us". These themes, while utterly shocking, were honestly not as surprising to me as they should have been. Even though this was a global group that seemed to be predominantly American based, these are not isolated issues; New Zealand youth are not immune to these feelings. The fact that there was this much sadness, self-loathing, mental illness, and death among teens is horrific to me. What this shows is that there needs to be better systems in place that teens can trust and believe in. When I began my observations in this group, I expected some content of this nature, knowing what teens go through emotionally, and with a global pandemic running rampant, but I did not expect it to be over 90% of the content in a general teen subreddit.

The subreddit "NeedANap" was a global group that was significantly less active than other subreddits, with maybe one post an hour and very little engagement on most posts. This was not surprising to me because it was a subreddit for people with chronic pain. While some engagement could be expected, members had very little energy to complete a "normal day," let alone reply to various messages across groups and social media platforms. There was a lot of conversation about the mental toll it took when people did not believe members who had chronic pain or illness. People also discussed having to miss social functions because of chronic pain and illness, being "sick of living" with daily pain, and the difficulties of trying to function in a capitalist society.

The subreddit "SuperPowers" was a global disability group, but again a lot of the discussions were American based. There were many posts from youth on this page about not having the support of their parents or family, even when doctors confirmed a diagnosis. This led to a lot of mental stress and confusion for these young people. These were examples of the imposter syndrome young people with disabilities dealt with.

On Instagram, I began by following the tags 'New Zealand', 'mental health', 'mental illness', 'disability', 'invisible disabilities', and 'teens.' I would spend about an hour to two hours a day scrolling through posts with these tags. This method of following tags led me to accounts that talked about these topics and allowed me to receive curated content as well as general content. This also meant that I would come across these topics more frequently in my "off time" because I was using my personal account; in my personal scrolling on Instagram, I increasingly came across posts about mental health, mental illness, and disability. A lot of the content I observed was for general consumption and most of the interaction with Instagram content was through likes rather than comments, unless people were 'tagging' one another.

Similarly, on twitter I followed accounts and hashtags that I believed would be relevant. Most of the observational content from twitter was obtained through suggested posts. Twitter presented people who were outspoken about their opinions. It was perhaps the best social media site for conversation, with a high level of engagement in the comment section. However, these comments and conversations lacked the same sense of community that I felt in the subreddits and Facebook groups.

Conclusion

      Different social media sites perform and satisfy different needs and user requirements, as is reflected through the differing levels of anonymity and the freedom of engagement that this affords. Humour was fundamental to mental health engagement across social media platforms, as a means to cope with and process mental illness and trauma. Finally, community is important to promote continuous engagement; groups that did not have conversations or a feel of community tended to have very little engagement or posts compared to those which generated conversations in the comment sections.

References Cited

Akram, Umair, Kamila Irvine, Sarah Allen, Jason Ellis, Jennifer Drabble, and Jodie C Stevenson. 2021. "Internet Memes Related to the COVID-19 Pandemic as a Potential Coping Mechanism for Anxiety." *Sci Rep* **11,** 22305. https://doi.org/10.1038/s41598- 021-00857-8

Muir, Luca. 2020. "The Importance of Community in the Construction of Identity: Fandoms & Fantasizers." [Disertation, The University of Auckland].

Nepul Raj, A., and Jayaprakash, D. 2021. "Social Media Memes as a Humour Vehicle during Covid-19." *Turkish Journal of Computer and Mathematics Education (TURCOMAT)* 12 (11): 2108–17. https://turcomat.org/index.php/turkbilmat/article/view/6192/5138

Shifman, Limor. 2014. *Memes in Digital Culture*. Cambridge, MA: The MIT Press.

Spearman, Karan. (2021, December 3). "'Laughing is a completely normal trauma response': Viral TikTok of students laughing after Oxford High School Shooting sparks debate." Daily Dot. https://www.dailydot.com/debug/oxford-high-school-shooting-laughing- trauma-tiktok/.