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Dear members of the Rhode Island House Finance committee:

My testimony today reflects my experiences as a member of the Board of Directors of the Providence After School Alliance (PASA), a clinical professor of psychiatry and a practicing clinical psychologist.

I am supporting the BOOST (Building Opportunities in Out-of-School Time) Bill, House 7501, for many reasons. I believe that we need to provide essential training for staff at out of school time (OST) programs and especially facilitate early identification of psychological problems in middle and high school students.

When I was doing research for a book in 2019, *pre-pandemic*, the mental health of adolescents was already seen as a crisis and of course, COVID-19 had a devastating effect on academic and psychological health, and also increased disparities in medical and psychological healthcare. In 2022, child and adolescent healthcare leaders in Rhode Island issued a State of Emergency, “Amidst the distress and disruptions caused by the COVID-19 pandemic, we are experiencing an unprecedented emergency in child and adolescent mental health care in Rhode Island.” Among their recommendations was increased funding for school-based care.

Currently the rates of anxiety and depression and young people are, according to the CDC, that 19.2% of adolescents ages 12–19 had depression symptoms in a recent 2-week period, 26.5% of young women and 12.2 % if young men. Approximately 18% of teens age 12- 17 had at least one major depressive episode based on a 2023 survey. For U.S. children ages 3–17, 11% had been diagnosed with anxiety. Female adolescent and LGBTQI teens are especially vulnerable. These are only the formal psychiatric disorders; 40% of high school students expressed persistent feelings of sadness; twenty per cent had seriously considered suicide and nine per cent attempted suicide. Although these data are a bit lower than the peaks in 2021, they are nonetheless alarming.

OST programs provide direct and indirect assistance to children and adolescents. Many of the children in OST programs have been exposed to severe adversity and this makes them vulnerable to mental health disorders. By providing them with an embedded community support program, they have access to creative academic engagement, a safe space and also access to caring adults. My clinical practice and research support the fact that a relationship with even one caring adult outside the family can provide a buffer to students of the effects of severe stress.

This bill will allow training for staff in OST programs to help them respond to the effects of trauma. Staff in OST programs are multitasking and are often multi-tasking with the students. They could definitely benefit from the provisions of House Bill 7501. Community- based OST

programs are also resources to parents. The American Psychological Association, of which I am a lifetime member, in its most recent report on stress in America, called our current time a “crisis of connection.” OST programs create intersecting connections among staff, students and families.

Finally, every hour that the middle or high school student spends in an OST program is one less hour they spend on social media. One recent estimate is that students ages 13 to 19 spend an average of 4.8 hours on social media, although I think that is an understatement based on my experience. Perhaps even more troubling is that 40% of children ages 8 -12 are already active on social media. One might ask, Why is this problematic? We know that, based on evidence from a recent lawsuit in California, that the algorithms of social media companies are deliberately created to be addictive. This may explain why girls use it, despite the fact, the 46% of them feel worse about their bodies after their experiences. Approximately 1/3 of all teenage girls have been exposed to online harassment. At the same time, boys involved in social media can be bullied as well, are encouraged to engage in risky behaviors and are exposed to pornography. And paradoxically, despite turning to social media for support, the result is that most users feel increased social isolation.

The Surgeon General of the US, Vivek H. Murthy MD justifiably concluded in 2024 that warning labels should be required on social media, just as they were on tobacco products in 1965. He suggested that the warning should be that social media platforms are associated with significant mental health harms for adolescents.

In summary, the mental health of our children needs urgent attention. Our children are suffering and as citizens of Rhode Island, we must do everything we can to help them.

I strongly encourage you to support this bill as one step toward enhancing OST programs and improving the psychological and social lives of our students.

Thank you.

Carol Landau, Ph.D.

[Psychological Consultant on Higher Education](#)

[Author: Mood Prep 101: A Parent's Guide to Preventing Depression and Anxiety in College-Bound Teens](#)

[Mood Prep 101](#)