ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 11| Issue: 1| January 2025|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2024: 8.402 || ISI Value: 1.188

CRITICAL DISCOURSE ANALYSIS ON MENTAL HEALTH-RELATED POSTS ON SOCIAL MEDIA

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ABSTRACT
Mental health discourse on social media serves as a vital platform for individuals to express their experiences and seek support. In educational settings, it is crucial for teachers and students to comprehend these discussions to foster understanding and empathy. This qualitative research employed Critical Discourse Analysis (CDA) and Systemic Functional Linguistics (SFL) to investigate mental health-related posts on social media platforms, specifically focusing on user-generated content from Facebook and Reddit. Through purposive sampling, a corpus of 51 posts was analyzed to uncover common linguistic features and themes. The findings revealed three key themes regarding linguistic characteristics: the use of emotionally charged language, the prevalence of first-person pronouns, and the expression of self-criticism and hopelessness. Additionally, the analysis identified themes related to the pursuit of emotional support, expressions of distress, and the need for validation. These findings highlight the significant role of language in shaping mental health narratives within digital spaces. It is recommended that society acknowledges the importance of mental health discourse on social media to promote awareness, understanding, and support for individuals facing mental health challenges. Educators and mental health professionals are encouraged to engage with these discussions to foster a more inclusive and empathetic environment, ultimately contributing to the destigmatization of mental health issues. Efforts to enhance communication strategies surrounding mental health in educational contexts are also advocated, ensuring that the voices of those affected are heard and respected.

KEYWORDS: *Mental Health, Depression, Suicide, Critical Discourse Analysis, Corpus Analysis*

INTRODUCTION
Human beings are inherently social creatures, relying on connections with others for their well-being and emotional satisfaction. The quality of these connections significantly impacts mental health and happiness, as strong social ties can alleviate stress, anxiety, and depression, boost self-esteem, provide comfort, and reduce loneliness (Robinson, 2023). In contrast, a lack of strong social bonds poses risks to mental and emotional well-being. Many people turn to social media platforms like Facebook, Twitter, and Instagram to seek connection and emotional support. However, relying solely on social media can deprive us of the direct, in-person interactions that are crucial for reducing stress and elevating mood. Ironically, excessive engagement with social media can even lead to increased feelings of loneliness and exacerbate mental health issues such as anxiety and depression (Smith, 2023).

College students face significant mental health challenges, with depression, anxiety, eating disorders, and substance misuse being the most common concerns affecting academic performance and overall well-being (Matacotta, 2020). These issues are exacerbated by academic pressures, social stressors, and a lack of community support (Wasil et al., 2021). Mobile health (mHealth) interventions have shown promise in addressing these problems, particularly when using cognitive behavioral therapy, acceptance and commitment therapy, and meditation techniques (Choudhury et al., 2023). However, untreated mental health issues can lead to academic failure, delinquency, and criminal activity, highlighting the need for improved public policy and funding (Dangore & Bhivgade, 2023). To enhance mental health on college campuses, students suggest strategies such as academic accommodations, peer counseling groups, and individual check-ins. Additionally, college students show interest in learning about identifying mental health concerns and supporting friends through mental health and wellness courses (Wasil et al., 2021).

Moreover, mental health concerns among higher education students have become increasingly common, exacerbated by the COVID-19 pandemic and socioeconomic challenges (Salimi et al., 2021). Factors such as academic pressure, competition, and unhealthy peer comparisons significantly contribute to student distress (Thompson et al., 2021; Escandallo & Escandallo, 2024), while the demand for mental health support often surpasses available resources, with cultural and contextual barriers further limiting access to care (Brown et al., 2023). To address these challenges, universities should integrate non-specialist-delivered mental health interventions into their existing services to establish stepped care models. A holistic approach that considers personal, academic, and home-related factors is essential for enhancing student well-being, while collaboration between universities,

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community health services, and sports organizations could lead to more effective health promotion initiatives (Usher, 2020). Together, these strategies have the potential to transform mental health support systems and better meet students' needs.

Analyzing mental health-related posts on social media provides valuable insights into how people perceive and discuss mental health. Platforms like Twitter and Instagram have become key spaces for conversations about mental health, creating opportunities to raise awareness, offer support, and reduce stigma (Pavlova & Berkers, 2020; Saha et al., 2019). Studies show that sharing inspirational content and personal stories can promote empathy and education (Saha et al., 2019; Lee et al., 2019). At the same time, stigmatizing content can spread quickly, underscoring the need for thoughtful approaches to online discussions (Saha et al., 2019). Foucauldian discourse analysis helps uncover power dynamics in these conversations, highlighting the importance of reducing stigma and encouraging supportive narratives (Hauer & Hung, 2022). Since mental health remains a leading global cause of disability, understanding and utilizing social media discourse is essential for increasing public awareness, improving resource distribution, and supporting those affected (Pavlova & Berkers, 2020).

Gaps in previous research highlight the urgency of this study. For example, Shirley's study, "Not Suicidal, Just Don't Want to Live: A Critical Discourse Analysis of the Discursive Construction of Depression and Suicidal Ideation in the Mental Health Community on Reddit," analyzed a limited sample from a single Reddit forum, overlooking other popular social networking platforms and thus limiting its generalizability. Similarly, Pavlova and Berkers' study, "Mental Health Discourse and Social Media: Which Mechanisms of Cultural Power Drive Discourse on Twitter," explored the mechanisms shaping mental health discourse through tweet content but did not address the subjective feelings or thoughts evoked by these tweets, reducing its relevance in understanding how discursive contagion occurs.

This study focuses on examining the linguistic features and common themes shaping mental health-related posts. It aims to identify discourse patterns within online communities such as Reddit and Facebook in the Philippine context using frequency analysis and critical discourse analysis models. This emphasis highlights the role of social media as a diverse online source, extending beyond a single platform and highlighting a research gap in the study.

RESEARCH QUESTIONS/OBJECTIVES

The researcher sought answer to the following questions

1. What are the most common linguistic features used in social media posts related to mental health?
2. What themes can be generated from social media posts related to mental health issues?

METHODOLOGY

In this study, the researcher employed a qualitative research design featuring Critical Discourse Analysis (CDA) and Systemic Functional Linguistics (SFL). Qualitative research methods provided an in-depth understanding of the language used in mental health-related posts on social media, allowing for a nuanced exploration of participants' experiences and the contexts surrounding their expressions.

The research material consisted of user-generated content from social media platforms, specifically Facebook, Instagram, and Reddit, focusing on posts that discussed mental health challenges. Significant data was acquired through purposive sampling, selecting posts based on pre-defined inclusion criteria, which included: (1) relevance to mental health discourse, (2) the presence of emotionally charged language, and (3) the use of first-person narratives reflecting personal experiences.

In corpus-based studies, data selection is typically guided by its relevance to the research questions rather than sample size. This study analyzed a corpus of 51 posts to capture a wide range of linguistic features and themes related to mental health discourse. The focus was on the representativeness and relevance of the data, ensuring that meaningful insights could be drawn while avoiding the limitations of a small dataset.

For data collection, the researcher accessed various social media platforms to gather posts that met the inclusion criteria. The process involved systematically identifying and extracting relevant content that reflected the emotional and linguistic characteristics of mental health discussions.

In the data analysis phase, the collected posts were examined using CDA to categorize and classify the linguistic features and common themes present in the discourse. The analysis focused on identifying patterns in language use, emotional expressions, and coping mechanisms, providing insights into how individuals articulate their mental health experiences online.
Furthermore, the study utilized established frameworks to understand the linguistic features, emotional expressions, and social functions of the language used in mental health discourse. This involved analyzing the structure, composition, and intended meanings of the posts, contributing to a deeper understanding of the interplay between language and mental health experiences in the digital age.

RESULTS AND DISCUSSIONS

Research Question No.1: What are the most common linguistic features used in social media posts related to mental health?

The ideational metafunction, is a concept from systemic functional linguistics by M.A.K. Halliday, focuses on how language represents experiences, thoughts, and ideas about the world. It emphasizes the content of communication, illustrating how speakers construct meaning through processes, participants, and

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circumstances. By analyzing the ideational metafunction, researchers can gain insights into how language shapes our understanding of reality and influences communication, particularly in contexts like mental health discourse, where personal experiences are central to the narrative.

The dataset highlights all six types of transitivity processes, each offering unique insights into the emotional, behavioral, and cognitive dimensions of individuals' experiences. Among these, mental processes emerge as the most frequently observed, emphasizing the significance of introspection and internal conflict. These processes reveal deep self-reflection, emotional assessment, and the pivotal role of cognition and perception in shaping personal identity and emotional well-being (Klaisingto, 2021). They uncover internal struggles, desires for change, and the yearning for social connection, aligning with existing research on mental health discourse (Amundrud, 2023).

Material processes illustrate actions that stem from emotional states, such as resigning from a job or taking medication. These processes highlight the tangible outcomes of psychological distress, showing how emotional turmoil translates into observable behavior. They provide valuable insights into how individuals confront their challenges and take action in response to their emotional experiences (Goetze, 2021; Eduardo, 2020).

Table 1
Ideational Metafunction in Mental Health-Related Posts

Transitivity Process	Example	Analysis
Verbal	*"I just want to **write** my family and friends a letter."* (SP-48)	The speaker expresses a desire to communicate, with "write" indicating the act of conveying their message verbally.
	*"I **messaged** her on iMessage..."* (SP-49)	The action involves verbal communication, showing how the speaker tries to reach out to their partner.
	*"I could not even charge my phone or **contact** my friends."* (SP-51)	The actions of "contacting" others verbally are hindered, emphasizing isolation.
	*"I **asked** my ex if she misses me*." (SP-20)	The speaker directly communicates with their ex, seeking an emotional response and expressing a desire for connection.
Material	*"I **resigned** from my HR job."* (SP-12)	The subject engages in a physical action of "resigning" from a job, driven by external pressures.
	*"I **drank** clorox in front of my dad*." (SP-46)	This process describes a physical action done by the subject to harm themselves, highlighting a material action.
	*"I **went** home last night..."* (SP-06)	The subject moves from one location to another, indicating a physical action tied to emotional strain.
	*"I **hurt** them emotionally and mentally."* (SP-20)	The speaker describes a harmful physical or psychological action impacting others.
	*"I **took** a lot of pills..."* (SP_51)	A physical action describing the act of ingesting pills, emphasizing the material process of self-harm.
Behavioral	*"I **want** to feel pain."* (SP-07)	A behavioral process that captures the internal psychological desire to experience physical pain, implying a physical manifestation of an emotional urge.
	*"I **feel** so numb/dead inside."* (SP-48)	The speaker describes an emotional state, an inner experience that manifests as numbness, tying emotional and behavioral states together.
	*"I just **stared** at the ceiling **all day**."* (SP-51)	A behavioral state reflects the speaker's emotional withdrawal, emphasizing inactivity and apathy.
Relational	*"I am scared of myself." (SP-47)*	The subject's self-awareness connects them to a state of fear, indicating a relational process of identity and emotional response.
	*"My **dad** has always **played** favorites among his children."* (SP-04)	The relational process expresses an enduring state of favoritism in the family dynamic.
	*"I **am** just a **burden**."* (SP-34)	A relational process where the speaker identifies themselves as a burden, linking their sense of worthlessness to their existence.
	*"There she **goes** again."* (SP-50)	This process marks the existence of the subject in a repeated, habitual situation.

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Existential	*"I **am** still jobless right now."* (SP-51)	The existential process highlights the ongoing state of unemployment, which is an enduring condition.
	*"It is **getting** so bad again."* (SP-48)	The speaker reflects on a deteriorating state, marking an existential condition.
	*There is **no one** who will **miss** me..."* (SP-34)	An existential process about the perceived absence of emotional connection or love.
Mental	*"I just **want** to die for living in this family."* (SP-46)	This example reflects the speaker's internal thoughts, connecting their feelings to the mental state of hopelessness.
	*"I **think** I should not live with all that because I am not good at anything, just a robot."* (SP-33)	The senser is evaluating their life circumstances and deciding based on self-perception.
	*"I **am** so **lost** in life."* (SP-11)	A mental process expressing confusion and a sense of being directionless.
	*"I **regret** the part where I was given a chance..."* (SP-49)	The speaker expresses an internal feeling of regret, identifying it as a mental process.
	*"I **feel** like a failure."* (SP-23)	The senser perceives themselves as unsuccessful, reflecting on self-worth.

Verbal processes underscore the importance of communication as a coping mechanism, reflecting individuals' efforts to articulate their struggles and seek validation from others. These processes emphasize the role of dialogue in managing emotional well-being and fostering understanding, shedding light on how verbal expression serves as a tool for emotional regulation (Klaisingto, 2021). Also, one study affirmed this as social media posts of every student reflects their sexual identity because of the choice of words they are using while posting online (Feliciano & Escandallo, 2024).

Relational processes focus on the intricate connection between self-perception and relationships with others, offering insights into how individuals view themselves and their social connections. These processes reveal themes of identity, emotional well-being, and the impact of social relationships on mental health. They highlight the complex dynamics between individuals' self-worth and their interactions with others (Amundrud, 2023; Phennapha, 2021).

Behavioral processes, though less frequent, demonstrate how emotional states manifest through physical and psychological actions. Examples such as withdrawal, disengagement, or proactive coping behaviors like exercise provide a glimpse into individuals' responses to their mental health challenges. These processes are critical for understanding coping mechanisms, therapeutic progress, and the interplay between actions and emotional states (Julia, 2020; To, 2023).

Finally, existential processes, while relatively infrequent, capture enduring emotional and situational challenges that individuals face. Expressions of hopelessness, feelings of invisibility, or struggles with purpose illustrate profound emotional distress and a sense of enduring difficulty. These processes provide essential insights into the deep-seated challenges of individuals navigating their mental health journeys (Amundrud, 2021).

Overall, these transitivity processes provide a comprehensive lens for understanding how emotional experiences are articulated and navigated. They offer a foundation for therapeutic approaches, social support systems, and further research into the complex interplay between emotions, actions, and relationships in the context of mental health.

Table 1.1
Interpersonal Metafunction in Mental Health-Related Posts

Mood	Example Statement	Context and Role of the Interlocutor
	"I am here to seek advice or help." (SP-20)	The speaker is expressing their reason for reaching out, stating their situation of needing support.
	"I feel so stupid for not being able to kill myself." (SP-34)	The speaker is expressing feelings of self-blame and regret over their inability to follow through with self-destructive thoughts.
	"I feel like a failure." (SP-23)	The speaker is conveying a sense of inadequacy and self-criticism.
	"I have been enduring this for almost three years now." (SP-32)	The speaker is expressing the prolonged nature of their suffering.

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Declarative	*"I am done with everything. I am numb to everything."* (SP-31)	The speaker is expressing emotional exhaustion and numbness from ongoing struggles.
	"I feel worthless." (SP-35)	The speaker is expressing deep self-loathing and despair.
	"I feel tired. Can I finally rest?" (SP-29)	The speaker is conveying exhaustion and a desire for peace or escape from their emotional struggle.
	"I want to sleep forever." (SP-28)	The speaker is expressing a desire to escape from their pain and suffering.
	"I want to end all of this next year." (SP-35)	The speaker is expressing a resigned intention to give up on life in the future.
	"I just want the strength to kill myself." (SP-30)	The speaker is expressing desperation and their struggle to find the strength to end their suffering.
	"My life is meaningless." (SP-28)	The speaker is expressing deep despair, feeling that life has no value.
Interrogative	*"Should I unalive myself?"* (SP-33)	The speaker is questioning their own value and considering self-harm, asking for validation or guidance.
	"How to get antidepressants (fast! I will not last long)?" (SP-32)	The speaker is urgently seeking advice or help on acquiring antidepressants to alleviate their mental health crisis.
	"Is being single the missing piece?" (SP-29)	The speaker is questioning whether their loneliness or lack of a relationship is a contributing factor to their emotional struggles.
	"Is it really like that when you do not have pretty privilege?" (SP-35)	The speaker is questioning societal standards and whether their appearance impacts their worth and experiences.
	"Why do I feel this way?" (SP-35)	The speaker is questioning the causes of their emotional struggles, seeking to understand their feelings.
Imperative	*"Tell me how to overcome this."* (SP-21)	The speaker is asking for help and guidance on how to handle their mental health struggles.
	"Help me, I do not know what to do." (SP-21)	The speaker is making a direct request for assistance in dealing with their emotional pain.

Furthermore, this research, grounded in Halliday's functional grammar, explores the role of mood in shaping communication dynamics and participant roles reflected as interpersonal metafunction, particularly within mental health discourse. The declarative mood, prominently featured, allows speakers to express feelings and struggles, seeking acknowledgment and understanding from the listener. By sharing experiences and emotions through statements, individuals invite validation and support, fostering meaningful connections. Khademi's (2023) findings highlight the importance of declarative mood in schizophrenic discourse, where negative statements reveal emotional and cognitive challenges. These insights align with Amat's (2020) work, emphasizing the declarative mood's role in mental health discussions, particularly in help-seeking and help-providing exchanges. Help-seekers use it to articulate struggles clearly, while help-providers employ it to offer guidance in a constructive, approachable manner, enhancing the clarity and depth of such interactions.

The interrogative mood further demonstrates the speaker's vulnerability and desire for guidance or reassurance. Through questions, individuals invite the interlocutor to engage more deeply, providing insight, comfort, or validation. Momeni's (2022) study found that individuals with bipolar disorder frequently used WH-interrogatives, such as "why" or "what," reflecting heightened self-awareness and a desire to understand their emotions and situations. This tendency to ask open-ended questions indicates the need for clarity and therapeutic interventions that offer structure and answers. Conversely, Muhammad's (2024) analysis of health messages noted a significant absence of interrogatives, indicating a one-sided communication approach. The lack of questions limited audience engagement, missing opportunities for interactive and empathetic communication.

The imperative mood conveys a sense of urgency, where the speaker appeals for immediate action and support, often placing responsibility on the interlocutor. This dynamic reflects the speaker's trust and hope for understanding, while also underscoring the critical need for practical assistance. Edmond's (2023) research highlights the imperative mood's dual role in therapeutic contexts: mental health professionals use it to guide behavior and treatment, while individuals employ it to assert their needs and express urgency. Khademi (2023) also analyzed the use of imperatives in schizophrenic patients, finding differences in the patterns of commands and requests compared to healthy individuals. These differences reflect challenges in social interactions and communication dynamics, with imperatives serving as indicators of emotional states and perceived control. Further, Escandallo and Baradillo (2024) explained that students

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used imperative languages to convey their thoughts and ideas in English in order to socialize with other people.

In summary, the use of declarative, interrogative, and imperative moods in mental health discourse reveals significant insights into emotional states, cognitive challenges, and communication dynamics. These patterns emphasize the importance of mood in fostering connection, seeking clarity, and expressing urgent needs, highlighting valuable opportunities for therapeutic support and intervention.

Table 1.2
Textual Metafunction in Mental Health-Related Posts

Example	Theme	Rheme
"I was the glass child, the stress was more noticeable to the two of them..." (SP-01)	"I" (subject) – Reflecting on the past experience of being overlooked by parents due to emotional and mental stress.	"was the glass child..." (subjective memory) – Recalling how the speaker felt during childhood.
"I feel lost and stuck. Am I still normal?" (SP-02)	"I" (subject) – The speaker expressing confusion and self-doubt about their current state.	"feel lost and stuck" (feeling of uncertainty) – The speaker conveys emotional and existential confusion.
"I have friends but I cannot really talk to them about these things..." (SP-03)	"I" (subject) – Expressing isolation and the inability to talk to friends about personal issues.	"cannot really talk to them..." (lack of emotional support) – Describing how their friends invalidate their feelings.
"There is no one to talk to, no one is interested in listening." (SP-04)	"There is no one to talk to" (subject) – Expressing the absence of support during tough times.	"No one is interested in listening" (emotional isolation) – The speaker feels their struggles are not acknowledged.
"I really want to rest but I could not." (SP-05)	"I" (subject) – Expressing the desire to rest due to exhaustion.	"could not" (inability to rest) – Conveying frustration at being unable to take a break.
"I feel hopeless and empty." (SP-06)	"I" (subject) – The speaker describing their emotional emptiness and hopelessness.	"feel hopeless and empty" (internal emotional state) – Describing feelings of being emotionally drained and disconnected.
"Everyday I feel so sad. I feel helpless." (SP-07)	"I" (subject) – Expressing sadness and helplessness.	"feel helpless" (emotional vulnerability) – Describing a sense of powerlessness in dealing with their feelings.
"I get to the point that I will have episodes of emotional outbursts..." (SP-08)	"I" (subject) – Describing emotional outbursts due to anger and frustration.	"will have episodes of emotional outbursts" (behavioral reaction) – Expressing the intensity of their emotional reactions.
"I feel like I am useless." (SP-09)	"I" (subject) – The speaker expressing feelings of inadequacy and failure.	"feel like I am useless" (self-doubt and insecurity) – The speaker struggles with their perceived lack of worth.
"I re-read screenshot messages from the wife of my brother..." (SP-10)	"I" (subject) – The speaker reflecting on painful messages that triggered emotional distress.	"re-read screenshot messages" (triggered emotion) – Recalling a painful memory that led to emotional turmoil.
"I feel lost." (SP-11)	"I" (subject) – Expressing a sense of being directionless despite external achievements.	"feel lost" (internal emotional state) – A statement of confusion and emotional exhaustion.
"I am trying my best to study but I do not know." (SP-12)	"I" (subject) – The speaker describing their struggle with academic pressure.	"am trying my best" (effort and uncertainty) – Acknowledging the effort put into studying despite doubts and struggles.
"I have been refusing my friends' chats and I kept distant from them." (SP-13)	"I" (subject) – The speaker admitting to distancing themselves from friends.	"kept distant from them" (behavioral withdrawal) – Describing the action of isolating themselves from their social circle, which indicates emotional strain.
"I feel like I am useless." (SP-14)	"I" (subject) – The speaker expressing feelings of inadequacy and worthlessness.	"feel like I am useless" (self-doubt) – Conveying a deep sense of not being important or valuable, which relates to self-esteem struggles.

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"My partner only helps me with my rent and a little with basic needs." (SP-15)	"My partner" (subject) – Explaining the limited support they receive from their partner.	"Helps me with my rent and a little with basic needs" (external support) – Acknowledging the help, but also pointing out that it is insufficient for complete support.
"I feel sad, trapped in my own brain like I am a prisoner who just committed a sin." (SP-16)	"I" (subject) – Describing the feeling of being mentally trapped and overwhelmed.	"feel sad, trapped in my own brain" (internal struggle) – Expressing the emotional turmoil and mental confinement.
"I have lost hope, existing as a zombie—alive but emotionally dead." (SP-17)	"I" (subject) – The speaker describing their emotional numbness and hopelessness.	"Existing as a zombie—alive but emotionally dead" (emotional numbness) – Describing the feeling of being physically present but emotionally disconnected and detached.
"I am at the verge of giving up." (SP-18)	"I" (subject) – The speaker expressing a sense of hopelessness and exhaustion.	"am at the verge of giving up" (emotional breakdown) – Conveying a critical point of emotional overwhelm and a desire to give up.
"I do not want to be me." (SP-19)	"I" (subject) – The speaker as the subject expressing their self-loathing.	"do not want to be me." (self rejection) Expressing the emotional turmoil and hatred towards self
\"I feel so inferior to my friends." (SP-20)	"I" (subject) – The speaker as the subject expressing their feelings.	"feel so inferior to my friends" (emotion of inferiority) – Describes the feeling of being inferior to others.
"I do not understand why I am so inferior." (SP-21)	"I" (subject) – The speaker as the subject expressing confusion.	"do not understand why I am so inferior" (emotion and confusion) – The speaker is uncertain and questioning their self-worth.
"I feel like I am just stuck and nothing will change." (SP-22)	"I" (subject) – The speaker at the center of the expression.	"feel like I am just stuck and nothing will change" (feeling of stagnation) – Describes a sense of being stuck and hopeless.
"I feel like I do not belong here." (SP-23)	"I" (subject) – The speaker expressing their personal emotion.	"feel like I do not belong here" (sense of alienation) – Expresses the feeling of not fitting in.
"I hate the way I look." (SP-24)	"I" (subject) – The speaker expressing dissatisfaction with their appearance.	"hate the way I look" (negative self-perception) – The speaker conveys strong dislike for their physical appearance.
"I am struggling with my mental health." (SP-25)	"I" (subject) – The speaker taking center stage.	"am struggling with my mental health" (ongoing challenge) – The speaker conveys the ongoing difficulty of dealing with mental health.
"I cannot seem to get out of this dark place." (SP-26)	"I" (subject) – The speaker expressing their emotional state.	"cannot seem to get out of this dark place" (feeling of being trapped mentally) – The speaker feels trapped in a metaphorical dark place.
"I am tired of trying." (SP - 27)	"I" (subject) – The speaker expressing their fatigue.	"am tired of trying" (exhaustion from effort) – The speaker has grown weary of their ongoing efforts.
"I am stuck in a cycle of negative thoughts." (SP-28)	"I" (subject) – The speaker expressing their struggle.	"am stuck in a cycle of negative thoughts" (feeling of being trapped mentally) – The speaker feels trapped by persistent negative thoughts.
"I feel like I am falling apart." (SP-29)	"I" (subject) – The speaker expressing their emotional breakdown.	"feel like I am falling apart" (feeling of emotional breakdown) – The speaker expresses a sense of losing control emotionally.
"I want to escape from my own mind." (SP-30)	"I" (subject) – The speaker expressing their desire for relief.	"want to escape from my own mind" (desire for relief from mental anguish) – The speaker

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		expresses a deep desire to escape their mental turmoil.
"I cannot deal with the pressure anymore." (SP-31)	"I" (subject) – The speaker expressing their stress.	"cannot deal with the pressure anymore" (inability to handle stress) – The speaker expresses their inability to cope with external pressure.
"I feel like I'm invisible." (SP-32)	"I" (subject) – The speaker as the subject expressing their emotional state.	"feel like I'm invisible" (emotion of feeling overlooked) – The speaker expresses a sense of invisibility or being ignored.
"I just want to disappear." (SP-33)	"I" (subject) – The speaker expressing their desire to escape.	"just want to disappear" (desire to escape from everything) – The speaker desires to vanish and escape their reality.
"I am scared to live this life anymore." (SP-34)	"I" (subject) – The speaker expressing fear.	"am scared to live this life anymore" (fear and hopelessness) – The speaker is overwhelmed by fear and sees no hope in continuing life.
"I feel like a failure." (SP-35)	"I" (subject) – The speaker as the subject expressing self-doubt.	"feel like a failure" (self-judgment and despair) – The speaker is critically viewing themselves as a failure.
"I feel stuck and overwhelmed." (SP-36)	"I" (subject) – The speaker expressing their emotional state.	"feel stuck and overwhelmed" (feeling of being trapped and stressed) – The speaker expresses emotional overload and lack of control.
"I am trying to fix myself but nothing works." (SP-37)	"I" (subject) – The speaker as the subject, focusing on their struggle to improve.	"am trying to fix myself but nothing works" (efforts to improve failing) – The speaker expresses frustration with unsuccessful attempts to change.
"I am exhausted from overthinking everything." (SP-38)	"I" (subject) – The speaker as the subject experiencing mental strain.	"am exhausted from overthinking everything" (mental fatigue from excessive worry) – The speaker is tired from constantly overthinking.
"I have nothing to look forward to." (SP-39)	"I" (subject) – The speaker expressing their emotional state.	"have nothing to look forward to" (lack of hope or motivation) – The speaker expresses a loss of hope or excitement for the future.
"I feel like I'm losing myself." (SP-40)	"I" (subject) – The speaker expressing their fear of losing their sense of self.	"feel like I'm losing myself" (sense of self-dissolution) – The speaker feels like they are losing their identity or sense of self.
"I am nothing but a burden to my family." (SP-41)	"I" (subject) – The speaker expressing guilt and self-criticism.	"am nothing but a burden to my family" (self-deprecation and guilt) – The speaker sees themselves as a negative influence on their family.
"I can't keep pretending to be okay." (SP-42)	"I" (subject) – The speaker expressing their inability to maintain a facade.	"can't keep pretending to be okay" (struggling with masking true feelings) – The speaker expresses difficulty in continuing to hide their true emotional state.
"I don't know how to keep going." (SP-43)	"I" (subject) – The speaker expressing their uncertainty.	"don't know how to keep going" (feeling of uncertainty about the future) – The speaker feels lost and unsure about how to continue.
"I am forcing myself to be strong, nothing, I am tired, I do not know anymore." (SP-44)	"I" (subject) – The speaker is expressing their internal struggle and emotional exhaustion.	"am forcing myself to be strong" (emotional burden) – The speaker feels the weight of emotional hardship and the ongoing necessity to present strength, even when they feel incapable.

ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
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"I just want to end these questions in my mind." (SP-45)	"I" (subject) – The speaker expressing their mental fatigue.	"just want to end these questions in my mind" – Describes a desire for relief from mental strain.
"I have no way out but death." (SP-46)	"I" (subject) – The speaker expressing hopelessness.	"have no way out but death" – Describes a perceived lack of escape from pain.
"I feel so alone." (SP-47)	"I" (subject) – The speaker conveying isolation.	"feel so alone" – Expresses a deep sense of loneliness.
"I want to stop this cycle." (SP-48)	"I" (subject) – The speaker expressing their struggle.	"want to stop this cycle" – Describes a desire to end repetitive pain.
"I feel like I am losing myself." (SP-49)	"I" (subject) – The speaker expressing self-doubt.	"feel like I am losing myself" – Describes a fear of losing identity.
"I hate myself for being this weak." (SP-50)	"I" (subject) – The speaker expressing frustration.	"hate myself for being this weak" – Describes self-directed anger and shame.
"I am scared of continuing to live like this." (SP-51)	"I" (subject) – The speaker conveying fear.	"am scared of continuing to live like this" – Describes fear of ongoing struggles.

Analysis of the texts, using Halliday's Systemic Functional Linguistics (SFL) textual metafunction, revealed a key pattern in the organization of information and emotional expression. The speaker's narrative primarily focuses on personal experiences, with the consistent use of the first-person pronoun "I" positioning them as the central figure. This framing underscores the deeply personal and introspective nature of their emotional and psychological journey. The rheme expands on this focus by detailing intense emotions, such as hopelessness, confusion, self-doubt, and emotional exhaustion. These expressions not only highlight the speaker's inner turmoil but also provide insights into their despair and diminished self-worth, reflecting the challenges they face in managing their emotional state.

These findings align with Ren et al. (2024), whose study showed that first-person pronouns ("I," "me," "my," "myself") are crucial for expressing identity, personal experiences, and emotions. Such pronouns enable individuals to articulate their thoughts and feelings, fostering intimate and relatable communication. In mental health contexts, increased use of first-person pronouns often correlates with heightened self-focus, which is linked to greater levels of depression and self-reflection. In therapeutic settings, these pronouns help clients convey their emotional states and experiences, promoting deeper discussions about mental health. Recent advancements in language analysis tools, such as BERT (Bidirectional Encoder Representations from Transformers), have provided more nuanced insights into the contextual use of first-person pronouns, revealing more about mental states than traditional frequency-based methods. These insights make first-person pronouns valuable tools in both therapeutic and research contexts.

Similarly, Huang et al. (2024) emphasize the significance of first-person singular pronouns (FPSPs), particularly in their objective form, for identifying suicidal ideation. Their study of clinical interview transcripts revealed that a higher frequency of objective FPSPs correlates with an increased likelihood of suicidal thoughts, offering a window into patients' emotional and psychological states. This finding underscores the potential of language, especially pronoun usage, as a critical indicator of depression and suicide risk. Moreover, the study highlights the value of integrating machine learning models to analyze linguistic features like FPSPs in mental health assessments. Such tools could aid healthcare professionals in early detection, enabling more effective and objective identification of individuals at risk for suicide. This integration has the potential to improve both preventative measures and therapeutic interventions.

Research Question No.2: What themes can be generated from social media posts related to mental health issues?

On the other hand, In conducting a critical discourse analysis using Fairclough's model, the researcher employed three levels of analysis: micro, meso, and macro. At the micro level, a detailed textual analysis was conducted to examine how specific word choices and their frequencies shape discourse. The meso-level analysis focused on how these textual features interact with the personal knowledge and interpretations of readers, adding contextual depth and nuanced meaning. Finally, the macro-level analysis synthesized these findings to identify broader themes within the corpus of mental health-related content. This approach uncovered dominant themes reflecting societal, political, and historical influences on mental health discourse.

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Table 2
Results of Micro, Meso, and Macro Level Analysis

Themes (Macro)	**Discourse Types** (Meso)	**Sample Statements** (Micro)
Symptoms of Depression from Personal Experience(s).	Self-Reported Signs of Mental Illness	• *"I got severely depressed that I started to harm myself at a young age." SP-28* • *"Since last year around June, I started to get easily irritated even at the smallest details." SP-08* • *"Just had a full blast mental breakdown in school." SP-32*
	Negative Emotions	• *"I feel so ashamed of myself and to those who expect success from me." SP-45* • *"I feel lonely and in need of attention or love." SP-26* • *"Everyday I feel so sad. I feel helpless." SP-07*
	Negative Self-Statements	• *"I am still a loser, no matter how I try to look good." SP-35* • *"I hate everything about my body." SP-41* • *"I know it is wrong, but I do not want myself anymore. I do not want to be me." SP-19*
	Pessimistic Remarks	• *"I have so many dreams, but I cannot achieve them." SP-15* • *"Anyways, maybe life is not really for everyone." SP-34* • *"It seems that no matter how hard I try in life, nothing seems to happen, it is like fate is just fooling me." SP-35*
Causes of Depression and Motivations for Life or Death	Social Ties	• *"I feel that no one understands me, not even my family." SP-02* • *"Most of my friends will say "I am always here for you" or "I am just one chat/call away if you need to talk" but when life gets tough there is no one to talk to, no one is interested in listening." SP-04* • *"I drank Clorox in front of my dad to stop him from spanking me." SP-46*
	School and Work	• *"I am doing my thesis right now and I have been stuck in this one thought process for weeks now and it makes me cry every night." SP-38* • *"I am also unemployed now and I can say one of the most impulsive decisions I made is to resign without a backup plan. I cannot stand the toxic environment." SP-02* • *"Freshie, from this big university where I got five in one subject. I do not know what to do, even if I want to transfer school, I cannot because of my five." SP- 42*
	Bad Circumstances	• *"I hate being in the situation that I am in. Only child. Old-ish mother. Caregiver. Watcher. Provider. Absorber of all toxicity. Everything." SP-50* • *"Back in 2021, I had simultaneous problems. Family problems, financial problems, I had a miscarriage, and my partner left me." SP-51* • *"But these past few days/weeks, after all the mess that happened to me have been losing a lot of sleep." SP- 43*
	Seeking for Advice or Solution	• *"Tell me how to overcome this? And what do you think this is?" SP-21* • *"Please, can anyone give their advice? I really need your help." SP-13* • *"How can I convince my parents that I should take a rest? Do you think I should continue my studies even though I am struggling emotionally/mentally?" SP-05*
		• *"I have not taken my meds for a month I think, just nothing, I thought I can stop taking it without consulting my doctor lol. All I know is I am tired. I do not want help." SP-30*

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Solutions to Depression and Suicidal Thoughts	Failed or Rejected Solution	• *"Inhale exhale or number counting is not effective anymore, the methods that I know are all ineffective, so I really do not know what to do." SP-08* • *"But I stopped taking my meds for I do not know reason. I just do not take it." SP-48*
	Professional Mental Health Care	• *"I realized that it is getting worse, and I want to seek professional help, but I don't have the budget." SP-08* • *"I know I should seek professional help. I have attempted setting an appointment in PGH multiple times, but I just cannot catch it." SP-32* • *"I am in therapy, and I got diagnosed "depression"." SP-48*
	Failed Professional Mental Health Care	• *"Do not get me wrong, I tried to seek professional help in my 25 years, I tried several times to go to a psychiatrist, but it is just so annoying because why are they pushing the ideal or belief in terms of religion." SP-35* • *"I want to hurt myself so bad. It feels like the medicines are not working." SP-47*
Suicidal Ideations and Attempts	Passive Suicidal Ideation	• *"I do not know what to do anymore. I am on the edge of taking my life." SP-13* • *"I wake up crying, eat while crying, go to sleep crying, like death is the only way to stop every pain right now." SP-42* • *"I hope when I fall asleep later, I will not wake up." SP-42*
	Active Suicidal Ideation	• *"I am planning to overdose on whatever I have here and finally fall asleep, and hopefully not wake up at all." SP-43* • *"When I go to Japan for my "trip", I will make sure I never come home. I will make sure I take a trip to Aokigahara forest and never come out." SP-39* • *"Anyways, that is it, I am ending all of it next year. I do not want this life anymore. This is probably my only goal that I can achieve." SP-35*
	Regret on Failed Suicide Attempts	• *"I feel so stupid for not being able to kill myself.* • *To me, I had no way out but death. This happened last night, unfortunately I am still alive." SP-46*

The analysis revealed several key themes in Facebook and Reddit posts. One prevalent theme was the **symptoms of depression from personal experience**, which appeared in 98% of the posts. This theme emp emphasized users' struggles with depression through vivid descriptions of symptoms such as deep sadness, hopelessness, and helplessness. Many users expressed intense negative emotions, including despair and the feelings of being overwhelmed, often accompanied by negative self-talk and self-criticism, reflecting the impact of depression on self-esteem.

Mental health-relatedd posts frequently revealed a pessimistic outlook, with skepticism about positive outcomes and feelings of hopelessness. These findings align with Budiarta's (2024) study, which identified "Mental Health Impairments and Well-Being" as a common theme in social media posts. Similarly, Shirley's (2023) research found that experiential depressive symptoms were common, with users describing cognitive challenges and difficulties in completing everyday tasks. Subthemes included expressions of negative emotions, negative self-statements, and pessimistic outlooks, underscoring the depth of emotional struggles shared online.

Another theme centered on the causes of **depression and motivations for life or death**, appearing in 82% of posts. This theme explored factors contributing to users' mental health challenges and their decisions to continue life or consider death. Commonly cited causes included relationships, challenging life circumstances, work and academic pressures, and uncontrollable factors such as fate or the universe. These findings echo the complex interplay of biological, psychological, environmental, and socioeconomic factors in mental illness discussed by WebMD Editorial Contributors (2023). Similarly, Peng et al. (2023) identified sources of distress such as workplace dissatisfaction, financial issues, family problems, and academic pressures, further exacerbated by the COVID-19 pandemic.

The third theme focused on **solutions to depression and suicidal thoughts**, present in 57% of posts. Discussions included strategies users had tried, dismissed, or found ineffective in

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managing depression and suicidal thoughts. Posts highlighted advice-seeking, experiences with professional mental health care, and coping mechanisms. Bjärehed et al. (2023) identified similar patterns, with online forum responses including tips, consoling, coaching, educating, and sharing personal experiences. Aperocho and Tarusan (2022) emphasized the importance of seeking professional help, utilizing support networks, and leveraging language to foster connections and cope with mental health challenges.

The final theme involved **suicidal thoughts and attempts**, which appeared in 53% of posts. Users shared their experiences with contemplating or attempting suicide, describing emotions ranging from passive thoughts to active plans. Some posts reflected regret over previous attempts, while others expressed ambivalence, highlighting the complexity of emotions surrounding suicidal ideation. Shirley's (2023) research on the r/depression subreddit similarly found diverse perspectives on suicidal ideation, with users openly sharing struggles, expressing ambivalence, or indirectly hinting at suicidal thoughts. Nesi et al. (2021) further linked cybervictimization to increased suicidal ideation, particularly among adolescents, emphasizing the impact of online interactions on mental health.

Overall, the study revealed that discussions about depression often personify it as a controlling force, while suicidal thoughts are portrayed more positively as coping mechanisms rather than definitive plans. Self-stigmatization was also prevalent, with users marginalizing themselves by expressing negative views about their experiences with depression. These findings underscore the multifaceted nature of mental health discourse on social media, highlighting users' struggles, causes, coping mechanisms, and the role of online platforms in providing support and fostering dialogue.

CONCLUDING REMARKS

In conclusion, this study explored the linguistic features and recurring themes in social media posts addressing mental health challenges, employing a qualitative approach grounded in Systemic Functional Linguistics (SFL) and Critical Discourse Analysis. The findings revealed the intricate role of language in expressing deep emotions, self-criticism, and the pursuit of help or advice, highlighting the dynamic relationship between linguistic choices and mental health experiences. This research sheds light on how language serves as a vital tool for navigating emotional expression and social interaction within the context of mental health discourse.

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