

# MENTAL HEALTH



ILLUSTRATION BY MYEEN RAHMOMA

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Presented by the SJSU Office of the President and Associated Students

THURSDAY APRIL 27 12-1 PM

DISCUSS key SJSU student issues

SHARE thoughts, ideas, & questions

Student Union, Room 3AB

MINI-SNACKS BONUS

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Questions? Contact: Kingson Leung, A.S. Interim Sector Associate Director at [kingson.leung@sjsu.edu](mailto:kingson.leung@sjsu.edu)

# Mental health is not monolithic

The conversations surrounding the betterment of mental health and the issues surrounding the subject are never easy to describe.

That's because mental health is not a monolith.

We want to start the issue by breaking down the distinction between mental health and mental illness.

Mental health is the state of our emotional, psychological and social well-being.

Mental illness is the general condition of a variety of diagnoses a person can have, these are conditions of changes in behavior, thinking, emotion or a combination of these factors.

All of our respective experiences are different.

Even if we experience the same symptoms or have the same diagnoses, we all walk through and navigate the world

the stories we share here can help to create and move the conversation forward in our own community.

We focus on the factors that can cause mental illnesses, including anxiety and stress.

We analyze how they can cause further complications, and how outside factors, such as financial means and systemic issues, can worsen a person's well-being.

We hope to expand people's minds on their perception of how mental health is seen, and we hope to connect to our community in sharing experiences of our own personal journeys surrounding the betterment of our mental health.

As student journalists, we see, experience and feel the weight of having to maintain a school and social life under the microscope of high expectations.



**Covering issues our community faces gives us a new perspective on our personal experiences, while allowing us to reflect on the problems of the world.**

differently, therefore, our experiences can never truly be the same.

In a post-pandemic era where the world has drastically changed, the topic of mental health is of utmost importance.

In a time of heightened awareness surrounding mental health issues, statistics show that college students' mental health has worsened while they're in college.

In 2022, 35% of college students were diagnosed with anxiety disorder, and 27% of students were diagnosed with depression, according to a study from the American College Health Association.

On top of that, 77% of college students experienced moderate to serious psychological stress, according to the same study.

These statistics don't even include students who deal with personality or mood disorders, such as borderline and bipolar disorders, where stigmas are high against people who have been diagnosed.

It's safe to affirm that the conversation surrounding the mental health spectrum has a long way to go.

Within representation of marginalized communities, the portrayal of mental health and issues in the media, we hope

While also dealing with finding ourselves and growing into the people that will carry us through the trials and tribulations of the world.

As we cover the San Jose State community, we see how systemic factors affect the people we speak to and write about.

We focus on the individuals, groups and experiences of the SJSU community as it pertains to their own respective mental health and the effects that surround it.

Covering issues our community faces gives us a new perspective on our personal experiences, while allowing us to reflect on the problems of the world.

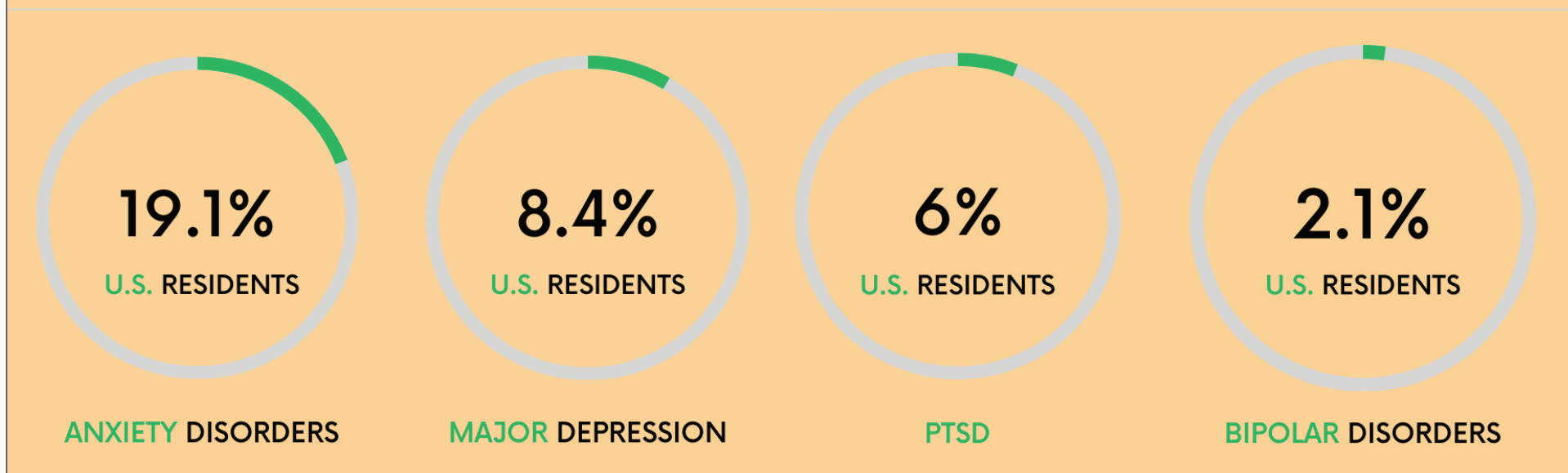
May 1 will be the beginning of Mental Health Awareness Month and we hope to preface it the best way possible, by highlighting the importance of mental health awareness for our community.

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# Mental Health Illnesses in the U.S.

Percentages of U.S. residents diagnosed with mental health illnesses



INFOGRAPHIC BY ALESSIO CAVALCA | SPARTAN DAILY

## Experts differentiate mental illnesses

By Alessio Cavalca  
MANAGING EDITOR

Mental illnesses are among the most common health conditions in the United States.

The National Alliance on Mental Illness reported in June 2022 that one out of five U.S. adults experience mental illnesses each year.

At the same time, one in every 20 U.S. residents live with a serious mental illness.

That totals to more than 16 million people in the U.S. living with a serious mental illness including schizophrenia, bipolar disorder or major depression, according to the National Alliance Mental Illness report.

San Jose State psychology professor Elena Klaw said there are significant factors to consider to recognize mental health illnesses.

“When we call something a disorder, it has to fit two criteria,” Klaw said. “One is significant distress and the other is functional impairment.”

### Anxiety Disorders

The most prevalent mental illnesses in the U.S., affecting about 42 million people, are anxiety disorders, according to the National Alliance on Mental Illness Anxiety Disorder webpage.

Anxiety disorders include those that share features of excessive fear and anxiety and related-behavioral disturbances, according to the Diagnostic and Statistical Manual of Mental Disorders website.

U.S. healthcare professionals use the Diagnostic and Statistical Manual of Mental Health as the authoritative guide to mental disorder diagnoses, according to the American Psychiatry Association website.

SJSU psychology assistant professor Lester Papa said anxiety itself is not a disorder.

“There are normal amounts of anxiety and stress that someone can experience and still be functional,” Papa said.

Anxiety is often associated with muscle tension and vigilance in preparation for future danger and cautious or avoidant behaviors,

according to the Diagnostic and Statistical Manual of Mental Disorders.

Klaw said when anxiety becomes disabling, it impairs functional activities, causing significant distress.

“It’s a disordered way of relating to the world – when we go into that category where we’re feeling that our way of relating to the world has become disordered, we benefit from psychological and psychiatric help.”

There are also scenarios in which anxiety levels impair people’s functional activities leading to other mental illnesses.

For instance, Papa said anxiety can lead to depression.

“You might have . . . some social anxiety that’s not necessarily disordered but it’s a struggle for you to meet somebody new and to be able to talk with people to be able to maintain the types of friendships that you want,” Papa said. “So that contributes to feeling lonely and that loneliness then contributes to you feeling depressed.”

### Depression

Klaw said when depression is at a chronically low-level state, experts call it dysthymia.

Dysthymia is a milder but long-lasting form of depression. It’s also called persistent depressive disorder, according to the National Institute of Mental Health.

Klaw said a second form of the disorder, characterized by an individual’s severe impairment, is called major depression.

There are 21 million U.S. residents who have major depression, and it can result in severe impairments capable of interfering or limiting a person’s ability to carry out major life activities, according to the National Institute of Mental Health Major Depression webpage.

Among depression’s symptoms, there is at least a two-week period during which a person experiences a depressed mood or loss of interest or pleasure in daily activities, according to the webpage.

Papa said there are biological and genetic factors that could influence



PHOTO BY NATHAN CANILAO | SPARTAN DAILY

Psychology professor Elena Klaw outlines the U.S. most prevalent mental illnesses during an interview on April 19.

depression.

“Starting with the biological [factor], some people are just born with a little bit of a predisposition to developing depression, either genetically, right? They are at risk because they have a family history of depression,” Papa said.

However, there are more components capable of influencing depression.

Papa said neurotransmitters also play an important role because they modulate people’s moods.

Neurotransmitters are endogenous chemicals allowing neurons to communicate with each other throughout the body and are integral in shaping everyday life and functions, according to a National Library of Medicine May 8, 2022 article.

“Specifically, things like serotonin and dopamine, right? These neurotransmitters may not be already at an optimal level for somebody,” Papa said. “And so it makes them more at risk for developing depression.”

### Bipolar Disorder

Bipolar disorder, also referred to as manic-depressive disorder, is characterized by shifts

in mood, energy and activity levels that affect a person’s ability to carry out daily tasks, according to the National Institute of Mental Health Bipolar Disorder webpage.

There are about six million people in the U.S. who have bipolar disorder, according to the webpage.

Klaw said a person who has bipolar disorder experiences both depression and manic cycles.

“You experience both depression, these disappear, disabling lows, and manic is a feeling of a high, right? That can be so extreme that people stop eating and sleeping,” she said.

The cycles of depression and manic length may vary and the disorder can be chronic or episodic. An individual who has the disorder may have manic, depressive or “mixed” episodes, according to the same National Institute of Mental Health Bipolar Disorder webpage.

Klaw said everyone experiences ups and downs in their moods, but with bipolar disorder, the range of mood changes can be extreme.

People who have this mental illness have manic episodes or unusually elevated moods in which the individual might feel

very happy, irritable, with a marked increase in activity level, according to the same National Institute of Mental Health Bipolar Disorder webpage.

“Let’s keep in mind that people have genetic vulnerabilities to these disorders,” Klaw said. “So, unlike everyday’s sadness, which everybody can experience, bipolar is heavily genetic, meaning that one might have a vulnerability to that mood disorder.”

### PTSD

Post-traumatic stress disorder is a mental illness that develops in some people who have experienced a shocking, scary or dangerous event, according to the National Institute of Mental Health PTSD webpage.

Papa said when talking about PTSD, it is important to identify the trauma that triggers the mental illness.

“In order to get that diagnosis of post-traumatic stress disorder, that traumatic event has to involve death, it has to involve serious injury or it has to involve sexual violence,” he said.

About 6% of the U.S. population will have PTSD at some point in their lives, according to the U.S. Department of Veteran Affairs webpage.

However, not all traumatic events generate PTSD.

“You can have traumatizing incidents that can make life challenging for you, but there’s no PTSD,” Papa said. “So the things that influenced them, like whether or not trauma will influence your life, depends on if those events then lead to a cluster of symptoms.”

Klaw said one of the symptoms related to PTSD is chronic hyperarousal.

With hyperarousal, individuals who have PTSD can live in states of constant tension and their fight-or-flight responses are perpetually turned on, according to a May 18, 2021 WebMd article.

Klaw also said adrenaline and cortisol are the two neurotransmitters correlated to the hyperarousal symptoms.

“They’re pumping all the time because it’s that ‘Fight or flight,’” Klaw said. “So let’s say you’re a military veteran, you were deployed, you went to war, you learn to keep yourself hyper-aroused and hyper-vigilant all the time, because that’s how you stay safe.”

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# SUPPORT FOR MENTAL HEALTH

## General mental health resources and crisis hotlines:

- **Counseling and Psychological Services**  
408-924-5910  
counseling.services@sjsu.edu  
Student Wellness Center, Room 300B
- **211 Bay Area**  
Connects residents to current health, housing, and other social services
- **FindTreatment.gov**  
Find a provider treating substance use disorders, addiction and mental illness
- **American Psychiatric Association Foundation**  
Find a psychiatrist or psychologist in your area
- **988 Suicide & Crisis Lifeline**
- **Crisis Text Line**  
Text SIGNS to 741741 for 24/7, anonymous and free crisis counseling
- **Disaster Distress Helpline**  
CALL or TEXT 1-800-985-5990 (press 2 for Spanish)
- **Inclusive Therapists**  
Centers the needs of Black, Indigenous, and People of Color (BIPOC) and 2SLGBTQIA+ intersections (QTBIPOC). We amplify the voices and expressions of Neurodivergent and Disabled Communities of Color



## For abuse/assault/violence survivors:

- **National Domestic Violence Hotline**  
1-800-799-7233 or text LOVEIS to 22522
- **National Child Abuse Hotline**  
1-800-4AChild (1-800-422-4453) or text 1-800-422-4453
- **National Sexual Assault Hotline**  
1-800-656-HOPE (4673)

## For the Black community:

- **The Black Leadership and Opportunity Center**  
408-924-5105  
thebloc@sjsu.edu  
Diaz Compean Student Union (SU)  
Room 1360 (across from Jamba Juice)
- **Black Emotional and Mental Health Collective**  
*Aims at removing the barriers that Black people experience getting access to or staying connected with emotional health care and healing through education, training, advocacy and the creative arts*
- **Black Mental Health Alliance**  
(410) 338-2642  
*Provides information, resources and a "Find a Therapist" locator to connect with a culturally competent mental health professional*
- **Ebony's Mental Health Resources by State**  
*List of Black-owned and focused mental health resources by state as compiled by Ebony magazine*

## For the Latinx community:

- **UndocuSpartan Student Resource Center**  
408-924-2762 or undocuspartan@sjsu.edu
- **SJSU Chicax/Latinx Student Success Center**  
408-924-5102 or chicaxlatinxscc@sjsu.edu  
Student Union (SU) Room 1340
- **Therapy for Latinx**  
*A database of therapists who either identify as Latinx or has worked closely with and understands the unique needs of the Latinx community. The website is also offered in Spanish.*
- **Mental Health America's Resources for Latinx/Hispanic Communities**  
*General mental health Spanish-speaking resources, including a list of Spanish-language materials and Spanish-language screening tools*

## For the Asian American and Pacific Islander community:

- **SJSU Asian Pacific Islander Desi American Student Success Center**  
408-924-5900 or vp.studentaffairs@sjsu.edu  
Clark Hall, Room 531 (Fifth Floor)
- **Asian Mental Health Collective**  
*Provides the APISAA Therapist Directory, a directory of therapists located in most states and Washington, D.C. who specialize in serving Asian American, South Asian American and Pacific Islander communities*
- **Asian American Psychological Association**  
*Focuses on using research, education, policy, and professional practice to advance the mental health and well-being of Asian American communities*

## For the LGBTQ+ community:

- **SJSU PRIDE Center**  
408-924-6157 or sjsupride@gmail.com  
Student Union Main, 1st Level
- **LGBT National Hotline**  
1-888-843-4564
- **The Trevor Project's TrevorLifeline**  
1-866-488-7386
- **Crisis Text Line**  
Text HOME to 741741
- **Trans Lifeline**  
1-877-565-8860

## For South, West Asian and North African community:

- **SJSU SWANA**  
Instagram: @sjsuswana  
*An initiative that aims to open a SWANA center to serve as a cultural sanctuary, a space to raise awareness on social justice issues and seek solidarity, and provide professional networking opportunities*

## For veterans/active-duty military:

- **SJSU Veterans Resource Center**  
408-924-8129 or veterans@sjsu.edu  
Student Union, Room 1500 (First Floor)
- **Veterans Crisis Line**  
988, then select 1  
Crisis Chat, text: 838255



### ABOUT

The Spartan Daily prides itself on being the San Jose State community's top news source. New issues are published every Tuesday, Wednesday and Thursday throughout the academic year and online content updated daily. The Spartan Daily is written and published by San Jose State students as an expression of their First Amendment rights. Reader feedback may be submitted as letters to the editor or online comments.

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**ASSOCIATE EDITOR**  
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### CONTACT US

**EDITORIAL –**  
**MAIN TELEPHONE:**  
(408) 924-3821

**EMAIL:**  
spartandaily@gmail.com

### ADVERTISING –

**TELEPHONE:**  
408-924-3240

**EMAIL:**  
spartandailyadvertising@gmail.com

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### EDITORIAL POLICY

Columns are the opinion of individual writers and not that of the Spartan Daily. Editorials reflect the majority opinion of the Editorial Board, which is made up of student editors.



PHOTO BY ENRIQUE GUTIERREZ-SEVILLA | SPARTAN DAILY

Student organizations set up tents and booths along Seventh Street Plaza as San Jose State students walk across and express their interest.

# How money affects mental health

## When your basic needs aren't met, your mental health can pay the price.

By **Matthew Gonzalez**  
STAFF WRITER

For San Jose State psychology sophomore Anabel Foster, finding ways to resist spending money when it's available has become a source of her anxiety.

"If you do waver over wanting to be with your friends and just wanting to spend [money] because you got that paycheck and you want to spend it, but then at the end of the month you get hit with that big stressor of 'I don't have enough money to afford my basic things that I need, my food, my water and utilities, rent, all of it,'" Foster said.

She said money's role in meeting one's basic needs can create an obligation to keep enough money to live a comfortable life.

"Financial stress has to do heavily with your wellbeing and being able to supply yourself with proper resources to be healthy and happy," Foster said.

SJSU psychology professor Lesterh Papa said not having your basic needs met can pose an array of threats to someone's mental health.

"When we're talking about financial insecurity, what we're talking about is this discomfort associated with your finances not being able to cover your needs," Papa said. "The needs that we're talking about in our case are going to be your basic needs, food, shelter, clothing, anytime that you are not getting your needs met, it puts you at risk for mental health challenges."

Papa said people with preexisting mental illnesses may have a harder time to deal with financial stress.

"Let's say [someone has] an anxiety disorder, generalized anxiety disorder, we tend to worry a lot," he said. "They will have coping skills to be able to handle everyday kind of worries that

is trademark for that particular disorder, incorporating financial distress on top of that then tends to stretch their coping abilities beyond the brink of what they normally have to do."

Foster said the U.S. tipping culture adds another layer of psychological struggle when it comes to saving that extra dollar.

She said the flipping of the point of sale system, paired with the innocent yet intimidating gaze of restaurant workers patiently awaiting your choice of tip has caused her some stress before.

"The worst is when [workers] are there and they're looking at you and watching you pay for the tip," she said. "Because then you feel that pressure."

SJSU economics professor Ninh Nguyen said in a world

“

It gets really hard especially at this age, a lot of people are still learning how to budget their income.

**Anabel Foster**  
psychology sophomore

where convenience is at the forefront of many business models, extracting money from the general population has been made easier.

A primary demographic those models target is Gen Z, people born between 1997 and 2013, who have grown up alongside the internet.

"I suspect because the younger generation has grown up with that convenience, the younger generation are now relying on that convenience," Nguyen said. "Me going to McDonald's to pick up a Big Mac might cost me \$4 . . . but if I UberEats it, it might cost \$10, so I'm paying double for that convenience."

Nguyen said this prevalence of convenience can act as an inhibitor to saving money.

He said along with susceptibility to spending money, SJSU students are at an even bigger disadvantage, as many of them live in and around the notoriously expensive Bay Area.

In San Jose, housing costs are 142% higher than the national average, according to a Payscale webpage.

"The cost of living here is too high," Nguyen said. "And since the jobs are here and the talent pool is here, they compete to be close to proximity of their job."

Foster, who moved from her hometown in San Diego in January, said in-state tuition has helped mitigate exorbitant financial costs, but housing continues to be her dominant money drainer.

She said having to rely on other people and outside sources of financial support including loans, adds extraneous issues that can have a negative impact on her mental health.

"I do have to rely on family members and loans to try and be able to pay for [housing] and it sucks because when you're in this age, you want to start being able to transition to being independent,"

Foster said. "And the fact that you have this tie where you can't pay for your own basic housing, it's really hard to be able to feel like you have a sense of who you are."

SJSU Cares, a division of Student Affairs, says it helps students facing "unforeseen circumstances" by providing support and refers students to various resources to meet their needs.

According to the SJSU Cares 2021-22 Summary Statistics, about 64.5% of requested assistance revolved around resources regarding housing insecurity.

The summary also stated that students are highly unlikely to accept temporary emergency housing because they are typically already housed. It's the anxiety of not being able to pay rent that is causing students to reach out for help.

Around 70% of college students are stressed by their financial situations, according to an article by Mental Health America, a website that aims to promote mental health as a key component to overall wellness.

SJSU psychology lecturer My Ngoc Nguyen said finding a job and committing time to bettering one's monetary circumstances can lead to quicker burnout.

"A student who is facing housing instability, financial instability, they have no choice but to go find a job," she said. "So it's definitely harder for some students who might be going through financial [or] housing instability to focus on academics when this is like survival mode."

Foster said she experiences and sees in her peers that the struggle or inability to budget hinders financial stability.

The idea of budgeting money is not a common discipline taught in earlier stages of life, making the act of saving money a harsh lesson to learn, according to a Sept. 7, 2022 article by Education Loan Finance, a student-loan refinancing website that offers tips for college students on how to prevent potential financial stressors.

"It gets really hard especially at this age, a lot of people are still learning how to budget their income," Foster said. "So people will get a paycheck and they get excited because this is money coming in, but they need to realize that you kind of have to allocate that cost because at the end of the month you have this huge money suck."

Follow **Matthew Gonzalez** |  
on Twitter @MattG2001





## How stress, anxiety influence exam scores

By Mat Bejarano  
STAFF WRITER

As the spring semester winds down and finals season approaches, some San Jose State students say exams involve a lot of mental pressures that cause testing anxiety.

Sociology senior Jonathan Toney said he has dealt with his “fair share” of test anxiety while at SJSU.

“It’s kind of a lot of pressure because once you start wrapping up the semester, you may feel like a lot of your grade depends on your score on your final test or project,” Toney said.

Test anxiety is a combination of physical symptoms and emotional reactions that can impact students’ ability to perform well on tests, according to the University of North Carolina at Chapel Hill website.

Toney said he tries to study as much course material as possible before exam day to combat his anxiety but still gets anxious prior to testing.

“Even if you do know the material really well and you study pretty much as hard as you can, until the test is physically over and you’ve actually taken it, that feeling won’t go away until it’s all wrapped up,” he said.

Civil engineering freshman Joseph Youkhanna said he often finds himself second guessing and changing his answers on exams because of his anxious feelings.

“I don’t necessarily get anxiety but I’m anxious in the sense that I’ve misinterpreted something on the test,” Youkhanna said.

He said this semester, he isn’t getting as much sleep because of the amount of homework assignments he has.

“There is a negative factor on my mental health as I’ve increased

stress as the semester grows,” Youkhanna said.

Business administration sophomore Mikayla Lillie said she typically experiences anxiety and insomnia during the days leading up to exams.

Lillie said she still gets anxiety leading up to test day even when she studies her hardest.

59.4% of university students have experienced a problem due to testing anxiety according to a 2021 Journal of Educational Leadership and Policy study.

59%

of students experience a problem related to test anxiety.

“I think it’s like the forgetfulness that can come from having that gut feeling,” she said. “Like when you’re sitting there taking the test, how you forget the information you know because the anxiety takes over.”

Despite the pertinent effects of testing anxiety, psychologist Craig Sawchuk said creating a consistent pre-test routine is a way students can combat the anxiety that can come with testing.

“Learn what works for you, and follow the same steps each time you get ready to take a test,” Sawchuk told Mayo Clinic in its Aug. 3, 2017 article.

“This will ease your stress level and help ensure that you’re well-prepared.”

Toney said he’s altered his study practices to better manage his time and mitigate his feelings of testing anxiety.

“I try not to work myself too much in any one period of time,” he said. “I’ll maybe work for like an hour on and then half [of] an hour off.”

Lillie expressed a similar sentiment. She said time management and spreading the review of the coursework over the course of several days helps calm her anxious feelings.

Lillie said when going into exams, she reminds herself that she studied as much as she could.

“I try not to get too worked up or like go down the anxiety spiral and then I also like to make note cards, even if I can’t use them on the test because it’s a good way of reviewing everything,” she said.

Toney said he thinks professors could better help students by making them aware of the counseling resources on campus.

“I’ve always known that they’ve been there, but I’ve had very few professors that kind of go out of their way to make sure their students know about these resources,” Toney said.

San Jose State’s Counseling and Psychological Services offer students eight free sessions with a personal counselor per calendar year according to sjsu.edu.

“You still need to keep it together and wrap up your final year because it can end up being your most important year,” Toney said. “It can oftentimes dictate whether you will graduate on time or not.”

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## Sleep and its effect on student mental health

By Rainier de Fort-Menares  
NEWS EDITOR

It’s known that the average sleep someone should get is around eight hours, but recent studies have shown over one third of adults in the United States get less.

Around 34% of adults in the U.S. experience some form of sleep deprivation, according to a Centers for Disease Control and Prevention (CDC) Sleep and Sleep Disorders webpage.

Sleep deprivation can also lead to sleeping disorders including insomnia, according to a Dec. 15, 2021 Healthline Media article.

Research found that poor sleep can also affect academic performance and have an overall negative affect on mental health, according to a March 16, 2022, Columbia University Irving Medical Center How Sleep Deprivation Impacts Mental Health webpage.

For college students and young adults, consistently getting the recommended amount of sleep can be challenging.

San Jose State kinesiology senior Jules Garcia said he usually aims for six-to-eight hours of sleep, unless there’s something stressful coming up soon.

“I try to [study] before I go to sleep, but stress and anxiety catches up to you sometimes and you’re like, ‘I feel like I didn’t study enough,’” Garcia said. “So I tend to stay up late more to study even more, kind of overwork my brain.”

Business administration sophomore Mikayla Lillie said she was diagnosed with insomnia when she was in elementary school.

Insomnia is one of the most common sleep disorders that can cause difficulty falling or staying asleep, according to a Jan. 16 Medical News Today article.

Lillie said her insomnia went away eventually, but it came back in high school. “It started again with anxiety and, like,

school and stuff because I would stay up thinking about everything I needed to do, everything that was coming up and, just like, not be able to sleep,” she said. “For me [insomnia] comes and goes with my stress level.”

Roughly 10% of the general U.S. population is diagnosed with insomnia, while roughly 26.4% of college students in the U.S. experience insomnia, according to a Sept. 15, 2022 CDC research article.

Lillie said she averages around five hours of sleep on weekdays because she’s a full-time student and has a full-time job.

34%

of adults in U.S. suffer from some form of sleep deprivation.

The recommended amount of sleep is seven-to-nine hours for young adults, according to a March 9 National Sleep Foundation article.

The National Sleep Foundation is a nonprofit organization that claims to provide expert information on health-related issues concerning sleep.

Studies have shown that sleep is correlated with short-term and long-term memory, which can affect a student’s academic performance, according to a Feb. 13 Proceedings of the National Academy of Sciences article.

Research done on freshmen college students found that every hour of lost total

average nightly sleep was associated with a 0.07 reduction in GPA by the end of the semester, according to the same article.

SJSU behavioral science senior Anderson Huynh said his regular routine is what helps him maintain a healthy sleep schedule.

“Usually I watch a stream before I go to bed and because I do it so often now, when a stream is on, I start getting sleepy,” Huynh said. “When I have anxiety for exams and tests my thoughts are, like, ‘I need more time to cram before it happens.’”

An annual survey on sleep found a link between sleep and symptoms of depression, according to a March 9 National Sleep Foundation news release.

In a National Sleep Foundations poll, results show that nearly 65% of adults who are dissatisfied with their sleep experience mild or greater levels of depressive symptoms.

Those who reported that they have high levels of healthy sleep behaviors reported no significant depressive symptoms.

“I was also diagnosed with ADHD . . . and I do have bouts of depression that comes and goes,” Lillie said. “When I’m sick or anxious, if I’m feeling depressed and my ADHD starts acting up – it’s, like, that trifecta that really makes it impossible for you to sleep.”

A CDC study also found that students who have depression or ADHD, also known as attention-deficit/hyperactivity disorder, have significantly higher odds of showing signs of insomnia, according to the Sept. 15, 2022 CDC research article.

Lillie said some of the things that help her fall asleep include turning off her phone, listening to relaxing sounds and reading a book.

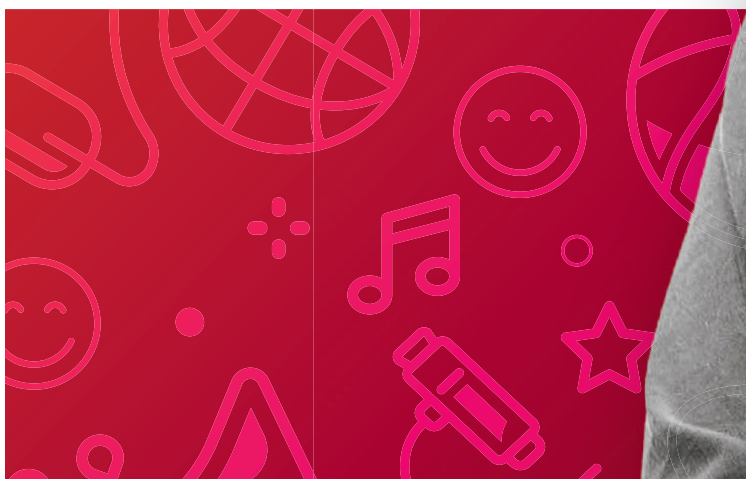
“I will just read until my eyes can’t stay open anymore,” she said. “Sometimes it takes hours but that’s, like, sometimes the only tuning that will let me calm down.”

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# The intersection of sports and mental health

## SJSU athletics community discusses mental health resources for student athletes

By Enrique Gutierrez-Sevilla  
STAFF WRITER

The stress of being a Division I athlete is often not talked about enough.

From classes to practice time and everything in between, student-athletes have a lot on their plates before game days.

Marist Talavou, a San Jose State graduate student and football player, said the student-athlete schedule is already chaotic and can cause more stress than the normal student is under.

“Being a student athlete is hectic as you have very little to no time for yourself,” Talavou said. “As for a football player here at SJSU, your days can start as early as 5:30 a.m. and end as late as 10:30 or 11:30 p.m.”

Division I student-athletes are designated at least one day off per week in accordance with NCAA regulations, but Talavou said that day is a game of catch-up.

“Whenever an athlete does have a day off, they either get treatment, catching up on school work or catching up on sleep,” he said.

For some SJSU student-athletes, there is a group of professionals dedicated to easing the stress they carry – because poor mental health in student-athletes can stem from much more than just being busy.

### Causes of Mental Health Issues

Theodore Butryn, SJSU sport sociology and sport psychology professor, said sport psychology and an athlete’s performance are within a larger structure.

“If we’re talking about Division I athletics, there’s power issues, power differentials, there’s all kinds of socio-cultural issues that can actually be the root cause of some of the issues athletes end up coming to me to talk about,” said Butryn, who has been at SJSU since 2000.

He said even though he doesn’t come from a clinical psychology background, his theoretical orientation has been to lean on humanistic psychology.

“[Athletes] are whole people. They have identities, race, class, gender, sexual orientation, age, disability and those intersections,” Butryn said. “They have personal stories of socialization, so I think that’s why that socio-cultural background that I have is really important to bring into sports psychology.”

Butryn said specifically when athletes are experiencing a transition, such as getting injured or not advancing to a professional team, the top predictor of

having psychological or mental health issues is identity.

“The number one predictor of having problems is when you don’t have multiple identities and when you’ve invested all of your identity in that athlete identity,” he said. “You don’t have hobbies, you don’t have friends outside of the sport, you don’t have any identity outside of that identity as an athlete.”

Joseph Puentes, an SJSU athletics clinical and sport psychologist, said he believes

“

**Our sport is really important to us because people have dedicated a lot of their life to get to this point, but that ability to separate your worth helps people have better mental health and sustain in their sport over time.**

**Joseph Puentes**  
SJSU athletics clinical and  
sports psychologist

there’s also a general stigma around mental health and athletics.

“Part of that comes from, you’re supposed to be tough all the time and never vulnerable or weak,” said Puentes, who provides consultation and therapy to SJSU football student-athletes, coaches and medical staff. “The ability to have different gears, toughness and vulnerability, really lets you be flexible as a human and take the time to take care of things like mental health, which is real whether we want to acknowledge it or not.”

Talavou said he’s seen players who struggled with depression but they never told their coach because of fear it would lead to receiving less playing time.

“The reason for that is because they were worried that their coach would see them as weak or use that as a reason as to why they weren’t good enough to play or be a starter, so instead of seeking help, they suffered in silence,” Talavou said.

### Combating Mental Health Issues

Puentes said he helps across the continuum of performance, working with the team, imagery and teaching them how to focus under pressure.

“If I had to boil it down to three things, one is helping people learn how to breathe and relax when they’re under pressure,” he said. “The other one is how to help them focus on the process versus the outcome. So how to help them focus on how they go about what they’re doing, the execution rather than the results because when we’re focusing on just the results, we end up not focusing on how to get there in the present moment.”

Puentes said it’s important to take into consideration how to separate

worth as a person from sport results.

“We’re worthwhile in many other ways,” he said. “Our sport is really important to us because people have dedicated a lot of their life to get to this point, but that ability to separate your worth helps people have better mental health and sustain in their sport over time.”

For example, Puentes said when sport is taken away from a student-athlete because of an injury, they may experience stages of grief and depression.

more than being just a baseball player,” Chase said.

### Student-Athlete’s Self Care

Talavou said he learned self care from his sister and Puentes.

“I thought self care was just buying things you like until she explained it a little bit more,” he said. “Our team sports psychologist, Dr. Joe, went into depth about self care. Our team would meet once a week as he would teach us self care, as well as the importance of being mentally and emotionally strong.”

Talavou said, since his time at SJSU, he’s learned to balance school and sports with time management.

“I learned to prioritize my school work based on the difficulty of the class,” Talavou said. “For example, if I’m struggling with my math class more than my English and biology class, I’ll be sure to prioritize getting tutoring or spending more time on my math homework than my other classes.”

Chase also emphasized time management.

He said thriving on the field comes down to setting deadlines for himself to get school work done.

“I think to be successful on the field and in the classroom requires a lot of discipline and communication because when we travel in season, you sometimes have to do assignments on the bus or in an airport,” Chase said.

Talavou said mindfulness is another tool that’s important for him and he encourages others to “learn how to breathe.”

“The reason why I say breathe is because as stressful as your day may be or you’re maybe going through something, it’s easy to forget to take a big deep breaths,” he said. “Taking big deep breaths can help calm you down as well as help you try to think more clearly.”

Talavou said student-athletes should also try to take 10 to 15 minutes out of their busy schedules for themselves.

“Whether it may be watching your favorite YouTube video, listening to your favorite song, eating your favorite food, taking a power nap, playing video games, meditating or just taking deep breaths,” he said. “Doing something like that allows you to clear your mind from all stress and allows you to focus on yourself.”

Talavou said it’s easy to take the little things for granted.

“Being in college, being able to play the sport that you love, the friends and family that you love and have, being able to wake up the next day or just the position that you are in now,” he said. “I feel not doing at least one of these things will be very difficult for a student-athlete to be successful mentally and emotionally.”



OPINION

# The wellness industry just wants your money

By Vanessa Tran  
A&E EDITOR

When I'm going through a crisis, the first thing off the top of my head is to go absolutely feral, not sitting down and journaling my thoughts.

The more commodification of self-care worsened, the more people started to believe relaxation and bath bombs were solutions.

Not only does this come with a massive price tag, but it also teaches individuals the cycle of needing to continuously "treat yourself" after every burnout.

The trend of self-care emerged as a massive marketplace for products and services that make up a \$4.5 trillion worldwide wellness economy, according to the Global Wellness Institute.

It's common for TikTok creators to caption #selfcare under a video of them getting their nails done or buying something expensive to treat themselves.

Some may say staying calm and thinking things through is the best way to handle problems, but it doesn't necessarily suit everyone.

My parents going to prison when I was an adolescent was a tough situation to tackle, especially because I was growing up not knowing when they were coming home.

We were apart for three years, a chunk of my life that still feels incomplete no matter how much time we spend together today.

I was young, I didn't know what the fuck mental illnesses were and how much trauma I would have to unpack as I got older.

Most Asian families don't believe in mental illnesses, and I unfortunately didn't have the luxury of having access to professional help — because I was literally six and didn't have a clue of what that was.

The mindset of mental illness not being real was engraved in my head so much that I was conditioned to self-destruct and compress my emotions.

Coming from this family background, seeking real help wasn't necessarily an option when I got older and knew how much trauma my parents caused.

Unhealthy coping mechanisms were my only resort because therapy and medicine were unattainable.

Illegal drugs and self-harm were unfortunately my versions of "self-care." If I couldn't talk to my parents about my issues or afford help, these were my ways of dealing with it.

Today, my first instinct during mental breakdowns is to go back to my old ways because that's what feels like home.

Although I have unlearned many past practices, I can't seem to help but relapse and go on a complete rampage.

It's a difficult situation when I want to steer away from them, but I've practiced for so long that it's deemed as normal for me.

Real self-care is getting professional help, and it's a terrible feeling when you can't afford it.

Self-care is crucial and should be advocated for, but the way social media commodifies it isn't helpful for all given situations.

Coming from a very traditional and poor Vietnamese family, bottling anger and lashing out are toxic behaviors I struggle with improving.

It's unfortunate that many individuals think giving their money to big corporations will make them feel "better," but in reality, I'm sure they couldn't care less about their customer's mental health.

The wellness industry loves to capitalize off of other cultures.

Those jade rollers and gua shas



ILLUSTRATION BY JANANI JAGANNATHAN

that are advertised as tools to relax and rejuvenate you? Yeah, that comes from Chinese culture.

To have knowledge that minorities don't have the same opportunities and try to trap them with nontraditional items is wrong.

I'm tired of seeing videos of people ranting about how they made a big purchase during a "manic episode," mainly because it normalizes the bad habit to their audience.

A manic episode refers to when an individual has a period of extremely energetic, happy or irritable moods that last for up to a week, and it is usually a sign of bipolar I disorder, according to Psych Central.

You would think seeing people advocate for these materialistic things would encourage you to make the most out of your day.

I don't want to get out of bed and

have a "self-care day," I want to rot in bed and go to sleep.

I completely understand the method of sweeping feelings away to forget them, but the amount of damage that needs to be healed when you're older isn't worth it.

Burying yourself with an abundant amount of purchases isn't going to heal what needs to come to surface.

I've participated in retail therapy and can admit that it definitely helps me de-stress, but it's only for a short period of time.

Retail therapy refers to shopping with the primary purpose of improving the buyer's mood or disposition, according to a Jan. 15, 2020 article by Healthline.

How much money do I have to spend to feel happiness to actually last?

Is there a "self-care" service or item I can purchase to be the person

my younger self needed?

No amount of beauty services in the world could have made me feel as if I was going to be sane.

I had to overcome my mental illness by coming to terms that I had to deal with everything head on if I wanted to build healthy reactions for the future.

The worst part is that my past self wants revenge for all of the trauma I had to face, but my future self craves peace and security.

No one can commodify self-care to me because none of that advice works for childhood trauma.

My young vulnerable self would definitely fall for those gimmicks, but actually sitting down and having those uncomfortable conversations is what works best for me.

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ANALYSIS

# BREAKING DOWN THERAPY BY RACE

## Black Americans

- 17% of African Americans use mental health services.
- Only 5% of therapists in the U.S. are African American.

## Asian Americans and Pacific Islanders

- 1.7% of Asian Americans have experienced psychological distress in the last 30 days

## Latinx Americans

- Over 10 million Latinx people reported to have been diagnosed with a mental illness within the last year

## PERCENTAGE OF MINORITIES WHO ATTEND THERAPY

17% OF BLACK AMERICANS

10% OF ASIAN AMERICANS AND PACIFIC ISLANDERS



15% OF LATINX AMERICANS

Sources: Urban Institute, Mental Health America, National Institute of Mental Health

INFOGRAPHIC BY NATHAN CANILAO

# Experts analyze marginalized communities

## SJSU community reflects on the stigmas around therapy for people of color

By Jillian Darnell  
OPINION EDITOR

Studies show that there is a disproportionately small number of racial and ethnic minorities receiving therapy and mental health services because of a social stigma in minority cultures.

Mental health services are used by around 17% of Blacks, 15% of Latinos and 10% of Asians, according to a May 26, 2021 ABC News article.

San Jose State psychology lecturer Neelam Rattan said many of these minority communities follow a collectivistic model and rely on social support from within their respective communities.

Collectivistic is a term in psychology that refers to an individual who is an interdependent member of a group or community, according to an April 14 Simple Psychology article.

Rattan said mental illness can be viewed as shameful in minority communities, leading to further stigmatization of individuals receiving treatment because acknowledging a mental illness can lead to being outcast.

"In some Southeast Asian cultures, one may express anxiety or depression as a physical malady," Rattan said. "Hence somatic symptoms most of the time replace emotional complaints in cultures which consider mental illness as a stigma."

Somatic symptom disorder is a condition where an individual feels notably distressed about physical symptoms and has abnormal reactions to these symptoms interfering with their everyday

life, according to an article by Cleveland Clinic.

She said having a mental health professional with a similar background as the client can help in the process of receiving mental health services.

There has been a serious lack of diversity of mental health professionals, according to the same ABC News article.

In the psychology workforce, Asians account for 5% of workers, Latinos for 5% and Blacks for 5%, according to the article.

Because of the underrepresentation of minorities within the psychology field, clients from marginalized communities may feel disconnected with their therapists who are likely to have a different background than them.

"For instance a client from a collectivistic background may be seeking help in dealing with the emotions of guilt when this client is dating outside of their community and is now [in disagreement] with their father because of this," Rattan said. "Their therapist counsels them to become more assertive. The client stops coming in for therapy."

This discourages and prevents minorities from receiving help because they may feel like professionals having different values creates a struggle in therapy.

Rattan said even with language translation services being provided, lack of diversity helps breed cultural insensitivities that lead to negative health outcomes, including higher dropout rates for treatment.

"There is a plethora of research

that shows that our marginalized communities feel that their providers do not understand their needs, and hence they feel dissatisfied with the care that they receive," she said.

Kell Fujimoto, senior director of student well-being for Counseling and Psychological Services, said the medical professionals they have on campus are diverse and trained to help out any student.

"We feel it's very important for [the staff] to look like the campus community and for students to come in and to be able to identify counselors who they may look like," Fujimoto said. "[It] doesn't necessarily mean that they need to be matched up with that same identity, because we all feel that we can provide and be mindful of cultural differences and differences in experiences."



**There is a plethora of research that shows that our marginalized communities feel that their providers do not understand their needs, and hence they feel dissatisfied with the care that they receive.**

**Neelam Rattan**  
SJSU psychology lecturer

Public health junior Kaylin Ma, who is Chinese American, said she believes in her culture, using mental health services is seen as being weak.

She said this is especially the case for first generation children growing up in an immigrant parent household.

"A lot of immigrant parents come to America for that American dream, and they've gone through war, concentration camps," Ma said. "If your child says, 'Oh, I have a mental health issue' it's kind of, like, a disappointment, because your parents have tried so hard to get you to succeed."

Ma said generational trauma is also a recurring issue that happens within minority communities.

Transgenerational trauma is the concept of traumatizing events including genocide, abuse, oppression and racial disparities, which have lasting effects on the next generation, according to a July 3, 2021 Psychology Today article.

Though people from the offspring generation may not experience traumatic events, the trauma of their ancestors can be passed down through generations and genetics resulting in anxiety, depression and PTSD, according to the same Psychology Today article.

Ma said environmental factors play a significant role in generational trauma and the effects it has on minorities.

"This ties into social determinants of health, which is the environment

experienced insurance insufficiency and high cost struggles.

As much as 38% of the population have to wait longer than one week for treatment, leaving limited options for immediate service in dire situations. Meanwhile, 29% of Americans don't know where to look for mental health resources and 21% of adults wanted to seek out treatments but were not able to because of situations out of their control.

There are several barriers between people who want mental health services and receiving them.

"It's realistic [to receive services,] because we're students," Ma said. "It's affordable because it's free. And even though it is free, it takes a long time to book an appointment itself. But if you weren't a student, and you're just a regular adult, without these resources, it's very, very expensive."

Kayla Lam, vice president of the Public Health Student Association at SJSU, said in her experience working in nursing homes, her clients from older generations had mixed views of mental health.

"The concept of talking to someone about your feelings can be a challenge especially since many generations of Americans have been raised to keep our feelings to themselves because it's selfish," Lam said.

She said generational trauma is a significant factor contributing to the judgment of mental health services from older generations, specifically with minority communities resisting being treated for mental health issues.

"Within my realm of being part of the Asian community, I can see it also be a generational trauma," Lam said. "With my grandmother coming out of the Vietnam War, witnessing scenes that are unfathomable, and talking about your inner feelings from a dangerous time can readmit horrible thoughts."

She said her grandma never talked about life before immigrating to the U.S. to her and everything she knows came from her mom.

"My grandma doesn't realize that her mental health and trauma had made a detrimental impact on my mom's mental health," Lam said.

Ma said for these communities to break the stigma, there needs to be more awareness of mental health and mental health services.

"For me, personally, I wouldn't have tried therapy," Ma said. "I didn't try therapy until my friends were talking about it. Or that I knew that I could literally just book an appointment through the school website and get it."



ILLUSTRATION BY NICK YBARRA | SPARTAN DAILY ARCHIVES

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EVAN REINHARDT | SPARTAN DAILY ARCHIVES

A San Jose State UPD vehicle sits parked on the 7th Street Plaza outside the Spartan Recreation and Aquatic Center on May 10, 2022 while two UPD officers patrol the area.

# Police response dictated by 1967 law

## Experts and community members express that the gap between police and mental health crises needs to be bridged

By Alina Ta  
STAFF WRITER

*Editor's Note: Words in red are defined in the glossary.*

Santa Clara County and San Jose State community members say how police officers respond to mental health crises stems from a state law written more than 50 years ago.

The Lanterman-Petris-Short Act was established in 1967 to ensure a right to prompt psychiatric evaluation and treatment in some situations, according to a Jan. 8, 2018 article by Disability Rights California, which is the federal agency dedicated to protecting and advocating for Californians with disabilities.

As of June 2021, 43% of state prisoners and 23% of federal prisoners historically had mental health issues, according to a Bureau of Justice Statistics article.

Kat Adamson, SJSU sociology senior and **Students Against Mass Incarceration** president, said she thinks those diagnosed with mental health issues are incarcerated because the U.S. doesn't have a strong system of mental health services.

"[People with mental illnesses] don't need to be in jail. They need to be getting care and therapy and potentially medication to stabilize," Adamson said. "We always default to throwing people into jail or prison for often doing things that shouldn't even really be crimes."

Most interactions between the criminal justice system and people diagnosed with mental illness involve nonviolent misdemeanors, such as trespassing, loitering or creating a public disturbance, according to a webpage from Maryville University.

### Mental Health Crisis Response

John Costa, one of the three police liaisons for **Santa Clara County Behavioral Health Services**, said the Lanterman-Petris-Short Act's intent was to give patients greater autonomy and decisions in their own lives.

He said one of the act's unintended outcomes was that it engaged law enforcement and the justice system to a higher level.

"In some respects, one could argue that we traded mental institutions and hospitals for our county jail and state prison system," Costa said.

Adamson said many people usually call the police to respond to someone experiencing a mental health crisis because "they don't know what else to do."

Sandra Hernandez, Santa Clara County Behavioral Health Services licensed clinical social worker, said many people call **988** for different reasons.

Hernandez said some people in distress call

on their own accords because they're aware they're in a distressing situation.

"You can have people – what we say are 'self-referred,' she said. "They call for themselves and they say, 'You know, I don't feel good. I don't feel right. Something's wrong.'"

Hernandez said usually it's a family member or a friend who calls because they have concerns for a loved one and they can identify crises better because they know the person experiencing them.

She said it can be very concerning for many people to start seeing mental illness signs or symptoms, also known as "first breaks."

Hernandez said first breaks can manifest into more severe mental illnesses and can start occurring in younger adults between the ages 16-25 years old.

"So then people go, 'They've never acted this way before. They're up, now they haven't slept for three or four days. They're not eating, they're not showering. They don't want to get out of bed. They're crying all the time,'" she said.

Hernandez also said bystanders sometimes call to report that there's someone in public who appears to be acting unusual.

She said sometimes the call can also come from law enforcement asking for additional services.

Hernandez said different emergency resources determine whether Santa Clara Behavioral Health Services needs to do a response in the field or if they need to respond through phone call.

"Maybe they just need some direction," she said. "Maybe they need to talk to somebody but it hasn't reached a point where things are so out of control that they're requiring more than that. So it's going to vary."

### Law Enforcement's Response

SJSU UPD Capt. Michael Santos said officers respond to calls related to mental health issues by using three criterias to assess whether or not someone is experiencing a crisis.

Santos said those criterias include determining whether or not a person is a danger to themselves, a danger to others or gravely disabled.

That criteria comes from the Lanterman-Petris-Short Act, according to the Disability Rights California article.

It also sets a strict due process of protections for mental health clients, according to the same article.

The act defines being "gravely disabled" as someone who is no longer able to provide their own food, clothing or shelter for themselves because of a mental

illness, according to the same Disability Rights California article.

Santos said although UPD officers are not clinicians, they're trained in crisis intervention techniques and should be able to identify whether or not somebody is in a mental health crisis.

He said if UPD officers respond to a call where there may be an issue related to mental illness, UPD is expected to use the criteria to determine whether or not the person of interest needs to be transported.

Santos also said sometimes UPD finds that the person of interest is being cared for by SJSU's **Counseling and Psychological Services** and contacts it to continue treatment.

Santos said UPD may also contact other resources including **SJSU Cares**.

He also said UPD should provide a 72-hour mental hold, which is expected to include emergency psychiatric services to determine what additional care the person may need, if they respond to someone who appears to be disabled and having a mental health crisis.

The Lanterman-Petris-Short Act states if someone is taken into a 72-hour hold, also known as a "5150 hold," they should be taken to a mental health facility where medical professionals can evaluate them, according to the Disability Rights California article.

By the end of the 72 hours, the person is expected to either be released, according to the same article.

They may also choose to stay at the mental health facility as a signed-voluntary patient, be put on a two week hold – also known as a "certification for intensive treatment" – or they may be referred into a conservatorship, according to the Disability Rights California article.

A Lanterman-Petris-Short Conservatorship is when a court appoints a person to make certain legal decisions for another person, according to the article.

That means a conservator may be able to determine whether or not a person should start or stop taking psychiatric medications or accept other medical treatment, according to the Disability Rights California article.

Santos said UPD is planning to work with a licensed clinician to help the department establish a Psychiatric Emergency Response Team.

He said the clinician is expected to be paired with one officer.

Santos said together, they should be the ones responsible for responding to mental health calls for service.

He said UPD is also intending to have that team be operational and available to the SJSU community by Fall.

"Right now, [law enforcement and mental health professionals] are kind of unraveling that and exploring other ways, changing the culture, again, how certainly law enforcement will respond," Costa said. "There's many factors that go into the aftermath of [the Lanterman-Petris-Short Act]."

Kat Adamson said she thinks a lot more could be done.

She said the government needs to approve more grants to pay for mental health professionals.

Adamson said she thinks the government should pay for more beds, space and more overall funding to support people diagnosed with mental illness.

"You can help support people but people in severe crises need stabilization," Adamson said. "They need areas where they can be taken care of in a safe and adequate facility and that'll help them stay out of jails and prisons."

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## GLOSSARY

- **Students Against Mass Incarcerations:** An SJSU student organization that pushes against incarcerating people, including for minor crimes.
- **Santa Clara County Behavioral Health Services Department:** A central hub where residents from Santa Clara County can go for a wide range of mental health treatment services.
- **988:** The three digit-phone number, available through phone call or text, that can be used to access a suicide and crisis lifeline to connect with mental health professionals.
- **Counseling and Psychological Services:** CAPS is an SJSU resource that provides students and faculty services to their goals academically and socially. This includes providing mental health services.
- **SJSU Cares:** An SJSU organization that provides students with support during economic crises, housing, food insecurity and more.

## OPINION



ILLUSTRATION BY JANANI JAGANNATHAN

# How is the conversation distorted?

By Bojana Cvijic  
ASSOCIATE EDITOR

## Romanticization

As long as I've been on the internet, which is since 2007, the idea of being mentally ill has always been romanticized.

Romanticization is to think about or describe something as better or attractive than it actually is or to glorify it, according to the Britannica Dictionary.

Being on tumblr, Twitter and Instagram, especially as a teenager, I was constantly exposed to people making their mental illnesses into something "cool" to have.

Now we have TikTok, in which the same concept of romanticization continues strong on the platform and dangerously so.

The trend of making your illness and the factors surrounding it as an "aesthetic" has taken over the platform.

One trend recently was putting your anxiety medications in a candy dispenser from the Dollar Tree.

Now I'm the type of person who loves to respond to ridiculous things I see on TikTok because there's some ridiculous things on it, but this one video was really just... interesting.

So I responded, angrily, by saying not to put your meds in a candy dispenser. Your meds are packaged in a specific way to ensure they are as effective and as safe as possible.

Obviously, I was a little more casual about it and a lot more straightforward, but it gave me a response that seemed pretty unsurprising considering my past experience.

The video went viral on TikTok, causing massive backlash against me for not allowing people "to just enjoy things" and "what's wrong with making your mental illness an aesthetic? What's wrong with making it more fun?"

My video currently has 1.9 million views and more than 400 thousand likes, with comments turned off because the amount of people trying to defend their expired medication so they could look cool was far too much.

All of the arguments were the same: why can't we enjoy things? Why can't we make our mental illness an aesthetic? Why is that wrong?

Mental illness is a very real thing, it's not just something you see Zendaya suffering from on "Euphoria," where she goes to a bunch of parties with the surrounding characters wearing designer clothing and editorial makeup looks.

I deal with bipolar disorder and borderline personality disorder (BPD), and the things I've done because of what I go through because of it aren't cute, happy or aesthetic.

Bipolar disorder is characterized in episodes that cause unusual shifts in a person's mood, usually a major depressive episode followed by a

manic episode, that causes high levels of elation, mood swings, anger and irritability.

BPD is a personality disorder which can overlap with bipolar, it's characterized by intense and unstable interpersonal relationships, a distorted sense of self, intense fear of abandonment, usually leading to engaging in dangerous behaviors.

There is nothing cute or romantic about either of these disorders.

There's also nothing cute about your medications that you have to take in order to control your respective illnesses or disorders, whether it be mental or physical.

“

**I deal with bipolar disorder and borderline personality disorder (BPD), and the things I've done because of what I go through because of it aren't cute, happy or aesthetic.**

I think it's dangerous that everything in our lives has to now be an aesthetic for social media, and that so many young people on TikTok are fiercely defending having the right to romanticize something that is not a monolith.

Not everyone deals with their mental health issues the same, but having the added pressure of having to curate and aestheticize the problems in your life is not going to make it easier.

Other examples of romanticization of severe mental health illnesses can be found in Sofia Coppola's film, "The Virgin Suicides," based on the 1993 novel.

The film follows the stories of five sisters who all end up committing suicide.

The film is known for its luscious and trendy soundtrack. Coppola's soft and ethereal aesthetic surrounding the films' characters isn't clear cut of what it's like to deal with suicidal ideation and depression.

The movie aims to tackle the topic of what happens when society sensationalizes suicide, and how girls are not seen and objectified without people realizing what they're actually feeling and going through.

However, the aesthetic of the film is idealized on the internet, romanticized, the cool girl on the football field smoking a cigarette, apathetic and silent, not being seen, just like what Coppola sought out to critique.

## Villainization

Romanticization leads into the villainization of mental illness, especially if you don't fit the mold of what a person who deals with mental health issues looks like.

Villainization is to vilify, to speak ill of someone, to portray as bad,

according to Dictionary.com, and this continuously happens not only on social media, but media in general.

The response to me telling people to not be stupid and taking proper care of medications like instructed, also included people accusing me of being "neurotypical," or someone who doesn't deal with any mental health issues.

It also included people telling me I was crazy, insane and disparaging as if I couldn't have a different experience from everyone else who was yelling at me in the comments.

The villainization of mental illness ranges widely throughout the spectrum of mass media, and after

her in the trial.

Even though allegations of abuse were confirmed in the UK defamation trial he brought against the tabloid newspaper The Sun in 2020, the social media mob against Heard was quick and severe.

People on TikTok made fun of her testimonies, including ones where she was speaking of being kicked in the back by Depp.

Other examples include cosmetics company Milani, where Heard's legal team used their concealer palette to cover bruises as a prop for the trial, and made a joke "video" where they said the palette didn't exist when Heard's

claims happened.

The concealer palette was just used as an example, not the actual palette Heard used when the alleged abuse occurred.

It's strange a cosmetics company, which has nothing to do with this trial nor these people, were able to use TikTok to pile against the attack on Heard.

Depp essentially won the trial and that Heard's op-ed where she described sexual abuse and violence, not even naming him in the story, were false and awarded Depp \$10 million.

National feminist organizations and domestic violence and sexual assault awareness groups wrote in various statements how this trial set back progress for victims of domestic violence, and the increase of misuse of defamation lawsuits against women who accuse men of abuse, according to an June 2, 2022 NBC News article.

The amplification of the trial on social media also led legal experts to note the jury was not sequestered, which may have influenced the decision against Heard, according to a June 15, 2022 NPR article.

All of these things are connected, it's one of many situations and issues in a long line of how society perceives mental illness.

being diagnosed with it, you become more aware of the little things that you wouldn't think of in the first place.

One example that hit me right in the face was during my rewatch of HBO's iconic series "The Sopranos."

"The Sopranos" follows Tony Soprano, played by legendary actor James Gandolfini, who is the mob boss of his family in New Jersey, who decides to go to therapy.

In one of the earlier episodes, his therapist Dr. Melfi, played by Lorraine Bracco, talks about how his mother has BPD.

"Other people are just peripherals to these people [who have BPD]. They have no love or compassion," she said to Tony about his mother.

Sitting there eating my Italian takeout in the delusion of sheltering-in place, hearing this was pretty funny.

I can't really say for sure if the media has caught up with the portrayal of mental illness since "The Sopranos."

Netflix's "13 Reasons Why" is another infamous example of how suicide and severe mental health issues are portrayed.

Its portrayal of suicide was considered to be so bad, Netflix had to pull the scene depicting suicide in one of the show's episodes, according to a July 16, 2019 New York Times article.

Another example is the villainization of Amber Heard during the defamation trial Johnny Depp brought against after she came forward with allegations of abuse at his hands.

The trial was televised, since Virginia does not have laws against court recordings, according to a June 1, 2022 Rolling Stone article.

Heard's reputation was destroyed, her sexuality was used against her, her mistakes were put under a microscopic lens and her mental health issues, which includes BPD, was used against

**Oct 2020.**  
I had just come out to my friends. I was feeling pretty miserable with myself.

**April 2023.**  
Finally getting good at makeup. I've never been happier my entire life.

**Aug 2022.**  
First semester of college. Finally starting to get comfortable with my appearance.

ILLUSTRATION BY MYENNY RAINNOMA

# Gender euphoria and why transitioning is worth it



Alexia Frederickson  
PHOTO EDITOR

When I came out as transgender at near the end of 2020, I was terrified. I did not know what I was even supposed to do. I was directionless.

My name is Alexia. I've been out for about two and a half years, and I've gone through a lot of changes in my life in that time.

I've had more ups and downs than I can count, but I'm still on the same journey I started when I first found out my identity.

What has kept me continuing on my journey has been the euphoria of being able to be myself.

Gender euphoria is the feeling of being happy and at peace with the alignment and presentation of one's own gender identity, according to Healthline.

When COVID hit, and I had to stay home, the amount of people that I knew that were openly transgender was close to zero.

During this time, I almost never saw my friends in person and my family was less than accepting.

The time I had to spend alone in my room every day in Zoom class became a time for me to start reflecting on myself - and I realized I didn't like myself at all.

I didn't think I was a bad person, but I had started to feel a realization that there was something missing in my life.

I constantly felt depressed and engaged in various self-destructive behaviors because I felt mad at myself. I felt like there was

something I was doing that was wrong, something about me that was causing me so much emptiness.

I felt like I had nobody to even talk or relate to, I felt completely alone.

I felt completely disconnected from myself and my own body. There was an indescribable feeling of emptiness that had followed me since childhood.

I didn't have any words to describe myself, because I barely even felt like a person. I never really had an identity of my own. I didn't really feel depressed, I just never felt any strong emotions and it was hard to put into words. I was just whatever everyone else wanted me to be. I was never "myself."

There was a time in my freshman year that I got hit by a car while riding my bike to school, and I didn't even have an emotional reaction, I didn't feel fear.

As I was launched off my bike directly into the pavement, I showed up an hour late to

myself for a very long time, but it felt so liberating to finally be able to have a word to express what I was feeling.

It was also the first time I felt really happy, excited to recognize something about myself and identify with that part of me in a genuine way.

A little while after, I had come out to my friends about my sexuality and I started exploring my gender.

It wasn't a conscious decision, but being in queer spaces for the first time made me start to appreciate other ways of expression and fashion I never really thought about before.

I had started to care about my looks a lot more. I started cuffing my jeans, tucking in my shirts and occasionally wearing face masks to obscure my face behind a blushing cat-face smile.

I started to gravitate towards fashion and clothing that was more feminine, I slowly started to realize I felt more and more happy

more I gravitated towards friends of mine that presented that way.

This led to the realization of how alive I felt when I felt feminine. I had never felt that type of happiness before.

I started joking to my friends about it, because I didn't know how else to express my feelings. I would joke constantly about wanting to be more feminine, and wanting to wear skirts and dresses and put on makeup.

It was usually in the format of "Wouldn't it be funny if you guys started treating me like a girl?" To me, that just felt like my own way of expressing my frustrations.

I remember being alone in my bedroom, staring at the ceiling with my arm resting on my forehead and all of these feelings had been slowly accumulating in my head for months where it finally hit me.

"Oh my god. I'm trans."

After I had come to this revelation, I told nobody for weeks. I tried my hardest to think about it as little as possible. What was I supposed to say? How would people react?

I was so uncertain about everything. It felt like my world was crumbling.

I had finally realized what I always knew deep down but never fully understood, that the reason I had felt so empty for so long was because I was really pretending to be a person that I wasn't.

My friend Keely asked me out of the blue if I had been questioning my gender. It turns out my jokes were more obvious than I had realized.

I slowly started to tell more of my close-knit friends. It was terrifying, but it felt comforting that I had people who would help me figure things out.

I remember asking my friends to start referring to me as a girl, this was the first time I fully felt euphoria.

The idea of being a girl is one thing, but having people call you and treat you like one was the most wonderful feeling I had ever felt.

There are no words to describe it. I felt happy. I had been alive for 16 years, but that

was the first day I started truly living.

I needed a new name. I was talking to my friends and they decided to help me try to pick one.

I heard a lot of random suggestions, and I don't remember any of them. None of them felt like me.

I thought about it for a while. I decided I wanted to go by Alexia, the name of the lead singer of Sacramento rock band Destroy Boys, a band I had long been inspired by.

One of my friends playfully said "Hi Alexia!" in response to a message I sent and I cried my eyes out. I did not stop crying the whole rest of the night. I felt so cathartic.

There was a weight finally lifted off my back, I knew my name was Alexia.

I often confided in my best friend at the time, Jocelyn. I was always comfortable around her because she is openly queer, with an incredibly supportive family.

When I got to her house on Halloween 2020, she told me to tell her parents about my identity. "I'm just letting you know, I'm transgender. My name is Alexia, and my pronouns are she/her."

That was the first time I had ever muttered those words, and it scared the shit out of me, and her parents supported and accepted me.

As they gave me a big hug, I cried like I had never cried before.

I cried because I knew when I told my parents, they would never be as accepting of me as Jocelyn's parents are.

Jocelyn had a floral dress from Hot Topic sitting in her closet and she asked if I wanted to try it on.

When I looked in the mirror, I saw the slightest glimpse of the real me for the first time.

Two weeks later, I came out to my mom over text.

When I sent the message when she was out picking my sister up from school, she came back furious.

During the 2 hour screaming match we had after the text, she had come up with a

million reasons to be mad at me, which all boiled down to "I get to decide your identity, not you, because I don't want you to be any different than the way I perceive you."

This continued for months. We would barely talk to each other, and when we did, it was a long-winded argument about whatever new problem with my identity that she came up with that week.

She thought Jocelyn and my friends were pressuring me into being trans, thinking my identity wasn't valid because I never acted "girly" before, I wonder why?

I barely remember anything during this time, other than I hated myself more than anyone else

on the planet. I couldn't understand why things had to be this way with my family.

I barely ever had the chance to feel like myself. I felt like I was being suffocated.

I had to pretend like hearing my deadname doesn't hurt like a kick to the stomach.

I had to put on the mask of a person that I wasn't anymore. It was like watching my life through a TV, and I hated the fucking channel.

Slowly, things got better at home. I don't think they ever really became ideal, but I didn't have much of a say over it.

Senior year was the first time I was out in public, coming out to my teachers and friends that didn't already know.

I started dressing the way I wanted to as much as I could. My peers accepted me. I didn't have to feel unsafe to be myself.

I loved wearing skirts and dresses and whatever I wanted to wear and not having to hide it from anyone. When my real name

started getting called by my teachers, I felt a sort of happiness throughout my entire body. School became my safe space to be myself.

For the first time in my life, I was happier being at school than when I wasn't there.

There was a side of me that finally got to come outside. It was pure joy to just exist.

Going to the aquarium with friends, wearing pink corduroy dresses that matched my hair, it was pure joy to just exist.

As I was waiting for my friends to come back, I took a selfie and that became the first photo of myself that I

didn't despise, I loved it.

It wasn't a photo of someone I didn't recognize, I finally took a photo of Alexia.

When I finally got to San Jose State in 2022, I had a clean slate.

Nobody knew pre-transition me. Nobody had any pre-existing expectations of me.

I started making friends that didn't know my deadname. I had clothes that I actually liked and felt comfortable with. That hatred of looking at myself in the mirror started waning more and more.

But there was still a looming feeling of unease in the fact that I had never really "been a woman" before.

It's not something that people teach you how to do, because it's kind of assumed you know how to do it.

I didn't, so everything I was doing was the equivalent of throwing random forms of gender expression into the wall until something worked.

I remember a girl I knew asking me "So, when are you going to transition?" That sent me.

As happy and comfortable with myself as

I was becoming, that's when I realized that I still have a long way to go.

I spent hours doing my makeup and putting together outfits alone in my room. I never had the opportunity to figure out my femininity or presentation by myself.

Learning makeup sucks, learning how to put together an outfit sucks, learning skin and hair care sucks, it sucks to have to learn the things that most people your age have had their entire lives to learn.

Sometimes I just had to scream in my pillow because eyeliner is just that damn hard, or because the cashiers called me "sir" even though I was in a cute outfit.

Paradoxically, the harder you try to force learning how to do everything, the harder it gets. When I stopped nitpicking every flaw in my makeup, people started telling me how jealous they were of my skills.

What's funny is when I stopped worrying about every detail of color coordination of every outfit and how perfectly even my eyeshadow is on both eyes, that's when everything got easier.

That's when people started telling me that they love my makeup, and they wish they could do it like me. That's when people started telling me that they adore my outfits and think they're adorable.

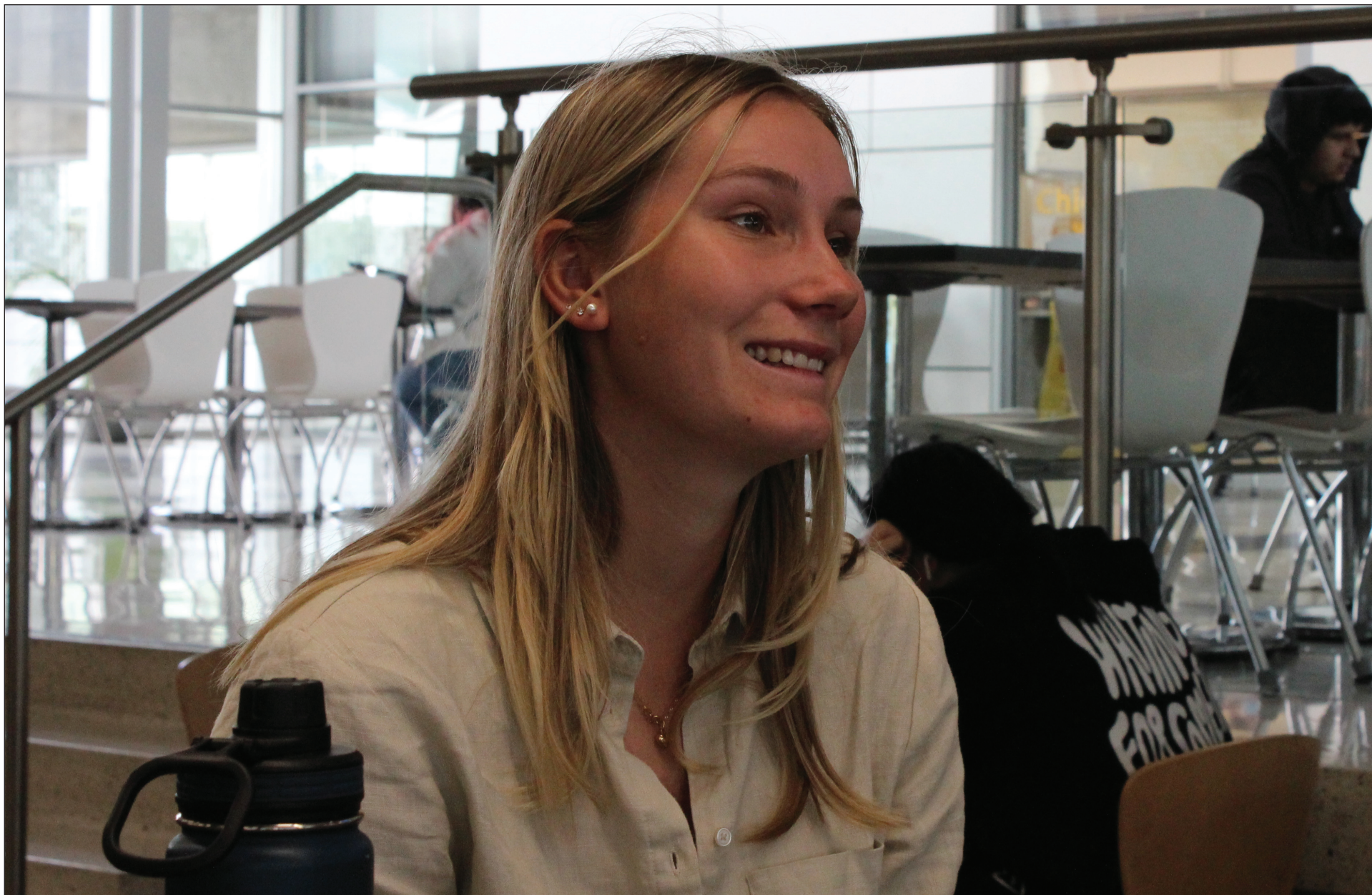
It's so comforting to be reminded that I'm getting better at "being a woman," for whatever that's worth. It's so nice to know that people are starting to notice as well.

I'm probably the happiest I have ever been in my life right now.

I never see that stranger in the mirror anymore. I see myself.

It's been the most positive experience of my entire life to be unapologetically myself.

**Gender Euphoria:**  
the feeling of significant comfort in one's gender identity, biological sex or gender expression



RAINIER DE FORT-MENARES | SPARTAN DAILY

San Jose State math junior Louisa Carlbom, who is a Swedish international student and a women's golf player, opens up about feelings of homesickness in the Student Union.

# International athletes long for home

By **Mat Bejarano**  
STAFF WRITER

For many students, summer is the moment when they set aside time for family. Some of them might go on vacation while others may visit siblings at home.

However, for some of those students, family is too far to make going home a reality.

For many international student-athletes at San Jose State, living away from home can be a challenging experience.

Darae Chung, a psychology freshman and member of the women's golf team, said it's difficult being far away from her home country, New Zealand.

"I think it's more because I miss my parents more than I miss New Zealand as a country," Chung said. "I think it's the people you miss back home that make you homesick."

Out of the eight golfers on the team, five are from outside of the United States.

Chung said a main topic of conversation among her and her teammates is the initial culture shock of coming to America.

"It's especially tough when you're having a bad day or you need some advice, you need some

guidance," Chung said.

She said the 19 hour time difference can often cause problems when trying to talk to her family almost 7,000 miles away.

Math junior Louisa Carlbom, one of Chung's teammates, said she wanted to continue playing golf at a collegiate level away from Sweden, her home country.

tell him about it, and sometimes that is not possible," Carlbom said.

She said her first semester was a tough adjustment.

She said watching her fellow classmates go home on the weekends while not having the same opportunity can be very hard for her.

"Sometimes I call my mom

have to say anything when you're with your parents, they already know how you feel."

Chung, who has been playing golf for nine years, said seeing photos from her family makes her feel like she's missing out.

She said she misses the little things, such as her mom while cooking her favorite food or her

like, you're going to miss out."

Marko Radanovic, a psychology sophomore and men's water polo player from Montenegro, said finding a job is a challenge international students face.

"When you're an international student and then you try to apply for work, you're limited there because we can only work on campus for a maximum of 20 hours," Radanovic said. "When you're applying for internships, a lot of companies basically tell you that if you need a sponsorship for the visa then you're not considered as an applicant."

For Radanovic however, there is often not enough time to reflect on his family back home.

"I'm very busy during the day and don't have much time to actually sit and think a lot about my emotions or actually feel something like that, basically [I'm] just 'Go and go,'" Radanovic said.

**Marko Radanovic**  
psychology sophomore,  
men's water polo player

“

**I'm very busy during the day and don't have much time to actually sit and think a lot about my emotions or actually feel something like that, basically [I'm] just 'Go and go.'**

"I started reaching out to different coaches, and then one time, I played this really good tournament and our co-chair at San Jose State reached out to me," Carlbom said.

Similar to Chung, Carlbom said the time difference can create difficulties when attempting to call back home.

"Sometimes if I do play badly or if I play really good, the first thing I want to do is to call [my dad] and

when I struggle and she's like, 'It's only a flight, like really it's only a flight if something comes up,'" Carlbom said.

Chung said the pressures of being away from her parents affects her the most on the field.

"Back at home it was so easy for me to just turn to them and ask them for advice and [they] would help me get through the tough times or even the good times," Chung said. "Sometimes you don't

dad while taking the dog for a walk.

Carlbom also said missing out on family milestones is difficult for her.

"My mom's birthday is coming up and it is a little tough missing out, but I feel like that goes both ways," Carlbom said. "When I do go home I feel like I'm missing out here and when I'm here, I'm missing out from home. But I think that's just a part of it,

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INFOGRAPHIC BY VANESSA TRAN

## spartunes

# songs to better your mental health

<p>"Happy and Well" Thee Sacred Souls (r&amp;b/soul) Selected by Vanessa Tran A&amp;E Editor</p>	<p>"Holding on to You" Twenty One Pilots (alternative) Selected by Jillian Darnell Opinion Editor</p>	<p>"United in Grief" Kendrick Lamar (hip-hop/rap) Selected by Rainier de Fort-Menares News Editor</p>
<p>"Safe Home" Anthrax (metal) Selected by Mike Corpos Production Chief</p>	<p>"Growing/Dying" The Backseat Lovers (alternative) Selected by Bry Bartlett Social Media Editor</p>	<p>"Without You Without Them" boygenius (indie) Selected by Bojana Cvijic Associate Editor</p>
<p>"Octavarium" Dream Theater (progressive metal) Selected by Alessio Cavalca Managing Editor</p>	<p>"PAINTING PICTURES" Superstar Pride (hip-hop/rap) Selected by Nathan Canilao Executive Editor</p>	<p>"Answer to Yourself" The Soft Pack (indie rock) Selected by Alexia Frederickson Photo Editor</p>

COLUMN



GRAPHIC BY JILLIAN DARNELL

# My experiences with mental health services



**Jillian Darnell**  
OPINION EDITOR

I was a 15-year-old high school sophomore when I had my first panic attack at school.

It erupted in my throat during biology class as I heaved, trying to breathe. My lungs were trying to force out air and my body was shaking constantly.

As I hyperventilated, my vision blurred and I couldn't hold my pencil still as I tried to write down vocabulary words for the limbic system.

My teacher didn't even ask questions, just slipped a pink slip onto my desk to go to the nurse's office.

The nurse, however, sent me to a counselor. The next three years, I would be one of a few students at my school selected to receive psychological services for on-campus therapy.

Now, let me get this straight, I am grateful for the experiences I had with my high school therapists. There were many groundbreaking moments in my therapy sessions that helped me survive high school after being diagnosed with two mental disorders.

Hell, I managed to understand and receive my diagnosis through these sessions.

I never learned how to properly process my emotions beforehand and I had my first crying session that involved healing during one of these meetings.

However, the aspect I want to highlight is how schools incorporate these psychological services on their campuses.

To give context of what I

went through, I was one of the first batch of students the school selected to try out psychological services on campus, a guinea pig of sorts.

The school tried many different services, and I went through each of them - and inevitably with every new service, things went wrong.

First off, every professional in the field of psychology will tell you that to maintain a healthy relationship, you need reliability, consistency and stability.

This is so important to have, especially with your therapist, according to a May 4, 2021 Positive Psychology article,

The process of therapy ending between a therapist and a client is known as termination, according to the same article.

progress in therapy. The worst part was I got so attached to a couple of these therapists, and I wasn't able to maintain therapy for long enough to gain real progress.

I would go through termination sessions at the end of every school year in the midst of finals and academic chaos.

The process of a termination session without proper time to end client and therapist connection left me with struggles of abandonment. As if I didn't have enough issues already.

The first therapist I had wasn't even a therapist, it was a social worker.

Social workers are trained professionals who try to help individuals, communities and families in vulnerable situations such as poverty or

social worker, they were doing what they were trained to do: assess a situation and help guide someone through an adverse time.

Social workers are completely different from therapists, who are professionals trained and equipped to analyze and develop an individual's mental health.

The next therapist I was assigned was through a program called Juvenile Diversion, a police program meant for juvenile offenders.

The diversion program has the tools to help provide mental health services on school campuses, however these cases are meant for juveniles courted in the juvenile justice system, according to the website.

For your information, I

treatment, I needed to be criminally charged.

The therapist I was assigned to was incredible, but there was lasting damage with the process of gaining therapy. I felt guilty for wanting help from a program designed for juveniles who were labeled as criminals unfit for society.

Luckily, in these sessions I learned about boundaries and how to engage in healthy coping mechanisms that helped me get through high school.

My senior year was probably the best therapy I received in high school through a program meant to help students and public campuses receive therapy.

The therapist assigned to me had a couch in her office, stuffed animals scattered

it can be time consuming and overall it is difficult to find a service that suits an individual's needs.

I was lucky enough to get some form of counseling in high school, and I finally got the proper treatment myself and so many others deserve.

When I arrived at San Jose State, I enrolled in counseling sessions at the Counseling and Psychological services on campus, and that experience has helped me grow in so many ways.

I was able to receive treatment from a counselor who identifies as LGBTQ+ and was able to open up about so many conflicts in my life.

I got to keep the same counselor for the past three years and made some significant progress in my therapy journey.

I'm not just surviving anymore, I'm putting in the effort to grow.

My anxiety attacks have been less frequent, and I'm no longer scared to show up to school anymore in fear of having an attack while in class.

Public schools should have mental health services to help better a student's mind, and it should be implemented in a safe, ethical and nurturing way.

Students shouldn't have to feel like criminals or juveniles in order to get the treatment they deserve. They shouldn't have to keep constantly switching therapists to put a band aid on an open wound.

Students should have the right to free, or at least affordable, counseling and therapy because their respective mental health is just as important as their physical health.

## I had to reopen doors to skeletons I never wanted to talk about again and again because I knew I had to open up about my trauma and mental health issues to heal and make progress in therapy.

Terminations need to be handled with proper and professional care to successfully and healthily detach from a patient.

In the three years I had therapy at my high school, I went through five different therapists, and not because I wanted to, but because my school kept changing services.

It was such a vulnerable, emotionally draining time of my life.

I had to reopen doors to skeletons I never wanted to talk about again and again because I knew

I had to open up about my trauma and mental health issues to heal and make

social inequity. Now, I have nothing against social workers. They provide an extremely necessary service in society and allow people in a crisis to receive help and support.

However, crisis cases and offering resources to people is very different from therapy. Therapy itself is a resource to help an individual focus on their mental health.

These sessions with the social worker felt like ranting sessions at most, not necessarily gearing towards anything in particular, just venting about school, family and friends without provocation of thought.

That is no fault of the

was never in the juvenile justice system, I was only seeking mental health services.

I sat down at a table my junior year of high school and was asked to fill out a form for the program to receive therapy.

It asked how many times I've been arrested, what kind of offenses I've committed, if I had any family members convicted of a crime and more questions along these lines.

I didn't answer any of these questions because none of them represented my status quo.

I was seeking help and it made me feel as if to receive

around and snacks to make you feel at home during therapy.

I had many mental breakdowns and anxiety attacks my senior year of high school, and I was always allowed to enter her office whenever I needed a comfortable place to calm myself.

Therapy is necessary for people to function, especially for high school and college students when so many stressful changes are happening in life that are out of their control.

Many people in general don't have access to mental health services. Therapists can be incredibly expensive,

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JEREMY'S CAMPAIGN

# Video games healed my inner child

By **Jeremy Martin**  
SENIOR STAFF WRITER

Everyone has a heart, but I was born with half of one.

I was born with a condition called Hypoplastic Right Heart Syndrome, meaning the right side of my heart was underdeveloped at birth.

I've been fighting complications of the disease my entire life.

I was a blue baby. I couldn't breathe on my own.

Blue is my favorite color, which is ironic since I turned blue immediately after I was born and separated from my mother after birth.

Medical professionals placed me on life support. Immediately after I was born, I was rushed from Kaiser in Hayward to Lucile Packard Children's Hospital Stanford in Palo Alto.

I had four surgeries to repair my heart, one of which was an emergency surgery.

Roughly a baseball-sized aneurysm developed within my heart and several medical professionals called a code blue on me as a toddler.

I was also born without a spleen.

Because I was born without a spleen, my immune system is very weak and I'm prone to getting sick easily.

With a weaker immune system, I was more isolated than other children and had to limit my activity.

It always made me feel sad and left out to see all the other kids run around playing and knowing that I could never match their same energy.

I always got tired faster than other children and could go from one extreme to the other in no time, when it came to getting sick.

I can feel absolutely fine in the morning, but develop a fever and have the chills by the evening.

My heart disease is just one of many types of heart defects. Congenital heart disease, or CHD, is the world's number one birth defect, according to the CDC.

One out of every 100 babies are born with a congenital heart defect, according to the Boston Children's Hospital CHD webpage.

Frequent illness, countless hospital visits and the possibility of further surgeries have become normal for me.

The constant hospital visits especially affected my mental health. I don't like being in the hospital, no one really does.

Certain things I remember seeing and feeling in the hospital have affected my mental health in a negative way.

I've developed a series of ticks and triggers from

being in there.

Thick white fabric sheets remind me too much of a hospital bed and make me feel uncomfortable.

I feel sensitive toward anything having to do with Disney.

Every pediatric hospital room I have ever been in had Disney characters and decals on the walls.

The Disney brand just reminds me too much about my time in the hospital.

Oftentimes, I choose to focus on other things to make myself feel better and try to forget about the unbearable feelings of being stuck there.

It's ironic that a place that's supposed to make people feel better made me feel so uneasy.

I turned to video games for comfort and a chance to escape the white walls of the hospital.

We all have hobbies we enjoy doing and things that make us relax. Video games became mine.

I feel so thankful that I had something keeping me distracted and taking my mind off of my condition.

A recent pediatric study reviewed the medical records of 118,785 children between the ages of 4 to 17 from Texas Children's Hospital, 1,164 of them had congenital heart disease.

The study reported that 18.2% of individuals with CHD have been diagnosed or have medication for either depression or anxiety, according to Everyday Health, a health news site.

I also suffer from anxiety. The unknown scares me.

Anytime they do tests on me in the hospital or take my blood, I have to watch. I will look straight at a butterfly needle as it digs further and further into my vein.

It scares me to not know or see what they're doing to me.

The minute I hit that power button on a console, I forget about everything else.

Video games have helped me immensely.

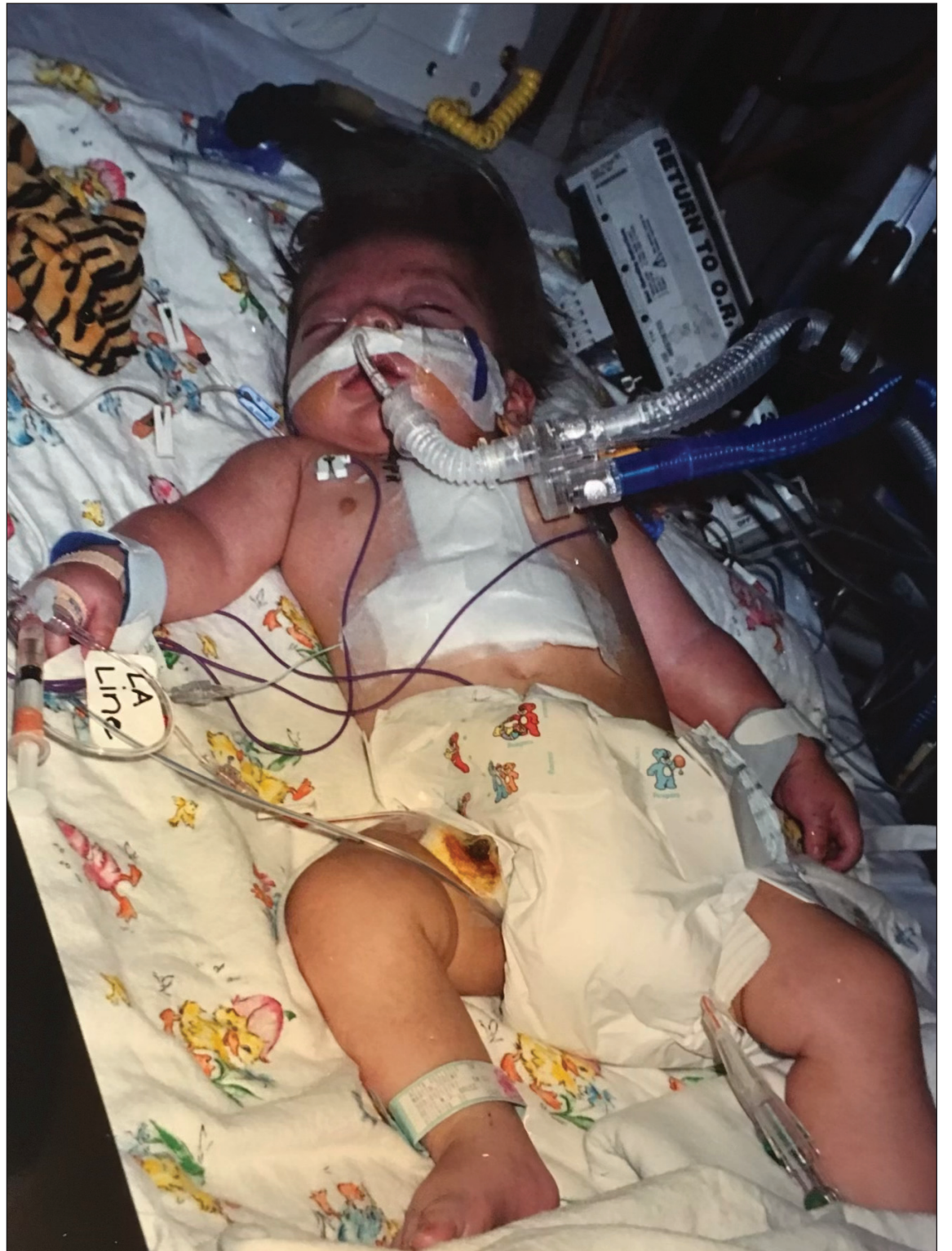
The fact that I can turn on Pokémon Stadium or a game like Halo, forgetting all about my condition or even just the feeling of being stuck in the hospital is amazing.

Video games serve as a great escape and a chance to just forget the world exists for a while.

I'm not alone either.

Psychological trauma and pain in the brain can be remedied by the simple act of playing games, this is just one of many mental health benefits to playing video games, according to an Oct. 25, 2021 WebMD article.

Video games can also improve mental health within



PHOTOS COURTESY OF CHRISTIE AND RANDALL MARTIN

people who experience both depression and anxiety, according to the same website.

Today, my heart has continued to remain stable, under the supervision of specialty doctors that will follow me for the rest of my life.

I'm about to graduate college with a bachelor's degree in journalism, despite the fact that the doctors said I wouldn't live past the age of 10.

overcome the emotional and developmental challenges that accompany the disease through medically supervised camp programs."

I had the privilege of not only being a camper there, but also becoming a mentor and then a counselor.

I was able to meet a large group of friends that were just like me, eliminating the excruciating thought that I

condition.

I wouldn't be misunderstood for getting tired or needing to rest. I felt at ease.

It also helped that my pediatric cardiologist is the camp's medical director.

I even met a lot of friends who share the same love for gaming as I do.

The camp had even acquired a few PlayStation 3 kiosks for children there to play, while



**While video games served as a great escape for me personally, I can clearly see firsthand that I'm not the only CHD patient who has turned to games as a type of therapy.**

I am now 25 years old.

Another thing that affected my mental health was thinking that I was alone.

One thing that helped me with this was Camp Taylor, a free medically supervised camp for kids with CHD.

According to its website, Camp Taylor's mission is "to help pediatric heart patients

would always be seen as the odd one out. The thought that I was different.

That was when my physical health started to affect my mental health in a more positive way.

Because the camp introduced me to so many people just like me, it allowed me to have more confidence in myself despite my

they were in the game room.

While video games served as a great escape for me personally, I can clearly see firsthand that I'm not the only CHD patient who has turned to games as a type of therapy.

As I said before, video games are a great escape, but it's more than just that.

Video games can do wonders to ease the trauma and mental strain on those who have things like CHD.

It also serves as a fun recreational activity, perfect for children and other people with CHD.

It's not super physical, so it won't tire them out and gives them an option to do something fun when they may be too sick or worn out to actually go outside and do something more active.

They also do a great job of teaching a valuable lesson that was definitely burned in my brain to this very day.

Video games teach everyone that no matter who you are, anyone can be a hero.





## COLUMN



BOJANA CVIJIC | SPARTAN DAILY

# Mental illnesses don't define me



**Bojana Cvijic**  
ASSOCIATE EDITOR

**Trigger warning: Mentions of suicide, self harm and abuse**

I remember when I first realized I had borderline personality disorder (BPD).

Sitting in my friend's apartment in the aftermath of a party, I was listening to a friend speak on their experience with BPD, and the more they spoke on their symptoms, the more this sounded eerily similar to me.

Symptoms such as: intense fear of abandonment, a distorted sense of self, not really knowing who you are, self harm and suicidal ideation, not being able to regulate your emotions well.

The year of 2019 was the year of realization for me, or really the year before I fully figured out the dealings of what was going on in my life.

Everything that happened before wasn't just me being a crazy teenager.

It wasn't just depression.

It was something a lot more severe, and it got me to that realization of finally pursuing a romantic relationship.

When I was 23, I had finally experienced my first dating experience, what one would call a "situationship."

Not a relationship, not friends with benefits, and nothing in between, just a situation.

It was my first time experiencing any type of romantic relationship, and the way he made it seem, as my friend before it got complicated, made it feel like it was going pretty well.

Until he ghosted me.

No contact, ignoring any message I sent, isolating me away from our mutual friends, while I was in L.A. dealing with the end of another friendship awkwardly for a week.

It took me a month to finally confront the situation, and unfortunately I went straight back into his arms.

Desperately trying to cling onto what I thought felt safe, what I thought I could save, put me through one of the most emotionally manipulative moments I've ever experienced.

And considering I'm the daughter of traumatized refugee parents, that's saying a lot.

I had found out he went back to another girl. He did the same exact thing to pursue a relationship with her, and it completely destroyed any perception of love or relationships I had.

It was not a great start to how I experience relationships and intimacy, and it didn't set a fantastic foundation for the future either.

During this time, I was also experiencing houselessness with my parents, which I spoke about in my previous special issue column.

I clinged onto what happened with my former friend because it was an escape from

the horrible reality I was living in, sleeping in the backseat of my parents' car in a Starbucks parking lot.

When I finally got my own apartment that I shared with my roommate and now close friend, it gave me a freedom I've never experienced before.

I'm the only daughter of Bosnian refugees who have experienced unimaginable situations that no one deserves to go through.

Losing everything, watching loved ones die, having war and genocide take over their home country, added on top of the generational trauma they faced from their own parents who also experienced war and genocide.

This also didn't set up a strong foundation for me to have a healthy relationship with my emotional well-being.



**While my disorders are not who I am, they are part of me, they physically and literally mentally affect me every day, even when I think they don't.**

It also means I was under close watch at all times, moving to the U.S. where my mother knew nothing was scared of the unknown, I grew up in a very strict environment.

A strict environment where my mom still wanted to be my friend, but if I ever expressed emotions of stress, sadness and anger, I would be yelled at, hit or punished for expressing anything negative.

As I got older, my junior year of high school was when I fell into a severe depression.

I felt like a failure, the weight of my parents' expectations of success weighed heavily as their only child. I was their hope and future, while not even knowing what my future looked like.

I didn't have good friends during this period.

People constantly made fun of me and my identity as a Bosnian woman, my friends being friends with people making jokes about how I would burn in concentration camps, sniffing me as though something was burning, saying I looked like Anne Frank, horrific things for any teenager to hear and face.

I would lie to protect myself to seem cool, I was never in a romantic relationship? Time to lie about it!

I would wear bigger bras to make my body seem more curvaceous, I would straighten my hair until my ends would fry off to hide my curly hair, I would do anything to change how people perceived me.

Looking back, I didn't realize how much this messed with my perception of identity until I went to therapy for it.

All of these factors eventually led to my diagnosis of having BPD.

During this time, my relationship with my mother worsened, and as she dealt with her own undiagnosed mental illness, it turned into abuse towards me.

I remember helping her on the computer, normally and calmly. I remember putting my

hand on her back, and she flung me to the floor, hitting me.

All I remember is my dad coming to my defense as I screamed in Bosnian, I didn't do anything wrong. All I did was put my hand on her back.

I remember her getting up and going fully out of control, slamming me into the wall telling me to stop.

Locking myself in the bathroom saying I was going to do it, I was going to take my life.

This was one of many times I expressed the desire to commit suicide, and it triggered a long battle with suicidal ideation.

Suicidal ideation is a broad term used to describe a range of contemplations, wishes and preoccupations with death and suicide, according to the National Library of Medicine.

I knew I was depressed after this, but I didn't know there was more to it than just depression.

Growing up in a Bosnian household, I was always told that depression didn't exist. I was told that being sad doesn't run in our family, and no one in our family deals with mental illness or mental health issues.

For a while, I believed my mom when she said that. I really thought I was the only one who had something wrong with me.

Then in my freedom of living on my own, I realized how severely traumatized my parents were in their own personal lives. They didn't have the words for it, just like I didn't.

They didn't grow up with families that were able to focus on healing and mental health, that they were just as severely affected as I was.

Generational trauma is the transference of traumatic experiences or stressors from one generation to the next, it can happen through direct experience, witnessing violence or living in an environment where violence constantly loomed, according to Duke University's Office for Institutional Equity webpage.

It is a concept to help explain years of generational challenges within families, it can be genetic and become part of the very fabric of how we exist as people.

During this time, I also got into my first serious romantic relationship with my current partner. It hasn't been an easy relationship because of all of the stressors affecting us in our own respective lives.

I remember thinking, with all this newfound freedom I had, I would know how to navigate this relationship better and I wouldn't let what happened to me affect what I have now, I definitely thought wrong.

I remember sitting with him one day, and asked him if he thought if this sounded like me.

"Intense fear of abandonment, unclear or shifting self-image, extreme emotional mood

swings, explosive anger, constant feeling of emptiness, impulsive self-destructive behaviors, unstable relationships, feeling suspicious or out of touch with reality."

He sat across from me as I said it out loud, and when I finally looked up at him and he told me it sounded like me, I knew that I had BPD.

There was finally a name to what I was feeling for so long, but what I didn't realize was that it wasn't my romantic relationships that led me to having BPD.

It was every single traumatic experience I had gone through with my parents, the original foundation of life, the people who brought me in this world, and their experiences as well.

It felt like the second I took my first breath, the cards were stacked against me.

The further I went into my journey with BPD, while going back to therapy, speaking to my therapist also made me realize not only did I deal with BPD, but also had a severe mood disorder, bipolar disorder.

Bipolar disorder is characterized by unusual shifts in a person's mood, energy and activity, while also affecting concentration.

People diagnosed with bipolar experience high and low moods, known as mania and depression.

Mania are episodes of high moods that vary in severity. Most of the time people are usually unaware they're manic, finding the elevated mood appealing since they're not experiencing severe depression.

Moods can become irritable and unpredictable, with judgment becoming more impaired.

Speaking to my therapist about all of the self-destructive behaviors I engaged in a short two-year period, I realized this wasn't just me happy, young and fun, it was severe mental illness.

Whether it be driving my car on the freeway at 110 miles an hour because a guy broke my heart, or having random hookups to fill the void of feeling alone, it didn't contribute to the betterment of my well-being.

Symptoms of bipolar and BPD overlap, so it wasn't a surprise that me being diagnosed with BPD also turned into me being diagnosed with bipolar.

I feel free in knowing that I have these disorders, freer than I did when I didn't know what I was actually going through.

While my disorders are not who I am, they are part of me, they physically and literally mentally affect me every day, even when I think they don't.

I want people to know that this is real, that when I'm emotional or hurt that my feelings are real, and it isn't just me exaggerating what I'm feeling in my head.

I have disorders that literally change my perception of the world, myself and others.

It physically affects me in how I take care of myself and my stress levels.

Just because I have something that changes the perception of how I see the world, doesn't mean that perception isn't valid.

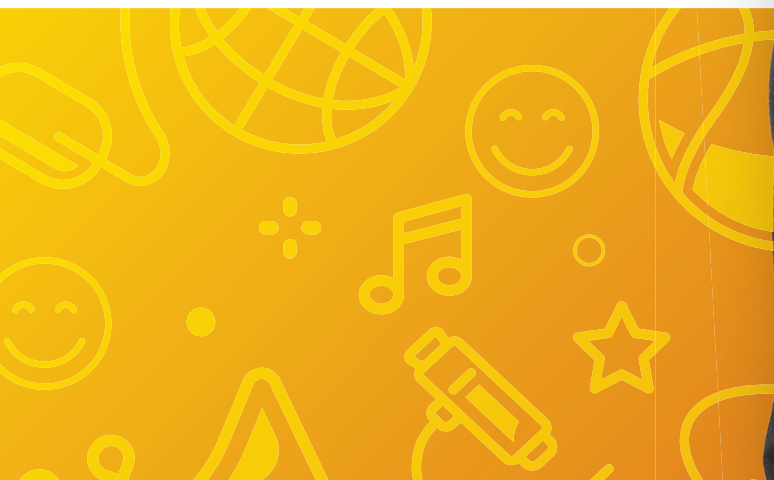
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