SPECIAL ISSUE

MENTAL HEALTH

Navigating the mind

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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. 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 diagnosis, we all walk through and navigate 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.

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

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.
Mental Health Illnesses in the U.S.

By Alessio Cavalca

Mental Health 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 Health 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.

Anxiety is often associated with muscle tension and vigilance in preparation for future danger and caution or avoidant behaviors, according to the Diagnostic and Statistical Manual of Mental Health Disorders.

Anxiety is often associated with muscle tension and vigilance in preparation for future danger and caution or avoidant behaviors, according to the Diagnostic and Statistical Manual of Mental Health Disorders. However, not all traumatic events generate PTSD.

"You can have traumatic 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 they will influence your life, depends on if those events then lead to a cluster of symptoms." Klaw said 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 hypervigilant, you stay hyper-vigilant all the time, because that's how you stay safe."
**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
  Find 211BayArea.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 Hotline
  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
- National Sexual Assault Hotline
  1-800-656-6911

**For the Black community:**

- The Black Leadership and Opportunity Center
  408-924-5105
theblaccentre@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 Chicano/Latinx Student Success Center
  408-924-5100 or chicanspanishssc@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
- 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 American Psychological Association
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 LGBT+ community:**

- SJSU PRIDE Center
  408-924-8157 or sjspride@gmail.com
  Student Union Main, 1st Level
LGBTQ+ National Hotline
1-888-484-4564
The Trevor Project’s TrevorLifeline
1-866-488-7386
Crisis Text Line
Text HOME to 741741
Trans Lifeline
1-877-550-8880

**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
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 owe money over to wanting to be with your friends and not wanting to spend [money] because you got that paycheck and you want to spend it, 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, so I just spend 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 lifestyle. “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 economics professor Ninh Nguyen said in a world where convenience is at the forefront of many business models, escaping 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 it, that convenience,” Nguyen said. “‘I’m going to McDonald’s to pick up a Big Mac might cost me $4 . . . but if I use the app, it might cost $3,’ so I’m paying double for that convenience.’”

Nguyen said this prevalence of convenience can act as an inclination to waste 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 workplace.

“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 drain. She said having to rely on other people and outside sources of financial support, including loans, adds enormous stress 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 makes 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 new paycheck every end of 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 Affiliates, says it helps students facing “unstressable circumstances” by providing support and relieves students to various resources to meet their needs. According to the SJSU Cares 2021-22 Summary Statistics, about 64.5% of requested assistance involved 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 Ngo. 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 understands 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 still 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.”
How stress, anxiety influence exam scores

By Mat Bejarano

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 Tonye 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 grades depend on your score on your final test or project,” Tonye 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.

Tonye said he tries to study as much material as possible before exam day to control 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 tends to task himself second guessing and changing his answers in exams because of his anxious feelings.

“I don’t necessarily get anxiety but I’m anxious in the sense that I’ve second guessing and changing his answers,” Youkhanna said.

Despite the persistent effects of testing anxiety, psychologist Craig Lillie said she typically experiences anxiety and insomnia during the days leading up to exams. Lillie said she still gets anxious leading up to test day even when she studies her hardest.

“59% of university students have experienced a problem due to testing anxiety according to a 2021 Journal of Educational Leadership and Policy study,” Lillie said.

“This will ease your stress level and help ensure that you’re well-prepared,” Tonye said about his study practices to better manage his time and mitigate his feeling of testing anxiety.

“Try not to work myself too much in any one period of time,” he said. “I’ll maybe work for like an hour and then take [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 get over the anxiety spiral and then I also like to make notes cards, even if I can’t use them on the test because it’s a good way of reviewing everything,” she said.

Lillie said in addition to professors, she said her health care provider could better help students by making them aware of the counseling resources on campus.

“I always know 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,” Tonye said.

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

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

Sleep and its effect on student mental health

By Rainer de Fort-Menares

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

Around 50% of adults in the U.S. experience some form of sleep deprivation, according to a 2021 Centers for Disease Control and Prevention (CDC) sleep and Sleep Disorders webpage.

Deep sleep deprivation can lead to long-term health effects including insomnia, according to a 2015 Harvard Health Multis article.

Research found that poor sleep can also affect academic performance and have an overall negative affect on mental health, according to a March 18, 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.

An Iowa State neuroscientist John Garcia said he was usually ready for an eight to ten hours of sleep, unless there was something stressful coming up soon.

“I try to [study] before I go to sleep, but more and anxiety catches up to you sometimes and you’re just 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 myself.”

Annie 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 and staying asleep, according to a Jan 30 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, like not be able to sleep,” she said. “The more [insomnia] comes and goes with my stress level.”

Roughly 20% 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.

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 strives 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 the Feb 13 Proceedings of the National Academy of Sciences article.

Research done on freshmen college students found that every hour of lost total sleep was associated with a 0.67 reduction in GPA by the end of the semester, according to the same article.

SJSU behavior therapist senior Andrielle Harkins said this type of routine is what helps him maintain a healthy sleep schedule.

“Usually I work a late night before I go to bed and because I do it a few times now when I’m anxious it’s just getting sleepy,” Harkins said. “What I have for anxiety for exams and tests my thoughts are, like ‘I need more time to cram before the big test’.”

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 Foundation poll, results show that nearly 60% of adults who are diagnosed with their sleep problems mild or greater levels of depressive symptoms.

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

“1 in 5 was also diagnosed with ADHD and I still have lots of depressions that comes and goes,” Lillie said. “When I’m sad or anxious, I’m feeling depressed and my ADHD starts acting up — yeah, like that trifecta that really makes it impossible for you to sleep!”

A CDC study also found that students who were depressed 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 one of the things that help her fall asleep include turning off all her phone, listening to relaxing music and making a book.

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

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APPLY TODAY
The intersection of sports and mental health

By Enrique Gutierrez-Sevilla

The stress of being a Division I athlete is something student-athletes have their plates full of many days. Mariah Talavou, a San Jose State University 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 time to do yourself," Talavou said. "As a student athlete that has been here at SJSU, your days can start as early as 5:30 a.m. and end as late as 10:30 p.m. or 12:30 p.m."

Division I student-athletes are designated at least one day off per week in accordance with NCAA regulations. However, 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 ending 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 a student-athlete.

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, that’s a whole issue, power differentials, and it’s something we have to think of that can actually be the root cause of some of the issues athletes end up coming up to me to talk about," Butryn, who has been at SJSU since 2000, said. He 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 the 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 performance anxiety.

"The number one predictor of having problems, when you don’t have multiple identities and when you’re isolated all of your life," Talavou said. "You don’t have hobbies, you don’t have friends outside of the sport, you don’t have another identity as an athlete."

Joseph Puentes, an SJSU athletics clinical and sport psychologist, said he broke these beliefs into a person as a person from sport results.

"We’re worried about many other ways," he said. "Our job is really important to us because we have a lot of people’s lives to get to that point, but that ability to separate your personal story from your life and mental health and sustain in their sport over time is something.

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

"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."

By Enrique Gutierrez-Sevilla

Student-Athlete’s Self Care

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

"I thought self care was just buying things that you like and essentially that’s how I learned,” he said. "I feel self care is built in our experiences because we’re taught that taking the little steps, communicating when we’re stressed, and communicating because we want to be successful and do our best," he said. "I feel self care as something that’s so integral because we’re taught to take care of our bodies and our minds.

"It’s a big loss to have your sport taken away, so I would say that helping them go through those processes of loss around the injury and then helping them find how to become healthier, stronger and wiser through this recovery process (as the best way to get through it)."

Keaton Chase, an SJSU athletics graduate and right-handed baseball pitcher, said it can be difficult for a student-athlete, but he wouldn’t change it for anything.

"The reason why I say breathe is because it’s a tool that you can use or you can use it as a way to decompress," she 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 10-15 minutes out of their busy schedules for themselves.

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

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

"Bringing 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 now," she 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.

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Department of Communication

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sjsunews.com/spartan_daily
The wellness industry just wants your money

By Vanessa Tran
A&E EDITOR

The wellness industry just wants your money

— 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 to such a extent that I even conditioned to self-destruct and compress my emotions. Coming from this family background, seeking real help wasn't exactly an option when I get older and know 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 slip up 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 very social and economic barriers I have influenced my actions.

Coming from a very traditional and poor Vietnamese family, bottling anger and lashing out are toxic behaviors I struggle to improve. It's unfortunate that many individuals think they're getting money for bigger corporations will make them feel "better," but in reality, I'm sure they couldn't care less about that consumer's mental health.

The wellness industry loves to commodify it instead of capitalizing off of other cultures. Those jade rollers and gua shas that are advertised as tools to relax and rejuvenate you? Yeah, that comes from Chinese culture. To have knowledge that certain items don't have the same opportunities and try to trap them with nonmedicalized 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. 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? To me, "self-care" service or item I can purchase to be the person I want to be is a self-care service or item I can purchase to be the person I want to be is a self-care service or item I can purchase to be the person I want to be is a self-care service or item I can purchase to be the person.

Some may say staying calm and ignoring it altogether is all that matters. For me, not dealing with what I was caused.

One of my versions of “self-care” were my ways of dealing with it. Coming from this family background, seeking real help wasn't exactly an option when I get older and know how much trauma my parents caused. 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 slip up 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 very social and economic barriers I have influenced my actions. Coming from a very traditional and poor Vietnamese family, bottling anger and lashing out are toxic behaviors I struggle to improve. It's unfortunate that many individuals think they're getting money for bigger corporations will make them feel "better," but in reality, I'm sure they couldn't care less about that consumer's mental health. The wellness industry loves to commodify it instead of capitalizing off of other cultures. Those jade rollers and gua shas that are advertised as tools to relax and rejuvenate you? Yeah, that comes from Chinese culture. To have knowledge that certain items don't have the same opportunities and try to trap them with nonmedicalized 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. 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? To me, "self-care" service or item I can purchase to be the person I want to be is a self-care service or item I can purchase to be the person I want to be is a self-care service or item I can purchase to be the person I want to be is a self-care service or item I can purchase to be the person.

Some may say staying calm and ignoring it altogether is all that matters. For me, not dealing with what I was caused. Most Asian families don’t believe in mental illnesses, and I unfortunately didn't have the luxury of having someone to talk to — 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 to such a extent that I even conditioned to self-destruct and compress my emotions. Coming from this family background, seeking real help wasn't exactly an option when I get older and know how much trauma my parents caused. 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 slip up 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.

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Experts analyze marginalized communities

**BREAKING DOWN THERAPY BARRIERS**

**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**
- 17% of Asian Americans have experienced a psychological distress in the last 30 days
- Over 5 million Latins people self-diagnostic with a mental illness within the last year

**Latino Americans**
- 15% of Latino Americans

**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, 13% of Latinos and 10% of Asians, according to a May 26, 2023 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 inextricable number 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 cast out.

“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 disturbed about physical symptoms and has abnormal reactions to those symptoms interfering with their everyday life, according to an article by GoodSource 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, Asian accounts for 5% of workers, Latins 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 from therapists who are likely to have 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 ethnic therapists are not having different values create a struggle in therapy.

Rattan said working with language translation services being provided, lack of diversity helps broad cultural inequities that lead to negative health outcomes, including higher rates of 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 any student.

“It feels like very important [the stuff] to look like the campus community and for students to come in and be able to identify counselors who they may look like,” Fujimoto said. “It doesn’t necessarily mean that they need to have a matched up with the same identity, because we all feel that we can provide and be mindful of cultural differences and differences in experiences.”

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**Neelam Rattan**

Public health junior Karolin Lam, 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,” Lam said. “So if your child says, ‘Oh, I have this mental health issue it’s kind of like, a disappointment, because your parents have tried to hard to get you to succeed.”

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

Transgenerational trauma is the concept of traumatic events including genocide, abuse, oppression and racial disparities, which have lasting effects on the next generation, according to a July 5, 2021 Psychology Today article.

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

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

“Teaching to social determinants of health, which is the environment experienced insurance inefficiency and high cost struggles.

As much as 38% of the population have waited longer than one week for treatment, leaving limited access to immediate services in stressful situations. Meanwhile, 29% of Americans don’t know where to look for mental health resources and 25% of adults wanted to seek therapy but were not able to because of situations out of their control.

There are several barriers between people who want mental health services and actually getting help.

“[It’s] affordable because it’s free. And even though it’s 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.”

Kari Lam, vice president of the Public Health Student Association at SJSU, said her close friends who are nursing home, her clients from older generations had mixed views on therapy.

“My grandparents would not even consider going to therapy, because we’re students,” Ma said. “It’s affordable because it’s free. And even though it’s 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.”

Kari Lam, vice president of the Public Health Student Association at SJSU, said her close friends who are nursing home, her clients from older generations had mixed views on therapy.

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

She said generational trauma is a concept brought up by 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 this Asian community, I can see it also be a generational trauma,” Lam said.

“With my grandmother coming out of the Vietnam War, witnessing the same types of things, I think that’s really important to me now.”

She said her grandmother never talked about living before immigrating to the U.S. and for her everything she knew came from her mom.

“Maybe it means that her mental health and trauma had me a detrimental impact on my mental health,” Lam said.

Ma said for these communities to understand the stigma is to be more aware of mental health and mental health services.

“For me, personally, I wouldn’t have been able to do therapy,” Ma said. “I didn’t try therapy until my friends were talking about it. Or that I know that I could literally just book an appointment through the school website and get it.”

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

By Alina Tu

The Lanterman-Petris-Short Act was established in 1967 to ensure a right to prompt psychiatric evaluation and health care treatments for some conditions. According to a June 8, 2018 article by Disability Rights California, which is the federal agency dedicated to protecting and advocating for Californians with disabilities, the Lanterman-Petris-Short Act has been the focus of mental health issues across the state. As of June 2021, 43% of state prisoners and 27% of federal prisoners historically had mental health issues, according to a Bureau of Justice Statistics article. Kat Adamson, SJU sociolegal senior and Students Against Mass Incarceration president, said that her organization is working to inform Santa Clara County and San Jose State University students about the Lanterman-Petris-Short Act because it is a system of mental health services. “People with mental illness don’t need to be in jail. They need to get being cared for and therapy and potentially medication to stabilize,” Adamson said. “We always default to throwing people into jail or prison for doing things that shouldn’t even really even become 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 intends to give patients greater autonomy and decisions in their own lives. He said one of the act’s unintended outcomes was that it ended up 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 country’s jail and 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, also mentioned that many people call 911 for different reasons. Hernandez said some people in distress call on their own accords because they’re aware there’s a law enforcement presence. “You can have people – what we say are ‘self-referred’ – and they say ‘They call for them and they say, ‘You lose, I don’t feel good, I don’t feel right. Something’s wrong.’”

Hernandez usually is a family member or a friend who calls because they have concerns for a loved one and they can almost feel 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, they haven’t slept for three or four days. They’re not eating, 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 they’re going to vary.”

Law Enforcement’s Response

SJUU’s Captain Michael Santos said officers respond to calls related to mental health issues by using three criteria to assess whether or not a person is experiencing a crisis. Santos said those criteria include determining whether or not a person is a danger to themselves, a danger to others or a danger to a general public. That criteria comes from the Lanterman-Petris-Short Act, according to the Disability Rights California article. That criteria also sets the due process of protections for mental health clients, according to the same article.

The act defines being “gravely disabled” or “dangerous” as being “either unable 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 doctors, they’ve been trained in crisis intervention techniques and should be able to identify whether or not someone is in a mental health crisis. He said if UPD officers respond to a call where there may be an issue related to mental health illness, UPD is expected to use the criteria to determine whether or not the person of interest needs to be transported.

Santos said UPD finds that the person of interest is being cared for by SJUU Counseling and Psychological Services and contact it to continue treatment. Santos said UPD may also contact other resources including SJUU Care.

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 “72-hour 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. That means they 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 a mental health professional.

Santos said together, they should be the role model for responding to mental health calls for service. Santos said he is also intending to have that team be operational and available to the SJUU community by fall.

“Right now, law enforcement and mental health professionals are kind of working in tandem and that exploring other ways, changing the culture, again, how certainly law enforcement will respond,” Costa said. “That’s many different factors that go into the aftermath of the [Lanterman-Petris-Short Act].”

Kat Adamson said she thinks a lot more could be done. “We need areas where they can take people in a safe and accessible facility and help them stay out of jails and prisons.”

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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 mental illnesses into something “cool” to have. I 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 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 online because there’s some ridiculous thing on it, but this one 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 it all was turned aside, 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 medications in which 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 illnesses aesthetically? Why is that wrong?

Mental illness is a very real thing, it’s not just something you see Zendaya suffering from on “Euphoria”, she goes to a bunch of parties with tinfoil in her hair, smoking a cigarette, apathetic and detached. It’s her character, designer clothing and entertaining makeup look.

I deal with bipolar disorder and borderline personality disorder (BPD), and that’s why I’ve done what I go through because of it aren’t cute, happy or aesthetic. Bipolar disorder is characterized in episodes 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. BPD is still unexplained and controversial, especially in the way that it’s labelled, and even about whether 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 think it’s dangerous that everything in our lives has to be an aesthetic for social media, and that so many voices are being silenced defending 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 aesthetically if the problems in your life is not going to make it easier.

Examples of romanticization of severe mental health illnesses can be found in Sofia Coppola’s film, “The Virgin Suicides,” based on the 1995 novel. The film follows the stories of five sisters who all end up committing suicide.

The film is known for its luminous and trendy soundtrack. Coppola’s soft and ethereal artistic surrounding the film’s 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, a cool girl that is destined to smoke a cigarette, apathetic and detached. It’s the character, the aesthetic, designer clothing and entertaining makeup look.

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The villainization of mental illness ranges widely throughout the spectrum of mass media, and after bar 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 ammunition 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 to “video” where they said the palette didn’t exist when Heard’s

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

It’s a strange cosmetics company, something that has nothing to do with this trial nor those people, were able to use it to mock people “to just enjoy things” in social media.

I couldn’t have a different experience than people in our world who accuse men of abuse, according to The Sun in 2022. 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 News 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.
I felt mad at myself. I felt like there was something missing in my life. I realized I didn't like myself at all. I was directionless. When COVID hit, and I had to stay home, I showed up an hour late to school, and I didn't even have an emotional reaction, I didn't feel fear. This was something I had known within me for a very long time, but it felt so liberating to finally be able to have a word to express what I was feeling.

I often confided in my best friend about my feelings. I was just whatever everyone else was. I was never my own person. When I sent the message when she was out for a walk, she came up with a name. My peers accepted me. I thought about it for a while. I decided I needed a new name. I was talking to my friends and they helped me try to pick one.

Why did I never feel that happiness whenever I was feminine? Why was I so happy when I was feminine? I was directionless. When COVID hit, and I had to stay home, I showed up an hour late to school, and I didn't even have an emotional reaction. I didn't feel fear. This was something I had known within me for a very long time, but it felt so liberating to finally be able to have a word to express what I was feeling. I felt like there was something missing in my life. I realized I didn't like myself at all. I was directionless.

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 and then it finally hit me. "Oh my god, I'm trans." After I had come out to this revelation, I told nobody for weeks. I tried to look at the news and 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 had always known deep down, but now I was ready to say it. I had never cried before. I cried because I knew when I told my parents, they would never be as accepting of me as Joseph and my parents are.

I had finally realized that there was a side of me that finally got to be expressed. I was finally able to be me. I was finally able to express what I was feeling. I had been alive for 16 years, but that was the most wonderful feeling I had ever felt. That was the first time I started truly living. I needed a new name. I was talking to my friends and they helped me try to pick one.

I had a list of random suggestions, excited to come up with something about myself and identify with 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. There was a component of shock, but being in the right time and the right place to start expressing like a girl. I was just that, full of my own way of expressing my frustrations.

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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 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.

“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.”

“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 pressure of being away from her parents affects her the most on the field.

“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.’”

Marko Radanovic, a psychology sophomore and men’s water polo player, 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 about my emotions or actually feel something like that, basically [I’m] just ‘Go and go.’” Radanovic said.

**Song List**

- “Happy and Well” by Thee Sacred Souls
- “Holding on to You” by Twenty One Pilots
- “Safe Home” by Anthrax
- “Octavarium” by Dream Theater
- “United in Grief” by The Backseat Lovers
- “Answer to Yourself” by The Soft Pack
- “Safe Home” by Anthrax
- “Octavarium” by Dream Theater
- “United in Grief” by The Backseat Lovers
- “Answer to Yourself” by The Soft Pack

**Source**

By Mat Bejarano

STAFF WRITER

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.

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.
My experiences with mental health services

Jillian Darnell
CONTRIBUTING 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 leaned 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 limbus 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 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 counselors. There were many groundbreaking moments in my therapy sessions that helped me survive high school after being diagnosed with two mental disorders.

I will, however, share with you my experiences in the therapy universe and the pain that was involved during these sessions. I learned how to properly process my emotions better and I had my first crying session that involved being held during one of these meetings.

However, this 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 genius group of sorts.

The school offered different services, and I went through each of them—mindwinding with every new service, things went wrong. Fast forward, 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 client and a therapist is known as termination, according to the same article, regarding a program to 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 hadn'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 workers, they were doing what they were trained to do to 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 justice program meant for juvenile offenders.

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

For your information, if I ended up being charged, I would go through a program meant to help students and public campuses receive therapy. The therapist assigned to me had a coach in her office; stuffed animals scattered 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 was asked to fill out a form for the program to receive therapy.

I 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 during those sessions. 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 treatment, I needed to be criminally charged.

The therapist I was assigned to was incredible, but there was lasting damage with the therapy I felt guilty for wanting help from a program designed for juveniles who were labeled as criminals until 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 coach in her office; stuffed animals scattered around and snacks to make you feel at home during therapy.

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 to 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 identified 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 few and far between, 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 boost their mental health, 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 feel safe, or at least affordable, counseling and therapy because their respective mental health is an as important as their physical health.

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TAKING THE TEST

THURSDAY, APRIL 27, 2023
sjsunews.com/spartan_daily

Jillian Darnell
CONTRIBUTING EDITOR

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

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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 of its general don't have access to mental health services. Therapists can be incredibly expensive,
By Jeremy Martin

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 fastball-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 also isolated from 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 the other kids.
I was born with a condition that is ironic since I turned 25 years old.

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 the other kids.
I was born with a condition that is ironic since I turned 25 years old.

I also suffer from anxiety.

For children and other people with CHD, it seems as though I’ve 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.

Today, my heart has 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 a counselor.
I was able to meet a large group of friends that were just like me, eliminating the excruciating thought that I was the only CHD patient.

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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.

I was 25 years old at the time.
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 overcome the emotional and developmental challenges that accompany the disease through medically supervised camp programs.”

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As I said before, video games served as 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.
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 bipolar disorder—diagnosed.

Sitting in my friend’s apartment in the afternoon, I was able to observe my 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 suicide thoughts, not being able to regulate your emotions well.

This year of 2019 was the year of realization for me, or rather 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 teenager. It wasn’t just depression. It was something a lot more severe, and it got to the point of realizing a further romantic relationship.

When I was 21, I finally experienced my first dating experiences, one which would call a “situationship.”

Not a relationship, not friends with benefits, and nothing in between, just a situation where the dynamic was undefined.

It was my first time experiencing any type of romantic relationship, and the way he made me act, 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, looking me over from my mutual friends, while I was in a L.A., dealing with the end of another friendship unfortunately for a week.

It took me a month to finally confront the situation, and unfortunately, I went straight into a severe depression.

I was sitting in my friend’s apartment in the afternoon, trying to get through the dealings of what was going on in my life.

ACT III: Five years later.

I was finally diagnosed for the first time, and the more I spoke on their symptoms, the more this sounded eerily similar to me. The more they spoke on their symptoms, the more this sounded eerily similar to me.

I felt like a failure, the weight of my parents’ expectations of success weighed heavily on my shoulders, being the only child in my family.

At an environment where my mom still wanted to be my friend, but I’ve expressed symptoms of grief and anger, and I would be yelled at, or punished for expressing myself.

I didn’t know how to navigate this relationship better and I didn’t know how to deal with the new freedom I had, I would know my partner.

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

I remember when I first realized I had bipolar, I didn’t have good friends during this period of time. Not a relationship, not friends with benefits, and nothing in between, just a situationship.

I tell myself, by the weight of my parents’ expectations of success weighed heavily on my shoulders, being the only child in my family.

At the moment in my life, I realized how severely traumatized my parents were in their own personal lives. They didn’t have the words for it, just like I did.

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 traumatising experiences or stressors from one generation to the next, it can happen through direct experience, witnessing violence or being in an environment where violence was common, connecting it to Duke University’s Office for Institutional Equity webpage.

It is a concept to help explain generations of challenge 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 the fear of not understanding this relationship.

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

I was 23 years old, and told him I was diagnosed with BPD.

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Save money and finish faster by taking summer classes. Summer classes are shorter, flexible, and affordable.

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