

# “Imbalance:” Mental Health in Higher Education

Heather Clark, *Humboldt State University*

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“Imbalance” is a short film and project created in Social Change Digital Production class (FILM 362) at Humboldt State University (HSU) by myself (a sociology master’s student) and fellow students Joseph Baiza, Kira Hudson, Heather Hulbert, and Andrew Weisz (film majors). The intention of the project was to heighten awareness of mental health issues among university students, especially students of HSU, stemming from the desire to break stereotypes about those who struggle with mental health and reduce stigma. The project later morphed to include the accessibility of mental health services on the HSU campus during a conversation where multiple members of the group shared how they had unsuccessfully sought services from the mental health center CAPS (Counseling and Psychological Services), either being regrettably turned away or having to wait weeks for an appointment due to the center being over-impacted.

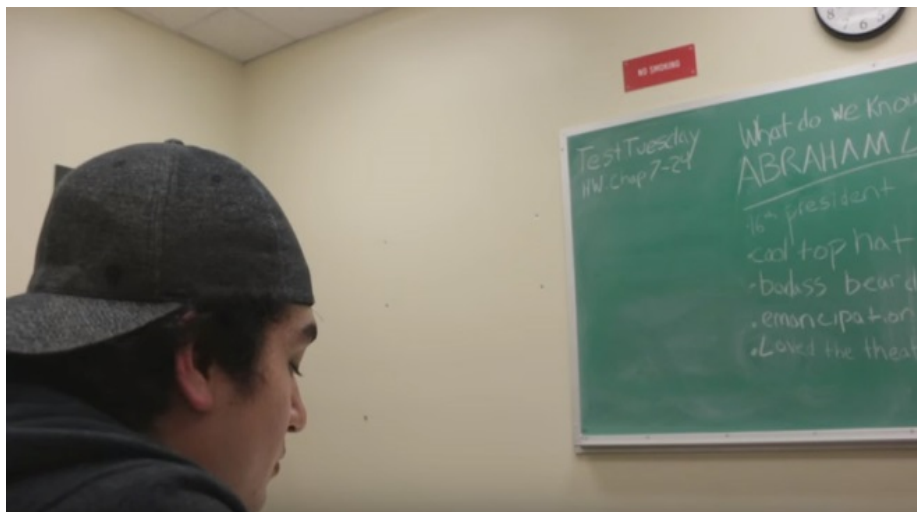
From my personal experience and observation of recent literature of diversity in higher education, I found discussion and inclusion of mental health to be scarce. Inclusion of mental health beyond mentions of depression and anxiety in discussions of diversity in higher education were even rarer. Diversity in education is intersectional and mental health is a significant social identity impacting the experiences of students in higher education. According to a survey by the American College Health Association’s (ACHA 2008) National College Health Assessment from spring 2007, stress was

the number one factor impacting academic performance. In fact, five of the top six factors found impacting academic performance were psychological.

The majority of mental health disorders are onset before the age of 24, around the age of many students in higher education (Kessler et al. 2007). In fact, Eisenberg et al. found that 15.6 percent of undergraduates and 13 percent of graduate students had depressive or anxiety disorder in the United States (2007). However, these percentages may be underestimates as 28.4 percent of students in the National College Health Assessment 2010 survey, diagnosed or not, reported feeling so depressed they had difficulty functioning (Castello and Schwartz 2013). In fact, according to the spring 2016 American College Health Association-National College Health Assessment survey (ACHA-NCHA), within a year prior to the survey, 17 percent of college students were diagnosed with or treated for anxiety and 13.9 percent were diagnosed with or treated for depression, an increase from the Spring 2011 ACHA-NCHA survey of 11.6 percent for anxiety and 10.7 percent for depression (Davidson 2016).

Studies such as Byrd and McKinney (2012) have found that identity stressors can lead to depression and anxiety among students in higher education. Such identity stressors are often experienced by minority populations and include: racially tense campus climate or being singled out for one’s sexual orientation. However, it should be noted that minority racial and ethnic populations were more likely to experience poor mental health such as loneliness and/or depression whether they were of minority

status at their university or not (i.e., both in predominately white institutions and minority majority institutions) (Eisenberg 2009). The National Epidemiologic Survey on Alcohol and Related Conditions (Blanco et al. 2008) found no significant difference in the likelihood of having a mood or anxiety disorder between 19-25 year-olds attending college versus those not attending college (Castello and Schwartz 2013).



**Image 1.** Still from video provided by Heather Clark

Thus, it is important to research and address pre-existing mental health issues among students who are in-and-of themselves a minority and diverse population at universities in addition to research on the cultural and social dynamics permeating universities from society as a whole and that impact on racial and ethnic minority students. Lastly, almost all research I have encountered on mental health and diversity in higher education uses the broad categories of depression and anxiety, as illustrated in the previously cited research, with the occasional mention or research on attention deficit/hyperactivity disorder (ADHD), but there are mental health issues impacting students beyond depression and anxiety that affect a student's time in college and academic performance.

As a recent student myself, I have my own experiences with mental health. While attending classes at my local community college I

struggled with taking in-class, online tests due to my misophonia and AD(H)D. The sound of typing on the numerous keyboards was painful to sit through, making the usually difficult task of concentration even more difficult. During my time as an undergraduate at California State University Sacramento, I struggled with obsessive compulsive disorder to the point where, rain or shine, at least an hour of my day

was taken up by checking the locks of my car and obsessing over what food to eat. Lastly, my anxiety during my time in Humboldt State University's graduate program caused me physical pain (e.g., painful breathing, aching muscles, migraines). I also witnessed the struggles of other students on campus, including a student who dropped out of college after an onset of bipolar disorder,

multiple students who almost left while struggling with depression exacerbated or brought on by culture shock and minority status, students that missed classes due to anxiety or panic attacks, and survivors with post-traumatic stress disorder (PTSD) unable to attend certain classes after experiencing triggers in those particular classes.

So while the stigmatized status of those with mental health struggles may be more invisible than other forms of diversity and disability, those struggling are part of the diverse student populations on college campuses. Diverse populations such as minorities (e.g., racial, ethnic, and sexual minorities) are more at risk for developing anxiety and depression, so mental health, pre-existing or not, is of concern and merits future research. However, mental health disorders are more than intersectional with other diverse populations in higher education. I argue that researchers need to expand research to: (1)

Research mental health as a diverse population in and of itself in higher education; (2) Include a wider range of mental health disorders outside of depression and generalized anxiety disorder; and (3) Continue intersectional research involving mental health and other diverse populations in higher education.

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*Heather Clark is a graduate student of Public Sociology with an emphasis in teaching at Humboldt State University. Her research interests include popular culture, mental health, intersectionality, criminology, and social psychology. This video and write-up provide a glimpse into the experiences of students struggling with mental health in higher education.*

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