

A Storied Mind: A Look Inside Mental Health Treatment at UCSB & beyond



a zine featuring stories of ucsb students

by Joshen
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A Brief Author's Note

Mental health was never an aspect I thought I would struggle with outside of the usual, persisting academic anxiety I had dealt with my whole life. In March 2020, the pandemic hit, which was hard enough on my mental health alone, but I also had to deal with my parents' unexpected divorce, and the consequential fallout of my father and I's relationship.

I didn't decide to seek therapy until the summer with a local behavioral health group. Unsurprisingly, the once a week 45-minute session was not enough to quell the thoughts that raced through my mind sometimes, or the anger that had built within me continuously. I soon turned into a version of myself I didn't like — one that couldn't control her random outbursts of fury or crying spells of no end. I found that my therapist was more of a friend I could lean on for a meager amount of time per week, rather than someone who offered me actual help.

I quit therapy at the end of summer, and tried again in the fall by calling UCSB's Counseling and Psychological Services. They told me in early fall I probably wouldn't start therapy until the beginning of winter quarter, which I came to terms with readily. I had felt better in the fall than I had in months, probably from the combination of euphoria from returning in person to school with all of my friends and being too busy to think about any issues I had floating in my consciousness. I started CAPS in winter quarter, with the coupling anxiety I had from school going back online, uncertainty about my future, relationship issues, and persisting issues with my father.

My experience at CAPS with my therapist was positive overall. Even though I only saw her once every two weeks, I found her sessions helpful and progressive. At the end of February, we were routinely scheduling our next session when she said something along the lines of 'Perhaps this is a good stopping point for us, though. You've made a lot of progress and you can always reach out to me if you need help. Just to warn you though, if you reach out it might take a couple of months to get an appointment, at which point you'll probably be over whatever you're going through.' I was truly shocked at the somewhat abrupt end of what felt like a positive therapy experience after only four sessions, but I had seemingly no choice to oblige.

I felt rejected in a sense, but then again I knew the university's mantra of offering only short-term counseling. I thought to myself 'is this truly enough from a university I'm paying thousands of dollars to go to?' I found myself asking if other universities treated mental health with the same apathy, and if students at UCSB had similar experiences to me. This led me on a path to this fellowship project, which explores case study research of mental health in universities across America, as well as local student stories.

Across all of my interviews and research, a plethora of solutions to poor mental health offerings at universities are presented, some of which include establishing services during breaks, scattering mental health days throughout the quarter, the need for crisis management, and robust mental health training for faculty.

It is clear to me that mental health services may not be an issue every student or parent considers when choosing a university or entering as a freshman, but one that recurrently arises after a student's adjustment to university life. The question is, when will universities start recognizing the necessity to protect student mental health and foster an environment where services are readily available? I look forward to seeing when UCSB steps up to prioritize this.

~Joshen Mantai

Case Study Research

There has been a sharp increase in anxiety and mental health concerns in college students over the past five years. According to reports by pediatricians, psychologists, and total health care professionals, 86% of teens have had more anxiety and stress, 70% reported seeing mood disorders such as depression and bipolar disorder, and 51% of parents say their child has seen a therapist. Suicide is currently the third leading cause of death amongst young adults with substance abuse, anxiety, and mood disorders being considered “common.” In a study of 274 institutions, 88% of counseling center directors reported an increase in “severe” psychological problems including learning disabilities, self-injury incidents, eating disorders, substance use, and sexual assaults. College is undoubtedly a time developmentally where students are under a lot of stress and endure mental health issues, with 75% of all mental health conditions starting by age 24, college time falling in this range.



In terms of considering mental health services when choosing a college for their child, research points to mental health services not being a major factor in the decision-making process. Only 17% of parents considered access to on-campus counseling and mental health services when rating schools for their student, with affordability and distance from home being top factors for parental consideration. Access to counseling/mental health services ranked ninth in terms of importance, but the demand for mental health services on college campuses risen over the past seven years. Important considerations to ask regarding campus counseling services entail if they are free, how students set up appointments, the usual wait time for appointments, and limits on counseling sessions.



Common stressors on college mental health can include stress of academic load, adult-like responsibilities, working, significant relationships, housemates with different beliefs, and more. One in three freshmen report mental health problems, with internal and external issues both associated with reduced academic functioning (approximately 0.2–0.3 GPA reduction).

Reasons for why students may not seek help could include fear of personal stigma, not perceiving treatment as urgent or essential, lack of time, and limited availability of services for varying cultural/sexual identities. Professional students also have reported significant concerns about negative repercussions of disclosing their mental state due to fear of consequences such as expulsion from school or forced hospitalization.



In terms of college mental health services, 94% of counseling center directors reported the recent trend towards a high number of students with severe psychological problems continues to be true on their campuses. In a December 2020 survey from the American Council on Education, 68% of university presidents listed student mental health as one of their top critical issues. Despite an increase in demand for counseling services, this doesn't necessarily correspond to a consequential increase in staff. From data on 763 students, researchers observed that 60% of those who had a mental health problem continued to report their mental health issue two years later. Another Healthy Minds study outlined that approximately only half of the students with diagnosed depression received adequate care, explicitly stated as receiving two months of an antidepressant medication or at least eight sessions of counseling or therapy.



There are several college case studies that showcase how universities in general have dismissed students' mental health concerns or failed to accommodate their needs. While colleges in general aren't supposed to resort to a leave of absence for a student until all other reasonable accommodations have failed, attorneys around the country have been shocked at how "either bad or nonexistent some of the policies were when it came to accommodating students with mental illness," according to attorney Stuart Seaborn of Disability Rights Advocates. There have been several reported cases of students waiting weeks for counseling appointments because campus counseling services are overbooked. Stanford has also been sued for pressuring students with mental illness into taking leaves of absence, in lieu of finding more reasonable alternatives for students. Stanford's case, however, is not an isolated incident. At UNC Chapel Hill, students planned a protest in hopes the university would provide better mental health resources due to worsening pandemic conditions.

The pandemic seemed to worsen the issue of mental health service inadequacies. At Ohio University, a 2020 study investigated psychological distress and substance abuse prior to and after a COVID-19 lockdown at an Ohio university.

Students who said that they had heightened anxiety or depression after the lockdown dually reported greater alcohol use, with the pandemic ripping away “healthy forms of coping.” Social isolation has put a strain on students’ concentration in school and maintenance of their families and friendships.



At Yale University, policies relating to mental health can feel overly punitive, isolating, and expensive, with four students citing “fear of forced withdrawal” as a restrictive barrier to seeking mental health help. According to Yale’s leave of absence, withdrawal and reinstatement procedures, Yale “reserves the right to require students to withdraw in certain cases.” Normally, in order for a student to be reinstated after a mental health related withdrawal at Yale, they are required to complete in an in-person interview in addition to completing two college level courses.

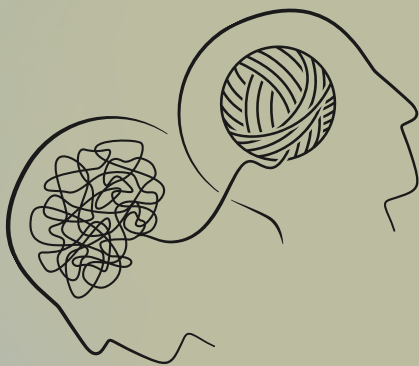
Now, Yale has updated their policies to allow interviews to be conducted online, with needs-based scholarships available to complete the two courses. However, according to the [Yale College Undergraduate Regulations](#), students who withdraw after a midterm are not entitled to a refund of “any portion of the tuition, room, and board fees due or paid for that term,” a cost prohibitive policy for students. Aside from cost, students have cited Yale’s policies as an [isolating experience](#) with a notable lack of help, as after a student is notified that they are granted a withdrawal, they have 72 hours to leave campus and are not permitted to visit campus again without permission from the Dean of Student Affairs or their residential college dean.



At Dartmouth, a noticeable shortage of counseling staff in 2020 proved to be a critical issue as some students faced prolonged wait times or were sent to voicemail in times of mental crisis.

Largely, Dartmouth was reprimanded for mental health resources being unavailable for out-of-state students, only short-term therapy offered, students being referred to outside counselors, and students encouraged and/or required to pursue medical leave. While Dartmouth attempted to mitigate the issue by employing an outside JED emotional health research foundation, student [outcry](#) advocated for internal change.

While progress has been slow, in Illinois universities, a law was passed in 2019 aimed at bolstering mental health services at Illinois' public universities and community colleges. However, no universities have received any of the funding to enact the law's policies. When fully funded, the law requires campuses to raise awareness of mental health resources during freshmen orientation, on their website, and during high stress points of the semester. It also aims that every school has a counselor ratio of 1,250-to-1, with only four of thirteen public universities complying with this currently. A majority of universities also did not have counselors available through telehealth, with about half the public universities not having an online mental health screening tool.





At the University of California, Santa Barbara, our mental health service issues do not go unnoticed. From student reports, Counseling and Psychological Services at UCSB prioritizes their most “at-risk” cases from students with severe mental illness or suicidal thoughts. As shown in some of my following interviews, this can contribute to stigma and fear or students perceiving their problems as not “urgent” or “essential.” Around \$80 out of \$1800 of each student’s fall, winter and spring quarter service fees combined are dedicated to C.A.P.S. Despite student demand rising 127% in recent years, the student-to-staff ratio at C.A.P.S. remains disproportionate. One of the notable limitations of C.A.P.S. is also that therapy only is offered once every other week. Aside from UCSB’s direct mental health service limitations, the future development of Munger Hall, a massive mostly windowless dormitory, will undoubtedly affect both physical and mental wellbeing of UCSB’s students, as natural light, air, and views of nature are essential to improvement of students’ wellbeing, according to architect Dennis McFadden.

There are several suggestions universities could implement to improve their mental health care offerings. Some of these include child care options, couple counseling and family counseling, offering services during school breaks, mental health check-ups for students, daily mental health questionnaires for students, and formal faculty member mental health training. At Marquette University, efforts are underway to train students to identify key signs of a mental health crisis in others, as well as the implementation of “mental health days” throughout the semester when classes are canceled. The question remains of when there will be a nation-wide implementation of these suggestions, imperative for the prioritization of students’ mental health.





Miranda Tran



“I know CAPS is understaffed,” Miranda Tran, a senior at University of California, Santa Barbara majoring in Psych and Brain Sciences tells me. Her experiences with mental health in college are varied — a shared common experience with many students feeling discouraged about seeking mental health services at college after her encounter at Counseling and Psychological Services (CAPS) on campus. Tran filled out an intake at CAPS her sophomore year, going into the physical office once or twice that year to seek help. After she was referred to “outside sources,” she didn’t return.

“Obviously CAPS should prioritize a person who is having suicidal tendencies over me versus my situation, which was not anything super crazy. But I just wanted to talk to someone more,” Tran says over Zoom. “It was frustrating because I also wasn’t referred. I was referred outside, but all the services they referred me to were virtual. That wasn’t really what I wanted, because I wanted to talk to someone in person. I feel like there was no point in me coming to CAPS because I could have just easily looked up telehealth myself.”

Tran's mindset has altered over time to being more open to doing therapy remotely because of the prolonged pandemic. She is currently seeking counseling at Acacia Counseling and Wellness in Isla Vista. The catch is they have a waiting list, which she was told could take up to two to three months. Tran said she hasn't sought counseling in other parts of Santa Barbara due to factors of insurance, driving distance, and an absence of time in her schedule to drive to areas like downtown Santa Barbara.

Despite the hurdles Tran has faced in attaining a counselor, she finds the informal resources at UCSB helpful, as well as the forum the student community provides. "I feel like the population here [UCSB] in particular is more proactive in talking about mental health and acknowledging it. I think that was a really important transition because I've never really acknowledged it and I didn't really talk about it with anyone."



Mental health was not a consideration for Tran growing up, which she says stems from not discussing mental health in her Asian culture, based on customs of older generations. The pandemic affected Tran's mental health greatly, especially while living at home. "I'm kind of a person where I do work to occupy myself when I'm stressed," she emphasizes. "So I feel like I haven't fully comprehended the whole situation, even to this day. I was at home and then I think that really messed me up because I wasn't in a school environment. I was kind of sitting by myself. My parents don't knock, they just kind of like come in and in terms of Zoom that was just really frustrating. I think in the beginning, it was really rough. And then once I fully adjusted to being back home, that's when we were like, 'okay, we're coming back in person.' So it's a lot of the going back and forth that has really messed with my head a lot. It's my physical body also adjusting to walking outside."

Aside from the pandemic, other factors affecting her mental health have included her family. "I think it's kind of a mixed feeling," she contemplates. "When I'm in Isla Vista I miss my sister but when I'm home, I don't have the best relationship with my mom. So I'm never really happy I guess. It's also things about housing and life that pop up where if something happens and is broken, I have to submit a maintenance request. At the time, it was really frustrating because I'm in school trying to do other things."

In comparing her mental health from freshman year to now, Tran said she has definitely grown in being “nicer on herself” and acknowledging her inner feelings. “Freshman year is when I was putting a lot of pressure on myself to get through my classes,” she says. “I still do, but it's a different type of pressure, where in the first year I felt like I was failing at everything. And, if you looked at my transcript, I was not even close. It was more psychological. So now it's a lot better. And I think it's also because I know more people and I know more resources on campus, and I have things on campus where I feel I just have things to do and more purpose, rather than like freshman year where I was just adjusting.”

In her sense of purpose, Tran has found support from three or four professors in the Psychology department who have been “supportive” and “keep tabs” on her. She also finds encouragement in being a part of the McNair Scholars Program, which aims to prepare students who are first-generation, low-income, and underrepresented to pursue doctoral programs. Scholars can participate in various seminars and workshops on graduate school preparation and work to complete research with a faculty advisor. While Tran said she has found all the resources she needed here, she underscores “If you’re a student not in a program like this, then I think you have to be really proactive to find resources.”

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MIRANDA TRAN

Tran's suggestions for how UCSB can better support the mental health of their students revolve around highlighting under-looked resources at orientation, like the ONDAS Student Center, which mentors first-generation college students and provides them academic support. "When you first come to UCSB for orientation, they mention CAPS a lot," she says. "And I think that's great. But then I also think that if you don't have enough staff, then there's no point in you sharing that, because then the students will go there. If you're going to keep advertising CAPS the way you do, I think you need to hire more people, and you need to prioritize more of the budget."



Maya Lee

“I think I get more affirmations and life lesson help from Instagram, as cheesy as that sounds. They have good self-care pages,” Maya Lee, a senior student athlete at University of California, Santa Barbara says to me laughing when being asked about her experiences with her CAPS counselor at UCSB.

Lee’s experience with CAPS started fairly recently in fall quarter around mid-November following a break-up with her long-term boyfriend. She scheduled a brief assessment, where she could talk to a clinician about the services she needs and what would work best for her — whether it was long-term counseling, short-term, or a single session for therapy. This was her first time seeking mental health help, after she decided to take advantage of the university mental health services she pays for in her quarterly tuition.



It took her two to three weeks until she could get that initial phone call for the brief assessment, around finals week of fall quarter. She chose to do short-term counseling, meaning three to five sessions with a therapist. After she was placed on a waitlist for a preferred female therapist — CAPS even offering to pair her with a female counselor of a shared Asian-American background. She was pleasantly surprised with this offering, and was told by early February she would be matched.

Surprisingly, Lee got a phone call from CAPS during her winter break about a cancellation, the clinician asking her if she was available at that moment to complete a 10 a.m. session. “By the time they get to you, I feel like I was in a totally different mental headspace, compared to November when I was in shambles,” Lee says. Since then, Lee has engaged in three counseling sessions with her therapist.

On her experience with her counselor, Lee hesitates and then uneasily proclaims: “She’s not my favorite. I can tell she means well. I felt worse every single time I’ve talked to her, to the point where it threw my whole day away. You’re talking about things that make you sad, so obviously you’re going to feel sad. But every time I talked with her, I felt like I ended up going backwards.”

Lee says she was overall pretty disappointed with the outcome of CAPS, a service which she was eager to take advantage of. "I understand there's a lot of students here they have to work with," she says. "But I do think that they need to hire more clinicians or therapists because waiting for the brief assessment took two and a half weeks. Within that time frame, I hit a lot of mental lows. I was lucky because there was a cancellation. If there wasn't, I may have had to wait a long time."

Because of Lee's busy schedule in being a student athlete for UCSB's women's swim team, she is discouraged at the prospect of finding another counselor. "I have a really busy schedule and I don't have time to shop around and get on another waitlist," she says. "And by then I will be in a totally different headspace where I might not actually need counseling."

Lee also faces a tough stigma regarding seeking mental health treatment again. "I'm scared that if I were to go back, I would go backwards again," she remarks. "I can't generalize all therapists but I had a really bad experience. I feel like I am doing a lot better on my own. I don't feel like I need therapy anymore, and it's not worth my time."





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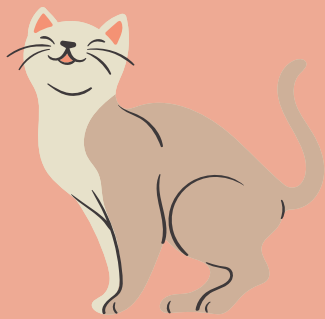


MAYA LEE

Lack of sleep, avoiding responsibilities, and getting over a long-term relationship are just a few of the factors Lee says are affecting her mental health and mindset. However, being a student athlete is undoubtedly one of the biggest factors Lee discusses as impacting her mental health, especially in terms of identity formation. “Dealing with the fact that this is my last season is very hard because I’ll be letting go of a huge part of my identity that’s been with me my entire life,” she exclaims. “I’m entering a new chapter where I have to figure out who I am.”

Lee also emphasizes how hard it was for her mentally to train for swimming in the pandemic and get into shape with the training facilities being closed. She cites body image as a resounding difficulty in swimming that has affected her mentally. “Some girls are naturally skinny. For girls in swimming, we have really broad shoulders and bulk up, but some girls naturally look like models.”





“When I have a bad race, it’s very hard,” she says. “I’m putting in so much work but if the results aren’t matching your work that’s a lot of pressure we put on ourselves. It’s been hard to get better at letting that pressure go. The university does an okay job of providing mental health resources to athletes.” According to Lee, the swim team has athletic academic advisors to meet up with every quarter in order for the athletes to stay on top of their grades, unit requirements, and sports eligibility. She has been told the team has a sports psychologist, but she has never spoken to her.

For self-care Lee sometimes buys ice cream for herself, goes on a walk, takes hot baths, or visits the neighbor’s cat. To cope with her problems, she invests time with her friends to focus on the “positive aspects” of life, which she says has been relaxing for her.

CCS Major

"It's just easier talking about that shittier stuff when you're not face to face with an actual person when it feels like you're just talking to a screen," a senior in the College of Creative Studies majoring in Writing and Literature shares with me about his preference for virtual therapy. He finds therapy over the phone to be favorable to in-person service, with it being easier to talk about things he's done in the past or things about himself he's not proud of.

The senior CCS major attempted to go to CAPS a few times over the course of his college career but never actually spoke to a counselor. During these few times he would walk in he was at a low mental health moment and wanted to talk to a therapist. Recurringly, every time he tried there was almost an hour and a half wait. He realized it was implausible to wait this long with his class schedule and took matters outside of the university.





He originally sought treatment from CAPS his freshman year because his obsessive compulsive disorder (OCD) was getting out of hand, as well as stress from being in a toxic relationship on top of the stress of school. "I feel like the number one stigma around mental health, at least in my experiences, is people who don't understand how really *dysfunctional* it can be," he says emphatically. "And I experienced that at home, too, mostly from my dad. It just kind of reminded me of people not understanding that sometimes an hour and a half wait *is not acceptable for someone who's in crisis*. I experienced that UCSB had such a non-functioning system for mental health, not just for me, but for so many of my friends who I talked to and stuff have had similar experiences with CAPS. It definitely feels like they don't care about it as much as they pretend to or want to seem like they do."

His current therapist, who he has had for three years now, was found on Yelp, his first appointment set up within a week or two of finding her. "She feels like my *equal* in a way while my older therapist was maybe talking down to me a little," he says, comparing his high school therapist to college therapist. "With my older therapist, it didn't feel like we were on the same level. I think it was just luck that I found that."

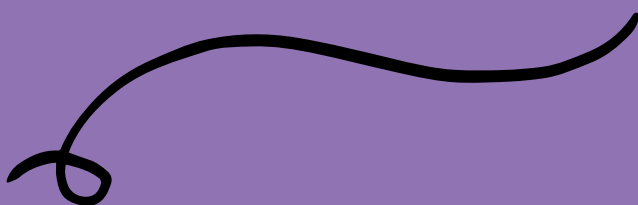
Regarding his older therapist, he says: "I didn't really like her that much. And I didn't think she gave good advice. And also just proximity. I moved away and I was like, 'okay,' I stopped therapy for a while, because I thought I'd be okay without it, but then decided it would be better to go back. It was mainly a proximity thing. I just wanted to keep going in person and she was at home three hours away."

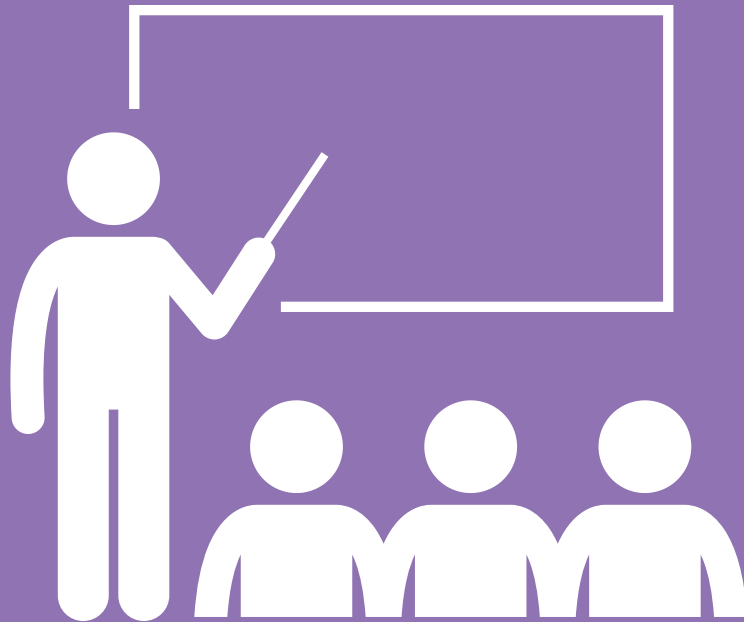
For the CCS major, *basic needs* affect his mental health drastically, from not eating well, staying hydrated, or getting good sleep. He also cites the *rapid speed of the quarter system* and how easy it is to fall behind on the quarter system schedule as detrimental to his mentality. "I've been taking pretty low unit quarters ever since the pandemic started," he says. "I've just been getting overwhelmed really easily with how bad my mental health was earlier and how bad it's been over the pandemic. And when I get in that state and get super overwhelmed by everything, it's just so hard to handle three or four classes at once. So my performance in those classes that I stick with has been okay but there are a couple quarters where I knocked it down to like two classes. I took like eight units or something like that. Just because I couldn't really handle it anymore."



During the pandemic, from January 2020 to June 2020, his OCD significantly worsened and his anxiety surrounding death heightened. “I can only assume it came from being surrounded by headlines every day about like the thousands of people who are dying from COVID. Luckily, I’m doing better now. But yeah, it really was just being cooped up inside not being able to do anything and being around the same people every single day being surrounded by all that horrible news all the time.” On the transition back to in-person learning, he says it has been an overwhelming fear of his. “It just feels like a lot to have to go back in person all of a sudden,” he emphasizes. “It feels like diving into the deep end again, you know? After like wading in the shallow end for so long.”

To cope with his mental health struggles, the CCS major plays *music* and uses activities and hobbies to “get out of his head” and distract him. *Writing*, his major, is one of these outlets, which he will use to participate in the Pandemic Experiences Creative Nonfiction Writing Initiative. This will give students the opportunity to creatively reflect on their pandemic experiences. He will explore *stories about mental health during the pandemic*, using it as a creative form of therapy to “cope with everything going on.” “I’ve felt comfortable sharing my writing with my peers, because I consider them to be pretty understanding and pretty open about mental health,” he says.





His suggested solution for UCSB to bolster their support of student mental health is a unique proposition — *investing in mental health training for professors and faculty*. “The older generation who come from the line of people were the generations where mental health wasn't really considered,” he says. “And if you were my father's generation, if you were depressed, you were just being lazy. I think that if they did understand how dysfunctional it can be for certain people, and that people *aren't just being lazy, and slacking off*, they would realize they're really struggling.”

He discusses the understanding professors in CCS who have been super caring and forgiving towards him in asking for extensions on assignments due to his mental health struggles. “I think if that sort of attitude was something that UCSB tried to promote in its professors, that would be a good way to start building more support for those with mental health issues on top of trying to reform CAPS and make it a much better program,” he concludes.



Sarah Gordon



*name has been changed for anonymity purposes

The first time Sarah Gordon, a senior at University of California, Santa Barbara majoring in Environmental Studies, went to CAPS was in January of 2019. She went in, completed an initial consultation, and then had to wait a month before she got to see an actual counselor.

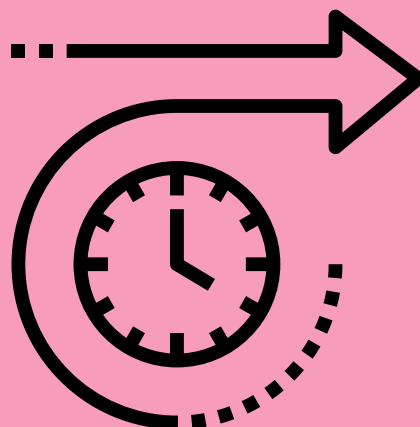
Once she began her biweekly therapy, she says it “wasn’t really helpful.” “A specific example is I had told her I had an anxiety attack. I was really upset and it was related to school. She was like ‘oh anxiety attacks aren’t real.’ You were either experiencing anxiety or just an actual panic attack, but a panic attack is way more serious. So that just made me feel dumb and bad,” Gordon tells me. She stopped therapy shortly thereafter.

Gordon sought out therapy outside UCSB with two therapists, and is still seeing one of them regularly now. She defines those experiences as favorable to the therapy at UCSB, which she attributes to the outside counselors “not being overwhelmed with a million kids.” During Gordon’s first and second years of college, she felt an overwhelming sense of loneliness, spending a lot of time alone, not feeling like she fit into the environment at UCSB. “The people I lived with were already friends. So that was one thing, but it was also the pace of the quarter system and not having a good education prior to coming here,” she says. “So, a lot of time was spent catching up. I was catching up to things people already knew and trying to get adjusted to how things were taught here. And that was just because I always felt stupid, and in my first two years here, I felt like I was the stupidest person that went to school here. It had a lot to do with the overall environment and competitiveness.”



As for her mental health currently, Gordon feels like different factors affect it now, more so in terms of thinking about the future and family issues happening at home. She feels her mental health concerns have affected how she functions academically. “I think my thoughts and feelings about being out of place and experiencing a lot of imposter syndrome led me to overworking myself my first few years. I just wasn't as energetic as I used to be and I wasn't as outgoing as I used to be prior to coming to college.”

While in an ideal world, Gordon would like to have a woman of color therapist to “relate to a bit more,” she has never had the opportunity to see a female counselor of color, or one with a queer identity. On the surface level, she feels UCSB is addressing finding therapists of various identities, but says they can do more to expand group therapy.



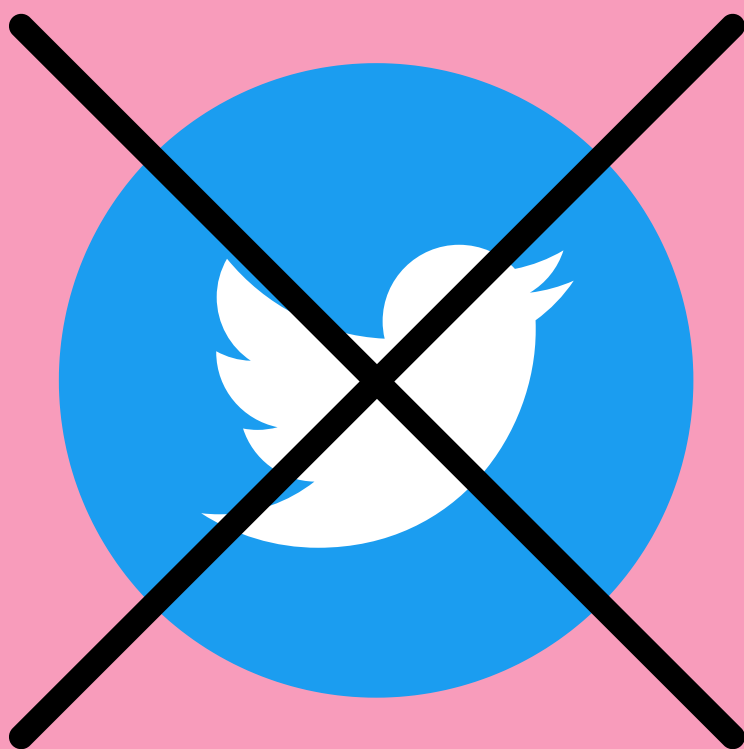


The pandemic left Gordon with ample time to figure out a lot about herself, working through things that in some ways improved her mental health. Despite this, social justice movements left Gordon feeling helpless, which took a toll on her mental health. “I was able to grow from the time alone, but I became more anxious and depressed when thinking about societal issues outside of my own life. I was also so nervous all the time when I would go outside or in public.”

Growing up, in Gordon’s family, mental health wasn’t really discussed. Any treatment she wanted to seek wasn’t an option because her parents didn’t have good insurance, therapy not becoming an option until Gordon got to college. “I was scared that all therapists were going to be just like the one I saw at CAPS,” she emphasizes.

At UCSB, Gordon feels the students here are comfortable enough to discuss mental health with each other, and to talk about medications. “After I first got on antidepressants, I was terrified of telling my friends at home, but with everyone here, I’ve never had a bad experience telling another student about my mental health concerns,” she remarks.

To help her mental health, Gordon deletes her social media apps during the week, which she says “100% improves her mental health” from “not seeing so many people tweeting about what they’re doing all the time.” “I think letting myself not feel guilty is also important,” she concludes. “If I want a treat, or snack, like an ice cream, I try to not let myself feel guilty if I know that’ll make me feel better.”





Elsa Howse



*name has been changed for anonymity purposes

Elsa Howse, a third-year majoring in Psychological and Brain Sciences, first sought mental health treatment at CAPS her fall quarter of freshman year. When she first stepped in and talked to the receptionist, Howse was asked what she came in for, and after Howse described what she was experiencing, the receptionist went to talk to her supervisor immediately. The receptionist came back and said she was worried Howse had a physical issue, which freaked Howse out. "I was already feeling really weird about my own mental health. And that just really **turned me off,**" Howse says. She was then given a list of therapists in the area, and the receptionist suggested Howse call them, but that some of them may not be taking patients at the time. "I could have found that on Google," Howse remarks to me. "I was expecting, if not to get treated at CAPS, **to at least get some more help with those resources.**"





When Howse asked the receptionist about short-term therapy options at CAPS, she says they didn't go into options, but only offered **group therapy** to her, which she wasn't interested in. Since then, Howse has been going to weekly therapy and psychiatry for about a year now. "It's gone really well, but the whole CAPS thing threw me off," she says. "I didn't pursue help at all again until things got really bad in early 2021. But I didn't go through the school."

On the cause of Howse's stress and mental health issues, she says **interpersonal** issues are where most of her stress stems from, with anytime she has issues with friends or family. Her recent **housing issues** have also affected her mental health drastically. After testing positive for COVID-19, the policies of her housing changed where she could not stay in her residence, and she had no place to stay. "I probably would have been a lot less stressed if UCSB provided resources for its students. I couldn't get into isolation housing so that was stressful."



A major **stigma** Howse faces in seeking mental health treatment revolves around her **parents' dismissal** of her mental health issues. She says her parents take her mental health a lot more seriously now than they used to. "If I describe **depression or anxiety** to my parents, they're like 'well everyone experiences that.' So, I guess it's a **lack of understanding** of serious mental health issues and a lot of people's belief that there is no such thing as serious mental health issues."

A club Howse was in, called the **Wellness Project**, was a helpful mental health resource for her. The group met every week to discuss a different mental health related topic, with a lot of discussion on sexuality, and topics considered typically 'taboo.' "I found a lot of women to talk about these things with when normally you wouldn't really talk about mental health stuff."



"If I don't feel good, then it's hard for me to see the point in anything," she tells me candidly. "And it's hard for me to do anything other than sit in bed all day. Whenever my mental health gets bad, my academic achievement also **falls off and again**, it makes it a lot harder for me to do school." To combat her stress and anxiety, Howse has developed a habit of going on daily walks. "Personally, my mental health is really tied to **physical health**," she emphasizes. "I dissociate really badly if I can't move around or go outside. For me, it's important to have **healthy habits** built into a routine."

When asked how she thinks UCSB can better invest in the mental health of their students, she immediately replies "Step one is to literally **fund** it. Obviously, there's questions of how to best spend the money, but whatever they're doing right now is not working. If I am paying for health insurance through the school, I feel like I should have been able to get treatment at CAPS. I can go to Student Health any day of the week and get **treated immediately**. My experiences with Student Health have been great. I wish my experiences with CAPS would have been the same." She further discusses how big of a step it was to build up the courage to go to CAPS freshman year and seek help. "Taking notes and then doing nothing with those notes and giving someone a list of therapists in the area is **not helpful for anyone**," she concludes.

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