Exploring the Realities of Mental Health and Illness

Proposal for 2013-2014 Common Experience

“I never, ever thought I’d say that I have a mental illness, never in my life... maybe thought it was something that happened to those people, whoever those people were. Come to find out, I’m one of those people.” – used with permission from Michael Nye’s exhibit, “Fine Line: Mental Health/Mental Illness”.

[Image]
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These student organizations and related services endorse the proposal (see also Attachment II):

Association of School Psychology Students
Foster Care Alumni Creating Educational Success
Health Leadership Coalition
Learning Communities (Residence Life)
Organization of Student Social Workers
Phi Alpha National Honor Society
Psychology Association
To Write Love on Her Arms (helps people with depression, addiction, and self-injury)
Exploring the Realities of Mental Health and Illness

Proposal for 2013-2014 Common Experience

“Exploring the Realities of Mental Health and Illness” would be an accessible and engaging topic for the Common Experience at Texas State University-San Marcos. It is a subject that has been featured prominently in news of personal tragedies on college campuses and drug treatment controversies. Faculty, staff, and students have endorsed this proposal and will have ample opportunities to sponsor and participate in its weekly events. And, as detailed in the pages of this proposal, the subject is relevant to academic disciplines in every college at Texas State. It is a topic that we do not talk about much due to stigma and ignorance. Yet, after accidents, mental illness is the second leading cause of death among college students. Those affected by mental illness may consider it the last bastion of widely tolerated discrimination in our society.

This Common Experience proposal focuses on serious mental illnesses the National Alliance on Mental Illness (NAMI) defines as major depression, schizophrenia, bipolar disorder, panic disorder, obsessive compulsive disorder, post-traumatic stress disorder, and borderline personality disorder (see http://www.nami.org/Content/NavigationMenu/Inform_Yourself/About_Mental_Illness/About_Mental_Illness.htm) as well as eating disorders which many believe are also serious mental illnesses (see http://www.evelyntribole.com/uploads/AED_Eating%20Disorders.Mental_Illness.pdf). This topic is only intended to cover wellness issues to the extent they are for the benefit of those with a serious mental illness. The difference between severe mental illness and wellness programs was recently described, albeit harshly, in The Huffington Post by a national advocate for those with severe mental illness (see http://www.huffingtonpost.com/dj-jaffe/mental-health-kills-the-m_b_426672.html).

National, State, and Local Relevance:

Although many of them are not serious, a recent survey found that mental illnesses are very common by claiming that “about half of Americans will meet the criteria for a Diagnostic and Statistical Manual (DSM-IV) disorder sometime in their life with first onset usually in childhood or adolescence” (see http://archpsyc.ama-assn.org/cgi/content/full/62/6/593). Yet public services for those who have a mental illness have faltered nationwide and further cuts are being implemented or discussed as a result of the economic recession and record budget deficits. Much of the decline in services for people with mental illnesses began in the mid-1950’s with well-intentioned plans supported by mental health advocates to couple the deinstitutionalization of those with severe mental illnesses (see http://www.pbs.org/wgbh/pages/frontline/shows/asylums/special/excerpt.html) with promising new medications and careful oversight by trained healthcare workers at community-based centers (see http://psychservices.psychiatryonline.org/cgi/content/full/55/10/1112). In fact, the most famous alumnus of Texas State University-San Marcos, President Lyndon B. Johnson, signed legislation in 1967 that was intended to expand such community-based mental healthcare centers as originally planned (see http://www.presidency.ucsb.edu/ws/index.php?pid=28322). However, at the same time as the number of beds in psychiatric hospitals was declining by 80% between 1955 and 1994, funding that was supposed to support community-based care centers for those released from institutions was lost to fiscal austerity measures. So, it is not surprising that today about 15-30% of those incarcerated (see
http://consensusproject.org/downloads/PsychJailMHStudy.pdf) and 20-25% of homeless people (see http://www.nationalhomeless.org/factsheets/Mental_Illness.pdf) are thought to have a serious mental illness. Haven for Hope in San Antonio (see http://www.havenforhope.org) and Bexar Home Comforts (see http://BexarHomeComforts.com) are working to provide housing for those afflicted with serious mental illnesses, but the number of people who need such services far exceeds the available resources.

The crisis in mental illness services is an especially pertinent issue in Texas, which ranks last (i.e., 50th) nationally in per capita spending for mental illness (see http://www.texastribune.org/texas-health-resources/health-reform-and-texas/texas-ranks-50th-mental-health-spending/). Poor mental health services in Texas, combined with public attitudes that often show indifference or hostility toward those with mental illnesses, results in serious mental illness being the only medical condition whose symptoms are more likely to result in a jail sentence than hospitalization. In Texas, people with mental illness are nearly eight times more likely to be imprisoned than in psychiatric treatment centers, ranking the state third highest nationally by this measure (see http://www.texastribune.org/texas-dept-criminal-justice/texas-department-of-criminal-justice/mentally-ill-end-up-in-texas-prisons/). Texas also has an extensive record of executing those with mental illnesses (see http://www.deathpenaltyinfo.org/mental-illness-and-death-penalty).

In large cities, estimates are that 7% of police contacts are related to mental illness (see http://psychservices.psychiatryonline.org/cgi/content/full/50/1/99). Law enforcement officers like Adrian Garcia, Harris County Sheriff, know that non-violent offenders with serious mental illnesses do not belong in our prisons (see http://www.texasobserver.org/datelinehouston/harris-county-sheriff-calls-for-decriminalization-of-the-mentally-ill). Instead, they need treatment before they commit serious crimes—and, this is the aim of a program in San Antonio. In 2006, the American Psychiatric Association announced “The Bexar County Jail Diversion Program of the Center for Health Care Services in San Antonio, Texas, has won the Gold Achievement Award in the category of community-based programs because of its development of an innovative system of jail diversion involving community partnerships and collaborations, which has improved services, enhanced access to and continuity of care for persons with mental illness, and resulted in financial savings” (see http://psychservices.psychiatryonline.org/cgi/content/full/57/10/1521). Similar efforts are ongoing in Austin where Susan Stone, J.D., M.D., is spearheading the rewriting of the Texas Mental Health Code and Judge Nancy Hohengarten, a Travis County Court Judge, is very involved in jail diversion and mental health dockets. In the absence of programs like the ones in San Antonio and Austin, law enforcement officers can spend many hours assisting the mentally ill by taking them to hospitals and sitting with them until they can be admitted, only to find them back on the street and in trouble again a short time later (Earley, 2007). In such revolving-door cases, prisons are often the first place where long-term treatment of mental illness is finally made available, and only after a serious crime has been committed.

Violence committed by and tragedies that befall the severely mentally ill are two outcomes of failed services (see http://psychservices.psychiatryonline.org/cgi/content/abstract/35/9/899) for severe mental illnesses. Well-publicized attacks by a small minority of those with severe mental illnesses have included shootings by student Seung-Hui Cho at Virginia Tech University in April 2007; faculty member shootings by Amy Bishop at the University of Alabama-Huntsville in February 2010; the shooting of Senator Gabrielle Giffords and other citizens of Arizona by Jared Loughner in January 2011; and most
recently the shootings by John Shick at the University of Pittsburgh Medical Center in March 2012. However, those with mental illnesses are more often victims of violence. Confrontations in San Marcos, Texas have resulted in the deaths of four individuals with serious mental illnesses since 2002. One was a 19-year old holding a fork to the neck of his mother; another was an unarmed man from North Carolina who entered a stranger’s home in a delusional state of mind and became combative after refusing to leave (see http://www.treatmentadvocacycenter.org/index.php?option=com_wrapper&Itemid=251). Nearby in Austin, the Mayor’s Mental Health Task Force and subsequent monitoring committee (see http://www.indicatorinitiative.org/) was created largely as a result of the police shooting of Sophia King, a woman with mental illness. Many police departments now provide crisis intervention training, so officers have the ability to recognize mental illness and the skills to defuse dangerous situations before they become violent. Sixteen hours of such training is now required for law enforcement officers in Texas (see http://www.capitol.state.tx.us/tlodocs/79R/billtext/html/SB01473F.htm).

With about 5% of the U.S. population afflicted by a severe mental health disorder at any moment in time (see http://www.nimh.nih.gov/statistics/SMI_AASR.shtml), it is certain that many of the 3,500 employees and 34,000 students at Texas State have serious mental illnesses. And, the numbers of students with mental illnesses are likely to be increasing: Military veterans are enrolling in large numbers at Texas State, which was recently named a military friendly campus by G.I. Jobs magazine, and 11-20% of soldiers returning from Iraq and Afghanistan are believed to suffer from post-traumatic stress disorder (see http://www ptsd.va.gov/public/pages/how-common-is-ptsd.asp). Additionally, some of the people on this proposal team have acknowledged having experiences with mentally ill students or family members. It is extremely unlikely that any of these individuals will become violent, but it is certain that many will need mental health services.

Serious mental disorders have mortality rates as high as 20% due to illness-related medical complications and suicide, thus exceeding the mortality rates for some cancers such as childhood leukemia. And, studies have found that more than 90% of those who attempt suicide have a diagnosable mental illness (see Cavanagh, et al.). The National Alliance on Mental Illness (NAMI) claims that suicide is the second-leading cause of death among college students, responsible for more deaths than “cancer, heart disease, AIDS, birth defects, stroke, pneumonia and influenza, and lung disease combined” (see http://www.nami.org/Content/ContentGroups/Helpline1/Teenage_Suicide.htm). Organizations like NAMI, BringChange2Mind, and the Treatment Advocacy Center are working to eliminate the stigma of mental illness and make treatment services more widely available. The Counseling Center and Student Health Center at Texas State are valuable resources for students who may be struggling with mental illness. But, as is the case at other campuses, the patient load is growing faster than available resources (see http://www.nytimes.com/2010/12/20/health/20campus.html).

Mental illness is not only important to the student community at Texas State, but is also a major source of lost productivity in the workplace. The World Health Organization (WHO) estimates that about 33% of worker disability years are related to neuropsychiatric disorders, which contribute four (i.e., depression, bipolar disorder, schizophrenia, alcohol abuse) of the top six sources of debilitating illness (see http://www.who.int/mental_health/en/investing_in_mnh_final.pdf). The WHO estimates that about 35% to 45% of work absenteeism in developed countries is due to mental illness and that up to 59% of lost productivity due to injury or illness in the U.S. is caused by mental illness. A recent study
of a sample of the U.S. population (see http://ajp.psychiatryonline.org/cgi/reprint/163/9/1561) found that an employee who is diagnosed with major depression loses an average of about 27 work days and one with bipolar disorder loses 65 work days of productivity each year. Across the United States, over the course of a year, these two illnesses were found to cost the U.S. economy over 320 million lost days of worker productivity and $50 billion annually. The city of Houston alone has over 180,000 people with severe mental illnesses and loses an estimated $5.6 billion of annual productivity as a result (see http://www.mhtransformation.org/documents/reports/external/The%20Consequences%20of%20Untreated%20Mental%20Illness%20In%20Houston.pdf). If for no other reason than economics, the citizens of our country should look for ways to alleviate suffering due to mental illness. The Employee Assistance Program, set up by the Presidential Work Life Advisory Council at Texas State, is a University program that helps employees find treatment for mental health issues.

Until the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) was passed and implemented in 2010 (see http://www.shrm.org/hrdisciplines/benefits/Articles/Pages/ParityRules.aspx), it was common for insurance companies to provide less coverage for mental illnesses than for other types of illnesses. The act is not perfect, because it allows exceptions for some businesses and only mandates parity if an insurance policy includes mental health coverage. But, the law has improved coverage for most people and only a small number of companies have dropped mental illness coverage to avoid the law’s requirements (see http://www.ama-assn.org/amednews/2010/10/18/gysd1019.htm). It is a major step in the right direction, though many shortcomings in the quality and availability of treatments remain.

Mental Illness, Stigma, and Discrimination:

There are many reasons for the persistent inadequacy of mental health services in the United States today. A poor medical understanding of serious disorders of the brain is one major obstacle to accepting the reality of mental illnesses and devising effective treatments. Even when treatments are available, maintaining and expanding services for those with severe mental illnesses is made difficult due to long-standing ignorance about the causes and responsibilities for what we call mental illness (see http://bjp.rcpsych.org/cgi/content/full/178/6/490?efaf). Even the terminology of “mental illness” is such a problem that K.E. Kendell suggests the phrase “so-called mental illnesses” be used instead:

“The linguistic distinction between mental and physical illnesses, and the mind/body distinction from which this was originally derived, still encourages many lay people, and some doctors and other health professionals, to assume that the two are fundamentally different. Both are apt to assume that developing a ‘mental illness’ is evidence of a certain lack of moral fibre and that, if they really tried, people with illnesses of this kind ought to be able to control their anxieties, their despondency and their strange preoccupations and ‘snap out of it’.” (Kendell, 2001)

Regrettably, conflicts of interest between researchers and pharmaceutical companies have perpetuated skepticism about the causes and even the reality of mental illnesses—especially in young children (see http://www.nytimes.com/2010/11/30/business/30drug.html). But, due to their open-mindedness, young adults may be among the most effective advocates for breaking down the archaic thinking that is still notable in the beliefs of some (see http://www.cchrint.org/videos/). The ones who suffer the direct consequences of our inability to come to terms with mental illnesses are those with
mental illnesses and their caregivers: Parents of children with mental illnesses are accused of drugging their children into submission rather than accepting the responsibilities and hard work of parenting; the hospitalized are occasionally victims of abuse at the hands of employees who work at boot camps and residential treatment centers (see http://www.chron.com/disp/story.mpl/metropolitan/7038620.html); some assume that bizarre behavior is always a morality issue; and homelessness or incarceration are largely accepted for the mentally ill due to a shortage of alternatives and indifference. Yet, all of these are problems that can be overcome—and, we can begin with better education about the realities of mental illness.

Acceptance of poor outcomes for those with severe mental illnesses is reminiscent of the class discrimination that permeated our society in earlier generations. Moreover, both inappropriate and inadequate treatment of mental illnesses are especially big problems in minority communities today (see http://psychservices.psychiatryonline.org/cgi/content/full/56/12/1600), where the quality and availability of diagnosis and treatment are inferior. A similar trend in differential diagnoses for minorities exists among veterans (see http://www.ncbi.nlm.nih.gov/pubmed/15669666), a growing segment of the student population at Texas State as described earlier. The fast growth rate for the Hispanic population of the United States and campuses like Texas State, where the Hispanic Serving Initiative (HSI) is a major goal of the University Plan, makes eliminating discrimination of all types an important priority.

Aside from the medical professions, the place where mental illness is probably the least stigmatized by society is in the arts. Many famous actors and actresses (Patty Duke, Richard Dreyfuss, Carrie Fisher); musicians (Kurt Cobain, Peter Gabriel, Brian Wilson); artists (Vincent Van Gogh, Georgia O’Keefe, Paul Gauquin); and writers (Ernest Hemingway, Graham Greene, Kurt Vonnegut) had or are thought to have had mental illness. And, though much of the evidence is anecdotal, many have long believed that mental illness contributes to greater creativity. Positron Emission Tomography (PET) scans of the brain have just recently confirmed this link between mental illness and creativity (see http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0010670). Patty Duke is quoted in various places as saying “we manics do outrageous things and it’s part of our colorful nature”. But, she also wrote “I know that without treatment I would have never been able to harness my creativity in such a successful way” (Duke and Hochman, 1992). Patty Duke has also pointed out how lucky she has been to have access to mental health treatment by saying “I’m surviving a life-threatening illness. Many do not, such as those without celebrity and fortune who have to depend on the public healthcare system.”

Events and Activities for the Common Experience:

The topic of “Exploring the Realities of Mental Health and Illness” for the Common Experience would focus on eliminating the stigma of serious mental illness and improving services for its victims by reducing ignorance about the origins of and responsibilities for mental illness. This topic is applicable to Student Affairs services under Disability Services, Counseling Services, University Police, Residence Life, and the Student Health Center. Most of these areas are already represented on the proposal team, and others are welcome to participate if the proposal is accepted. Furthermore, this Common Experience would include a wide variety of academic subjects to make this an interdisciplinary topic that is relevant to every college at Texas State.
The following colleges, schools, departments, and programs are either represented on the proposal team or teach subject matter related to the proposed Common Experience topic:

- **College of Applied Arts**: Criminal Justice, Military Science, and Social Work;
- **McCoy College of Business Administration**: Management and Economics;
- **College of Education**: Counseling, School Psychology, and Special Education;
- **College of Fine Arts and Communication**: Art, Music, Journalism, and Theatre;
- **College of Health Professions**: Health Administration and Nursing;
- **College of Liberal Arts**: English, Philosophy, Psychology, and Sociology;
- **College of Science**: Biology and Chemistry & Biochemistry

Classroom activities that have already been proposed by faculty members in these colleges include a week of philosophy dialogue on the topic of mental illness; student projects on what it is like to have a mental illness; multimedia contests to represent aspects of mental illness and its impact on our society, possibly including the development of a Story Corps (see [http://storycorps.org](http://storycorps.org)) piece for broadcast on National Public Radio; service learning in collaboration with mental health providers in the central Texas area; a focus on what prevents a better understanding of mental illness, including a discussion of the biological basis of mental illness; gender and race/ethnicity issues in mental illness; and embracing one’s own identity no matter what.

**Supporting Books:**

The recommended book for the Common Experience is “Crazy: A Father’s Search through America’s Mental Health Madness”, a 2007 Pulitzer Prize non-fiction finalist by investigative journalist Pete Earley (see [http://www.petearley.com/](http://www.petearley.com/)) whose son was diagnosed with a severe mental illness while a senior in college. The book covers a wide range of issues challenging the mental healthcare system in the U.S. including stigma, homelessness, law, incarceration, and treatment. Mr. Pete Earley has agreed to be a speaker for the Common Experience if the topic is chosen. “An Unquiet Mind” by Kay Redfield Jamison could be supplemental reading or an alternative book. It is a memoir written by a psychiatrist with bipolar disorder who could also be approached about a speaking engagement.

**Potential Speakers:**

Ms. Jessie Close, who has bipolar disorder and co-founded BringChange2Mind.org with her sister Glenn Close, is expected to be available as a Common Experience speaker. Her son, who has schizophrenia, may also be available, though participation by Glenn Close will depend on her other commitments at the time. Jane Pauley, formerly of the Today Show and Dateline NBC, or Carrie Fisher who played Princess Leia in Star Wars may also be available to speak—both have been diagnosed with bipolar disorder. Michael Nye, a documentary photographer from San Antonio, has indicated that his compelling exhibit “Fine Line: Mental Health/Mental Illness” is available for display. We hope the costs of speakers and events may be partly offset by sponsorships by philanthropic organizations. Following is a timeline of specific events that may be parts of the Common Experience agenda:
Events Timeline for Fall 2013 (actual schedule will vary depending on availability)

- **Week 1-2, Famous People:** Photos and biographies of famous people with mental illnesses and a connection to each academic department will be placed on easels in heavy traffic areas of each department as a kickoff to the topic of serious mental illness. It will demonstrate that serious mental illness is widespread, but that it does not prevent greatness.

- **Week 3, Fall Kickoff:** Local alternative rockers, Justin Furstenfeld and Blue October might be able to perform in Sewell Park. Performance coincides with National Suicide Prevention Week (see [http://www.suicidology.org/web/guest/about-aas/nspw](http://www.suicidology.org/web/guest/about-aas/nspw)). Justin Furstenfeld is lead singer of the alternative band “Blue October” and a person diagnosed with bipolar disorder who sometimes resides in San Marcos. Much of his music focuses on his personal experiences with mental illness. He is an outspoken supporter of improved mental healthcare to prevent suicides.

- **Week 4-7, Exhibit on the History of Mental Healthcare:** A museum exhibit on the historical progression of mental healthcare treatments over the years will be displayed in the Alkek Library or LBJ Student Center. Photos may be available on loan from the Austin State Hospital.

- **Week 4, Panel Discussion: What is Mental Illness? Diagnostic and Statistical Manual IV:** A moderated discussion of the diagnoses that exist in the DSM-IV and controversy associated with some of those diagnoses could include people with mainstream views of mental illness like Dr. Steve Wiseman and those with alternative views like Thomas Szasz, author of The Myth of Mental Illness and co-founder of the Citizens Commission on Human Rights (CCHR), a group associated with the Church of Scientology. A review of agreements, disagreements, and controversies during the development of the DSM-V could be part of the discussion.

- **Week 5, Panel Discussion: Mental Illness in Children:** A discussion with doctors, parents, and teachers about mental illness in children and its impact on families. Special education interventions for the needs of young children in Texas could be part of a discussion led by Emilie Becker, M.D., who is the Medical Director for Behavioral Health at the Texas Department of State Health Services and a Child and Forensic Psychiatrist by training.

- **Week 6, Hope through Medicine and Therapy:** A panel discussion of the latest advancements in medicine and psychotherapy for the treatment of mental illnesses. Participants may include Texas State faculty members, local psychiatrists, and representatives of the U.T. Health Science Center in San Antonio. Representatives of The San Marcos Treatment Center, The Scheib Center in San Marcos, Texas Neuro-Rehab Center in Austin, Meridell Achievement Center in Liberty Hill, and numerous care facilities in the Austin-San Antonio corridor could talk about modern care.

- **Week 7. Panel Discussion: Psychiatric Research funded by Pharmaceutical Companies:** A discussion about conflicts of interest that result from researchers and advocacy organizations being paid by pharmaceutical companies could be interesting. The National Alliance on Mental Illness (NAMI), the largest organization that represents those with mental illnesses, receives much of its funding from pharmaceutical companies (see [http://www.nami-sat.org/](http://www.nami-sat.org/)). NAMI could make knowledgeable speakers available from its local branches in San Antonio and Austin. A discussion of balance between medication and psychotherapy treatments could be parts of the discussion (see: [http://www.nytimes.com/2010/04/25/magazine/25Memoir-t.html?_r=1&scp=6&sq=DSM%20IV-TR&st=cse](http://www.nytimes.com/2010/04/25/magazine/25Memoir-t.html?_r=1&scp=6&sq=DSM%20IV-TR&st=cse)).
• **Week 8, Alternative Treatments and Therapy**: A review of art, music, and animal therapy as well as other effective forms of non-traditional treatment for mental illnesses. Bettina Schultz-Jobe, LPC, may speak about Spirit Reins in Liberty Hill, a program that uses equine-assisted therapy to work with abused children and children with autism.

• **Week 9, Mental Health Awareness Week**: The National Alliance on Mental Illness (NAMI), Brain and Behavioral Research Foundation (BBRF), Mental Health America (MHA), and other groups represented at booths in the Quad area of campus. Representatives of The San Marcos Treatment Center, The Scheib Center in San Marcos, Texas Neuro-Rehab Center in Austin, Meridell Achievement Center in Liberty Hill, and numerous care facilities in the Austin-San Antonio corridor could talk about services. A simulator that provides users with a glimpse of what it’s like to have schizophrenia (see [http://youtu.be/xEXyge85cuA](http://youtu.be/xEXyge85cuA)) may be available. Students, faculty, and staff with mental illnesses may be invited to participate in a panel discussion of their life experiences as part of the week’s events.

• **Week 10, Pete Earley**: Speech by Pete Earley about his book and family experiences with mental illness followed by a question and answer session. ($6,000 honorarium plus travel expenses)

• **Week 11, Panel Discussion on Mental Illness and Criminal Justice**: Discussion of where the line should be drawn in terms of society’s expectations for acceptable human behavior when mental illness is involved. When should non-violent crimes by people with mental illnesses result in prison terms and when is treatment the appropriate outcome? Representatives of jail diversion programs could participate in a discussion. Victim rights advocates who support minimum sentencing and prison reform advocates could debate where the balance of our criminal justice system should be. Amnesty International is actively opposed to capital punishment for those afflicted by mental illness (see [http://www.amnestyusa.org/our-work/issues/death-penalty/us-death-penalty-facts/death-penalty-and-mental-illness](http://www.amnestyusa.org/our-work/issues/death-penalty/us-death-penalty-facts/death-penalty-and-mental-illness)) and could be represented. Judge Nancy Hohengarten, Judge Guy Herman, and Judge David Crane are Austin Judges involved in this area. Also, Dr. Ollie Seay of the proposal team is President of *Capacity for Justice*, an organization that advocates for individuals with mental disorders who are involved in the criminal justice system. They primarily train psychologists, psychiatrists, attorneys, and judges in conducting fair and appropriate forensic evaluations, but also work policy and legislative issues and the occasional amicus brief. The Travis County Mental Health Public Defender, Jeanette Kinard, is on the board and may also be available to speak.

• **Week 12, NAMI Walks and Memorial Service**: Opportunity for students, faculty, and staff to participate in annual walk to support the National Alliance on Mental Illness (NAMI) and a week of remembrance for those who have lost lives due to mental illness.

• **Week 13, Movies**: A Beautiful Mind; Benny and Joon; Awakenings; The Snake Pit; and One Flew Over the Cuckoo’s Nest are examples of movies that focus on mental illness in serious and comical ways.

• **Week 14, Thanksgiving Break**: No Scheduled Events for Remainder of Semester
Events Timeline for Spring 2014 (actual schedule will vary depending on availability)

- **Week 1, Famous People:** Additional photos and biographies of famous people with mental illnesses and a connection to each academic department will be placed on easels in heavy traffic areas of each department. It will demonstrate that serious mental illness is widespread, but that it does not prevent greatness.

- **Week 2, Diversity Issues:** Discussion of the demographics of mental illness on campus, around Texas, in the United States and the world. Is there a disparate impact of mental illness based on gender, race, or ethnicity? King Davis, Ph.D., Social Work Professor and the newly appointed founding director of the UT Institute for Urban Policy & Research as well as the former Executive Director of the Hogg Foundation for Mental Health may be a speaker. He has published extensively on cultural competence. Also, Austin Travis County Integral Care has held the Central Texas African American Family Support Conference for many years and has plans to begin a Hispanic Family Conference.

- **Week 3, Mental Illness and Creativity in Fine Arts:** A studio art event with works by those with mental illnesses. A viewing of the documentary, “A Deeper Side”, about the life of local artist David Drymala will be featured. The documentary was produced by Texas State faculty member Dr. Ed Scholwinks. The viewing will be followed by a panel discussion with faculty members about their work in the area of mental illness. Another event might be the display of art produced by residents of Austin State Hospital (see http://ashbash.org/)

- **Week 4-7, Photography Exhibit:** Michael Nye, a photographer in San Antonio, has a traveling exhibit of black-and-white photographs and sound recordings entitled “Fine Line: Mental Health and Mental Illness” that will be an exhibit for the Common Experience. A condensed version of the exhibit is available for viewing at http://www.youtube.com/watch?v=uxBTzCvAjW4. It could be installed in the LBJ Student Center or Alkek Library. ($6,000-$8,000 plus shipping)

- **Week 4, Homelessness:** Mental illness is closely tied to homelessness and organizations that are trying to provide housing for the homeless will be speakers: San Antonio provides a community housing development for the homeless at Haven for Hope (see http://www.havenforhope.org) and support services through Bexar Home Comforts (see http://BexarHomeComforts.com).

- **Week 5, Panel Discussion on Ethics of Involuntary Insanity and Compelled Treatment:** Dr. E. Fuller Torrey or another representative of The Treatment Advocacy Center (TAC) in Virginia (see http://www.treatmentadvocacycenter.org/) and a representative of the American Civil Liberties Union (ACLU) (see http://www.aclu.org) could debate the mandatory treatment for mental disorders. The TAC favors compelled treatment for those who are so severely mentally ill that they are not aware of their own illness—a condition known as anosognosia. On the other hand, the ACLU believes that mandatory treatment violates the civil rights of those with mental illnesses. The organizations are actively opposed to each other’s goals, yet both purport to work on behalf of those with mental illnesses.

- **Week 6, Pathologizing of Well Behaviors:** A discussion of how some communication researchers have tried to show that the mass media have a pathological effect on society.
• **Week 7, Mental Illness and Creativity:** Readings and discussions of poetry, prose, and literature written by those with mental illnesses. Possibly a musical performance by Shawn Colvin or Steve Earle or Justin Van Zandt in remembrance of the late Townes Van Zandt who suffered from mental illness and was born on March 7, 1944.

• **Week 8, Spring Break:** No Events Scheduled.

• **Week 9, Panel Discussion on Mental Illness and Religious Experiences:** Debate about the relevance or non-relevance of mental illness in religion. Was mental illness a factor in the David Koresh and the Branch Davidians tragedy in Waco or the Jonestown tragedy in Guyana? Should religious rituals like exorcism and rebirthing be reconsidered in light of our understanding of biochemistry and genetics in mental illness?

• **Week 10, Recognizing and Responding to Mental Illness:** Workshop on how we can recognize and appropriately respond to mental illness in ourselves and others. Mental healthcare services available to students, faculty, and staff will be discussed.

• **Week 11, Advocacy:** Glenn Close, whose sister has bipolar disorder, launched an organization with a series of public service announcements and activities to combat the stigma associated with mental illness (see [www.BringChange2Mind.org](http://www.BringChange2Mind.org)). She or her sister, Jessie Close, could speak about their experiences with mental illness and efforts of the Bring Change 2 Mind advocacy group they co-founded. Another possible speaker is Carrie Fisher who has spoken twice in the past at fundraisers for the New Milestones Foundation that benefits Austin Travis County Integral Care.

• **Week 12, Where We Go From Here:** A discussion with students, faculty, and staff about ways to improve services and support for those with mental illnesses on the Texas State campus, San Marcos community, and beyond. Opportunities for volunteer work and the possibility of founding student organizations (see [www.activeminds.org](http://www.activeminds.org)) will be discussed.

• **Week 13, Movies:** A Beautiful Mind; Benny and Joon; Awakenings; The Snake Pit; and One Flew Over the Cuckoo’s Nest are examples of movies that focus on mental illness in serious and comical ways.

• **Week 14, Preparation for Final Exams:** No Scheduled Events for Remainder of Semester

**Summary**

In remarks to Delegates of the White House Conference on Education in 1965, Lyndon Baines Johnson said “education will not cure all the problems of society, but without it no cure for any problem is possible. Most of all we need an education which will create an educated mind. This mind is not simply a repository of information and skills, but a mind that is a source of creative skepticism, characterized by a willingness to challenge old assumptions and to be challenged, a spaciousness of outlook, and convictions that are deeply held, but which new facts and new experiences can always modify. It means an educational system which does not simply equip the students to adjust to society, but which enables the student to challenge and to modify, and at times reject, if necessary, the received wisdom of his elders.” Higher education clearly plays a lead role in achieving these important ideals. This Common Experience and its events provide an opportunity for students, faculty, and staff of Texas State University to begin replacing ignorance and stigma with a greater understanding of mental illness, its causes, and possible solutions in a way championed by Lyndon Baines Johnson.
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Attachment I. Proposal Team Biographies

Angela Ausbrooks, Ph.D. teaches and conducts research on child welfare, diversity, resilience, and juvenile justice. Dr. Ausbrooks has more than 15 years of experience in child welfare as a front-line worker and a coordinator of a Title IV-E program. She is Chair of the Mental Health Advisory Council at Texas State (under the auspices of the Division of Student Affairs), which is charged with identifying and making recommendations for addressing mental health needs of students on the Texas State campus.

Richard Archer, PhD teaches courses on social psychology, psychology history, and psychology theory. His research interests include the subjects of coping with children with disabilities; social interaction of people with disabilities; self-disclosure; and emotional empathy.

Rolando Belmares, FTI is a Certified Mental Health Police Officer for the University Police Department. He has been trained in handling crisis situations that involve mental health.

Emilio Carranco, MD is director of the Student Health Center. He has given presentations on the importance of mental healthcare for college students.

John Davis, PhD has published and given presentations on the mental health of immigrants and refugees; the mental health of people of the Mexico-Texas border region; and the diagnoses of patients at the San Marcos Treatment Center. He has been national president of Psi Chi, the international honor society for Psychology majors.

Susan Day, PhD holds a doctorate in Sociology from the University of Kansas. She has published book chapters on the topics of criminality and deviance.

Tom Grimes, PhD has worked with the Menninger Psychiatric Clinic; the University of Kansas, Department of Psychiatry; and the University of London Anna Freud Centre doing experiments and publishing extensively in communication journals on differentiating eccentricity from diagnosable mental illness, as well as studying prodromal mental states (states that border on illness and wellness).

Ted Ingwersen, MEd holds a master's degree in education and is the assistant director for the residential education area of the housing department. He coordinates the living-learning community programs and the co-curricular experiences of all residential students.

Sally Jones, PhD has more than two decades of practice experience in a variety of settings, including family service agencies, hospice, and independent practice. Joining Texas State in 2001, she is interested in trauma, self-care for helping professionals, and gerontology.

Jon Lasser, PhD has published journal articles and presented at professional topics on Asperger’s Syndrome and the ethics and legal issues of mental health record-keeping. He is a licensed psychologist and a licensed specialist in school psychology.

Yvonne Lozano, PhD has over 10 years of experience in the field of Healthcare Administration, with a focus on Psychiatric Services. Ms. Lozano’s research interests include Mental Health Issues in Long Term Care settings.
Vince Luizzi, PhD earned a doctorate in philosophy from the University of Pennsylvania and a law degree from Boston University School of Law. He is a licensed attorney and serves as a municipal court judge in San Marcos. He has published extensively on the topics of ethics and morality in the criminal justice system. He is chair of the philosophy department at Texas State where he sponsors a philosophy dialogue series for regular discussions of current issues in society.

Joseph Meyer, MS holds a master’s degree in biology. He is the parent of a child diagnosed with Asperger’s Syndrome and Bipolar-I Disorder. He is an advocate for those with severe mental illnesses.

Christine Norton, PhD has over 15 years of experience working with high-risk youth in a variety of settings including therapeutic wilderness programs, juvenile justice, schools, and mentoring organizations. Her areas of practice and research experience include adolescent development, treatment and empowerment; wilderness and adventure therapy; youth mentoring; juvenile justice, alternative sentencing and restorative justice; experiential education; and international social work.

Cindy Plotts, PhD is a consulting neuropsychologist for Texas Hill Country School in addition to her faculty role at Texas State. Her areas of interest include Assessment of Adults & Children with Learning Disabilities; Rare Disorders; Pervasive Developmental Disorders; and Emotional Disturbance. She has published articles and given professional presentations on autism spectrum and behavioral disorders.

Roseanne Proite, PhD is director of housing and residential life at Texas State. She has knowledge of the various types of mental health crisis that can occur and the types of assistance that may be needed by students who reside in on-campus housing.

Rachel Robillard, PhD is a licensed psychologist at Dell Children’s Medical Center and Texas Neuro Rehab Center. She has presented at professional conferences on anxiety disorders, PTSD, and neuroimaging as a diagnostic tool.

Blanca Sanchez-Navarro, MA is a Licensed Professional Counselor for the Counseling Center at Texas State. Her areas of interest include chemical dependency, dysfunctional family issues, relationship violence, psycho-educational programming and consultation.

Brenda Scheuermann, PhD is the coordinator of the Behavioral Disorders/Positive Behavioral Supports graduate concentration. Her areas of expertise include school-wide positive behavioral supports, effective instruction for students with emotional/behavioral disorders, autism, and special education law and advocacy. Dr. Scheuermann is a frequent conference and workshop presenter, and consults with school districts across the country in the areas of behavioral disorders, classroom management, and instruction for students with behavior problems. She is also the author of numerous publications on behavior management and law, autism, behavioral disorders, and instructional strategies for students with emotional/behavioral disorders. Active in professional organizations, she is currently Co-Chair of the Standards of Practice Committee for the Association for Positive Behavioral Supports, a committee charged with development of Standards of Practice for positive behavioral supports.
Edward J. Scholwinski, PhD, founder of the School & Family Institute, has been practicing as a licensed psychologist in the Central Texas area since 1987. Dr. Scholwinski has over 35 years of experience in the field of mental health and has held professional positions in private treatment facilities, state hospitals, and clinics. His primary work at Texas State has been the training of highly qualified specialist-level school psychology practitioners. He has taught graduate courses in cognitive and personality assessment, child and adolescent psychopathology, roles and functions of the school psychologist, and school consultation. He has been actively engaged in research including the evaluation and treatment of the emotional problems of childhood with special emphasis on attention disorders, learning differences, and autism. He has served on a wide variety of boards and commissions and is a Past President of the Texas Association of School Psychologists.

Eric Schmidt, PhD has published on several topics, but specializes in the treatment of substance and process addictions, as well as the supervision of substance abuse counselors. He presents regularly at local, state and national conferences on clinical supervision, ethical behavior and ethical supervision. He is licensed as a professional counselor in the state of Texas and is a board approved supervisor. Dr. Schmidt has a private practice in San Marcos, through which he provides counseling to adults, adolescents and couples.

Ollie J. Seay, PhD is a Licensed Psychologist who is the Director, Advisor, and Practicum Coordinator of the Master of Arts in Health Psychology Program. She is the Past President of the Texas Psychological Association and current President of Capacity FOR JUSTICE, an organization that advocates for fair treatment of persons with mental disorders in the criminal justice system and trains professionals in forensic assessment. She was a member of the Austin-Travis County Mental Health Task Force. She has over thirty years of experience in working in mental health and developmental disabilities. Her research interests include forensic psychology (particularly competency to stand trial & insanity defense for persons with co-occurring intellectual disabilities and mental disorders) and treatment of individuals with dual diagnoses of developmental disabilities and mental disorders. She has published and presented extensively on these issues and ethics.

Katherine Selber, LMSW-AP is a Professor of Social Work and a founding member of the Veterans Advisory Council of Texas State. She is also the faculty sponsor for the student veteran organization, Veterans Alliance of Texas State. Dr. Selber has published and makes presentations on veteran’s issues nationally. She is a military family member and her son has deployed four times to Iraq and Afghanistan.

Bill Stone, PhD holds a doctorate in Criminal Justice from Sam Houston State University. He has published journal articles on campus crime and jail suicide. He led a workshop on the forensics of mental health issues and consulted on a legal case related to injuries to an inmate that escaped from a mental health facility.

Jo Webber, PhD is a professor of Special Education in the Department if Curriculum and Instruction who has taught at Texas State University-San Marcos since 1986. She began her professional career in 1976 teaching students with autism and emotional and behavioral disorders. She continues to consult with school districts across the country about educational programs for students with challenging behavior and teaches special education courses pertaining to applied behavior analysis (ABA) and autism. Dr. Webber was the first director of the Austin-Travis County MHMR Autism Center, currently serves as chair of the Austin Regional Task Force for Autism, and is the founder and Executive Director of the Texas State Clinic for Autism Research, Evaluation, and Support (CARES). Dr. Webber has co-authored three books about autism and emotional/behavioral disorders.
3/26/12

Dear Joseph M. Meyer,

This letter is an official endorsement supporting the 2013-14 Common Experience proposal on behalf of the Texas State University chapter of the Association of School Psychology Students (ASPS). It is our pleasure to support an initiative so closely tied to the challenges that currently face the field of school psychology in the 21st century. As this proposal so eloquently states, it has never been more vital than it is now to educate our University community regarding the gravity of the mental health issues facing our society. Mental illness can impact the lives of our student’s in a vast variety of ways and gaining an increased exposure to this topic will surely benefit everybody touched by this project. The Common Experience would be an excellent resource to help increase our student’s awareness and knowledge of today’s most pertinent mental health issues. Good luck with all of the efforts regarding this proposal and please know that you have our full support. Furthermore, please let us know if our association can assist in any additional ways as you move forward with this initiative.

Sincerely,

Nicholas Giarrusso
President – Association of School Psychology Students
Ng1132@txstate.edu
631-974-0781
March 29, 2010

To Whom It May Concern:

We are writing to give our full support for Joseph Meyer’s Common Experience proposal on Mental Health and Mental Illness. This is an issue that dominates life for college students, and especially effects students who aged out of the foster care system. Our student group, FACES (Foster Care Alumni Creating Educational Success) wants to help de-stigmatize mental illness and create access for all students and faculty to get the help they need. This Common Experience theme will let us all begin a dialogue about this.

Sincerely,

The FACES Student Organization

Christine Lynn Norton, PhD, LCSW
Assistant Professor, FACES Faculty Sponsor
cn19@txstate.edu
512-245-4562
TO: Members of the Common Experience Committee

FROM: Don Griffin, Assistant Professor, School of Health Administration

RE: Support for Year Long Focus on the topic of Mental Health and Illness

DATE: March 22, 2012

This memorandum is written to strongly support Dr. Joseph Meyer’s team in their submission of “Exploring the Realities of Mental Health and Illness” to become the next topic for the Common Experience.

In my nearly 30 years of professional experience working in hospitals in healthcare administration, I find issues of mental health and illness to be often stigmatized, overlooked, and underfunded. Though prevalent throughout society, this array of maladies, which likely affects half of the population, is not adequately addressed and many of our citizenry remain ignorant of the scope and magnitude of the problem.

In my opinion, highlighting the issue, bringing in speakers and hosting workshops for our students and faculty should change the course of how this important issue is viewed. It could result in a better awareness of the topic with more people seeking help for needed family members or even themselves. It could also result in more students entering this or related fields or being positively affected within their own related courses of study.

As a further note, I have polled student officers of the Health Leadership Coalition (a combined student group of student members of the American College of Healthcare Executives (ACHE), the Health Finance Management Association (HFMA), and the Medical Group Management Association (MGMA)) and find they support Dr. Meyer’s efforts to make this the next topic for the Common Experience.
March 29, 2012

Dear Common Experience Selection Committee,

I would like to convey my appreciation and support of the “Exploring the Realities of Mental Health and Illness” Common Experience proposal submitted by Mr. Joe Meyer and Dr. Ollie Seay, et al.

I personally have a family member with mental illness and I have seen first-hand the impossible situation he has been dealt. Thus, I believe this proposal to be incredibly timely as our country continues to engage in debates over not only the much argued health care issue, but also the very idea of accepting and helping (not “tolerating!”) those who are different from the majority.

Additionally, I see a strong connection for several of our living-learning community programs at Texas State which I have listed below.

**Business:** explore the dollars and cents behind healthcare in America

**History:** investigate the history of mental illness and determine how to apply lessons learned to today’s problems

**Teachers:** obvious connections for students who will be Special Education teachers; explore effects of mental illness on classroom behavior and learning; address the lack of attention paid to this subject by public school administrators

**Pre-Med:** learn about research in the area, discover specific career fields

**Journalism:** how has the media contributed (or not) to the stigma associated with mental illness and how can college students make a difference?

**Psychology:** many obvious connections

**Residential College and Honors College:** explore diversity issues

Thank you for considering “Exploring the Realities of Mental Health and Illness.” I am extremely hopeful it will be selected as the 2013-14 Common Experience.

Best Regards,

Peter Theodore Ingwersen, M.Ed
Assistant Director, Residential Education
Department of Housing and Residential Life
512.245.8477
To Whom It May Concern:

The Organization of Student Social Workers supports this proposal because we recognize what an important issue mental health is in our communities. We understand that public entities do not have the means to provide people with mental health issues the resources needed in order to live and maintain a productive lifestyle. After reading your proposal we agree the need for advocacy, education, and awareness in our communities and schools is vital to those with mental health issues.

Danielle L. Jones
From: Norton, Christine L  
Sent: Monday, March 26, 2012 9:59 AM  
To: Meyer, Joseph M  
Subject: RE: Common Experience proposal

Joe,

I am still gathering letters of support for your files; however, please add to your proposal that you have the endorsement from the following student groups (they have all given me verbal consent):

Phi Alpha, The Social Work Honor Society

The Organization of Student Social Workers

Foster Care Alumni Creating Educational Success

Each of these student groups has read the CE proposal and are excited to support and endorse this project.

Sincerely,

Christine Norton

Christine Lynn Norton, PhD, LCSW  
Assistant Professor, School of Social Work Texas State University, San Marcos  
http://www.socialwork.txstate.edu/  
Office: 512-245-4562  
Email: cn19@txstate.edu
Dear Common Experience Board,

On the behalf of the Psychology Association and its members it is my pleasure to support the proposal for the 2013 – 2014 Common Experience “Exploring the Realities of Mental Health and Illness.” We believe that this Common Experience theme would be engaging and beneficial to the Texas State Community. Through education over the origins of mental illness “Exploring the Realities of Mental Health and Illness” has the opportunity to reduce some of the stigma and discrimination that often accompanies a diagnosis of mental illness. The proposed event during the first week “Famous People” is an interesting and unique way to expose the work and talent of some of history’s most well known sufferers of mental disease. The intended speaker, Pete Earley, would give students a window into the life of someone who has had first hand experience dealing with mental illness in their family. The panel discussions regarding the controversy behind mental illness, the conflicts of interest between pharmaceutical researchers and their sources of funding, and the criminal accountability of those with a mental illness, just to name a few, are enlightening and engaging topics for the students. With the renewal of the DSM just around the corner “Exploring the Realities of Mental Health and Illness” should be a strong and relevant theme for the 2013- 2014 academic year.

Justin Vela
Psychology Association President
Dear Common Experience Committee Members,

I am writing this letter on behalf of the student organization, To Write Love On Her Arms at Texas State, to urge you to choose Exploring the Realities of Mental Health and Illness as the next Common Experience theme. Our chapter is part of a network of student chapters of TWLOHA, which is a national and international non-profit organization dedicated to providing help and presenting hope for those struggling with depression, addiction, self-injury, and suicide. Mental health and illnesses touch the life of almost every college student in one way or another. Many students suffer from mental illness, and even more have friends, family, classmates, or coworkers who deal with mental health-related issues. Unfortunately, the strong stigma surrounding mental health issues often inhibits conversation and awareness about their presence on college campuses. As the president of To Write Love On Her Arms at Texas State, I am very conscious of the prevalence and impact that mental health and illness have on the academic, social, and behavioral aspects of a student’s life.

TWLOHA exists to encourage, inform, inspire and also to invest directly into treatment for and recovery from mental illness. As a University Chapter of TWLOHA, we hold the same mission and vision as the national organization. We are working to create a community on campus that is educated about mental health, that is open to talking about it, and is dedicated to reducing the stigma that surrounds it. The second leading cause of death for American college aged students is suicide. 90% of those students who die by suicide had a psychiatric disorder. These students are our friends, our classmates, our generation. College is a difficult place, a time of transitions, and a time of changes and struggles. Those changes and challenges become exponentially more difficult to overcome when they are accompanied by a mental illness, especially in a world where mental illness is stigmatized and ignored. If a student is convinced not to speak up about their pain, their struggles, their dreams, and their sorrows, they cannot get the help they need. TWLOHA TXST wants to be the voice that speaks up, that points to help, and that tells our students and community that they are not alone, that there is hope, and that their story is important.

A common experience theme centered around mental illness and mental health would foster the growth of the community that the members of TWLOHA TXST are trying to create. Incoming freshmen deal with an incredible number of life-altering changes that arrive in a very short amount of time. The transition to college brings with it a newfound freedom accompanied by newfound stressors. These changing dynamics include separation from family and familiar environment, personal accountability, making new friends, losing old ones, adjusting to the rigors of University academics, and many more. These students, without an outlet and a community in which to express their feelings and grow with one another are highly likely to develop a mental illness and/or isolate themselves from others. Those who enter college with a history of mental illness will also be more likely to experience a renewed struggle with their mental health. Our University Counseling Center is a wonderful resource for incoming students, but it cannot possibly serve the thousands of students in need of their services. Alone and in a community where mental health issues are not talked about, a student will be even less likely to seek treatment. Ongoing conversation and a growing community supporting mental health must be created, otherwise hundreds of students will continue to drop out of college because they couldn’t weather the transition, and more importantly, suicide will remain the second leading cause of death among college students.

I hope you will choose Exploring the Realities of Mental Health and Illness as the Common Experience topic for the incoming class of 2013. Your decision could truly make a difference in the lives of our new Bobcats.

Sincerely,

Emily McClellan