

*They might be having the best conversation with you,  
looking straight into your eyes and smiling  
without seeming to have a care in the world—*

*But all the while masking the serious anxiety, depression,  
or other mental health conditions they struggle with each day.*

## ***Listening to Students with Psychological Difficulties and Disabilities...***

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## Listening to Students with Psychological Difficulties and Disabilities

***“I’m pretty new to this school so I have not been around as many people as others have. Many people do assume since I am white and an athlete that I have a lot of money or I am privileged. I do have a good life, but have went through many obstacles to overcome the problems I’ve had in my past.”***

—20, Depression + Anxiety, Athlete

***“It is pretty stressful and overwhelming, especially after having a strong support system back home and not having it here at school.***

***I like the environment. It is peaceful to just roam in after a long, tiring day.”***

—Psychologically/Physically challenged

***“I don’t think it’s much different than the average student, but my anxiety and depression makes me a generally unhappy person who feels left out. Though part of it is my fault for not joining clubs or attending events.”***

—male, straight, with social anxiety disorder, OCD, and depression

***“I haven’t run in to many challenges at CSUS that I directly relate to any of my demographics.”***

—Female, Older, Depression, Anxiety, Artist

***“With depression and anxiety it is hard to stay focused on school and get involved.***

***Joining a group has helped me meet people on campus and have people go through the same struggles.”***

—female, 18 years old, depression/anxiety

***“I like meeting new people.”***

—Psychological challenges

***“Living with depression and anxiety. School is rather difficult to attend sometimes.***

***Just having to be called on in front of many people sparks my anxiety problems.”***

—No student specifics given, other than what is stated above

***“My parents have always support me on my academics. I have not faced any discrimination here on campus. I feel more comfortable and accepted here than in my high school.”***

—(Female 18 Straight Depression Anxiety New to College)

***“I don’t feel that I am having a typical college experience in that I do not belong to clubs or participate in campus activities outside of class and research. I am a serious student w/ 3.99 GPA. I get the impression that my education means more to me than the majority of my peers. Maybe because I am slightly older. I do not have a social life***

***Meeting w/instructors feels like my socializing time. I have worked independently w/ professors on research.***

***(I like) Collaborating with and networking with instructors and professors. I feel I have learned the most in office hours.***

***(I don’t like) Large class sizes and a few teachers who appeared to not care about the class, a kind of ‘I’ve given up attitude.’ I believe very little can be learned in a class with more than 40 students.”***

—female, 25, straight, depression and anxiety, returning to school

***“Being this type of student makes the schooling experience stressful for a variety of reasons. My ability to do homework is always at odds with my job—where I usually have no free days at all.***

***I would like to share how I’ve had teachers who are masters of their subjects and more like caring parents. ☺***

***What’s worked for me is teachers who show a genuine level of care for students—and teachers who are more flexible in their grading and accept alternate points of view.”***

—psychologically challenged—with stress, anxiety, slight depression, and loneliness, white, 23

***“It was very difficult and has taken almost this entire school year to even begin to overcome. Other than that I feel like the school tries to thoroughly help anybody in my position.***

***I just recently started getting care for my depression and anxiety and so far everything/everyone has been extremely helpful and kind.***

***I personally feel like I was not aware of a lot of events that could have helped me overcome or even share my issues.”***

—depressed/anxious

***“What I would like to say is the stress, the anxiety, the feeling that I’m not supported. I would like more support for students with disabilities. It’s really hard to feel like you have this invisible disability that’s holding you back. It’s just really hard, painful, embarrassing, sad....***

***I’m scared about how I’ll do once I graduate. I’m mentally and physically exhausted. I’m worried about debt. All I’ve done is unskilled labor. All I have time for is studying. I don’t have time for friends, dating, socializing.”***

—male, 38, gay, dyscalculia, dysgraphia, visual perception disorder, auditory processing disorder, depression, anxiety, OCD

***“While there is diverse demographics, I feel that campus as a whole struggles with authentically and sincerely helping students seeking help and resources. Customer service needs to be re-evaluated.”***

—Chicana and suffers with psychological challenges

***“I think the fact that so much of my time is devoted to my health and my job (so I can pay for school), I am challenged by teachers who don’t take my life outside of school into consideration and assume I have all the time in the world to devote to them.***

—disabled, working full time, lives with anxiety

***“I feel a lot of pressure (so much) to have a set goal and to graduate on time, but I have no idea what I want to do. It makes the anxiety worse because I hate my current major and am doing terrible in my classes. I’m a fourth year and I’m starting to feel like I’m running out of time, even though I’m only 20.***

***I like the resources the university has, like counseling at the Well.”***

—female, 20 years old, bisexual, experiences depression and anxiety

## **Students with Psychological Difficulties and Disabilities**

We can all struggle with things from time to time. For some, however, their psychological struggles may be much greater.

The United States Department of Health and Human Services has reported:

- 1 in 5 adults in the nation experienced a mental health issue.
- 1 in 10 young people experienced a period of major depression.
- 1 in 25 Americans lived with a serious mental illness, such as schizophrenia, bipolar disorder, or major depression.

The National Institute of Mental Health, the lead federal agency on research on mental health disorders under the U.S. Department of Health and Human Services, reports the following statistics on the prevalence of mental illness in America for the most recent year reported (2019):

- 51.5 million people age 18 and up have a mental illness of some sort (20.6% of adults).
- 13.1 million people age 18 and up had a serious mental illness (5.2% of adults).

Some mental health conditions are temporary, and others are lifelong.

### ***What They Experience***

Depending on the severity of the illness, the support and treatment received, and a host of other factors, mental health conditions can have myriad and detrimental effects on an individual:

#### ***Mental Illness Symptoms***

The symptoms of the different types of mental health conditions are multiple in number, both psychological and physical in nature, and interfere with an individual's daily functioning. You will find descriptions of symptoms of some of the more common mental health conditions later in this document.

#### ***Co-occurring Disorders and Diseases***

Psychological disorders often come with other co-occurring mental illnesses, and also physical illnesses and disabilities that may be the cause or trigger of the mental condition.

#### ***Medication Side-Effects***

The pharmacological treatment for any of the above may have a range of adverse side effects, including: headaches, nausea, sleeping problems, exhaustion, nervousness, blurred vision, hand tremors, and difficulty in concentration and memory.

Altogether, mental health conditions can affect an individual's emotional well-being and physical health and, in turn, potentially impact personal relationships, professional success, quality of life, outlook on the future, achievement of goals and dreams, and self-actualization.

## *In Higher Education*

The stresses of college life and considerable demands of academics can present even greater difficulties for students with mental health conditions than those discussed prior.

### *The Stress of College Life*

Coming to college can be seen as fun, exciting, and a positive change in one's life, but may also cause stress, homesickness, anxiety, fear, financial strain, uncertainty over lack of clear life path, pressure to succeed, and more—any or all of which can exacerbate existing psychological symptoms or bring on the first onset. Most estimates show that the onset of lifetime mental disorders usually occurs between the ages of 14 to 24.

### *The Demands of Academics*

College coursework can be challenging for most students, but for some, made even more difficult. Science tells us that mental health conditions are biologically-based brain disorders that can negatively impact the structure or the physiological processes of the brain involved in learning and cognition, depending on the specific condition. The symptoms of psychological disorders and/or accompanying mental or physical conditions or medication side effects may cause: Troubles concentrating in class or reading; difficulty summoning motivation to start or complete assignments or study for exams; sleeping problems and physical aches and pains that can take a toll on energy, morale, and interest in learning; and communication difficulties that potentially hinder likelihood of asking questions or success in getting help with coursework from peers, faculty, and staff.

The impact on college life can be tremendous. Research shows lower persistence and GPAs, and greater dropout rate for students with mental health conditions.

### *Here at Sacramento State*

According to the California State University Policy for the Provision of Accommodations and Support Services to Students with Disabilities, one of nine categories of disabilities established for reporting purposes in the California State University system is Psychological or Psychiatric Disability: “Chronic and persistent mental illnesses as categorized by the current Diagnostic and Statistical Manual of Mental Disorders, that impede the educational process and may necessitate accommodations, support services or programs.”

At Sacramento State, there are 205 students with a psychological/psychiatric disability a primary disability, 24.9% of students with disabilities, according to the Fall 2020 Census. Depending on the individual student's eligibility, SSWD accommodations may include: preferential seating, tape-recording, notetakers, and extended time for testing.

Please note that the number above refers to students who have been diagnosed, applied for services, and qualify for accommodations. There are likely a number of students who do not know that they might need—or do know but choose not to receive—accommodations from SSWD for their psychological disability.

### ***Why They Choose To Disclose—Or Choose Not To***

According to one study on college students with mental health conditions, “College Students Speak: A Survey Report on Mental Health,” by the National Alliance on Mental Illness (2012):

50% of college students disclose their mental illness to their college—and 50% do not.

Taken straight from that survey report, student respondents gave the following reasons:

#### Top Five Reasons Why Students Disclose:

- To receive accommodations.
- To receive clinical services and supports on campus.
- To be a role model and to reduce stigma.
- To educate students, faculty, and staff about mental health.
- To avoid disciplinary action by the school and to avoid losing financial aid.

#### Top Five Reasons Why Students Do Not Disclose:

- Fear or concern for the impact disclosing would have on how students, faculty and staff perceive them, including within mental health degree programs.
- There is no opportunity to disclose.
- The diagnosis does not impact academic performance.
- Do not know that disclosing could help secure accommodations.
- Do not trust that their medical information will remain confidential.

### ***What Students Want You to Know about Mental Illness***

In that same survey, college students said that they wanted faculty and staff to know the following:

Mental health conditions are real.

Faculty and staff should know that mental health issues are as real and as serious as other physical health issues. They are not used as an excuse for being lazy, irresponsible or a bad student. It is not a scam or a choice.

Students can be successful with accommodations.

Students living with mental health conditions want the chance to succeed in college just like everyone else. They can be successful if faculty and staff respect and enforce accommodations that students need.

[For further information, please see:

[National Alliance on Mental Illness, “College Students Speak: A Survey Report on Mental Health” \(2012\) \(PDF\):](https://www.nami.org/getattachment/About-NAMI/Publications-Reports/Survey-Reports/College-Students-Speak_A-Survey-Report-on-Mental-Health-NAMI-2012.pdf)  
[https://www.nami.org/getattachment/About-NAMI/Publications-Reports/Survey-Reports/College-Students-Speak\\_A-Survey-Report-on-Mental-Health-NAMI-2012.pdf](https://www.nami.org/getattachment/About-NAMI/Publications-Reports/Survey-Reports/College-Students-Speak_A-Survey-Report-on-Mental-Health-NAMI-2012.pdf)

and

[The National Institute of Mental Health website,](https://www.nimh.nih.gov/index.shtml)  
[https://www.nimh.nih.gov/index.shtml\]](https://www.nimh.nih.gov/index.shtml)

## Depression

*“I’m a full time student, but I also work close to full time, so I’m not spending a lot of time at school other than my classes. I often don’t feel any sort of unity or school spirit within the school, it feels a lot like a community college in terms of events.... Since transferring, I haven’t really met anyone at school.*

*I don’t feel like anyone on campus really cares to meet anyone else here, but I feel like the professors in my major...are amazing.... Inspiring and intelligent and make me want to learn more/feel like I can pursue anything in the...field.”*

—female, 21, bisexual, depression, transfer student

*“It is difficult being at college for the 1<sup>st</sup> time and staying motivated.*

*CSUS is very supportive. My professors are encouraging and willing to help me. They show concern for my academic performance and well-being. The academic advising center is very helpful and willing to assist me in planning my classes.*

*Not all students want to be here. They are difficult to work with and are not as eager to learn as I am.”*

—depression diagnosed, 18 years old, male, 1<sup>st</sup> yr in college

*“it’s not bad at all. There are some decent resources...I don’t see much for depression but it could help to have resources for that.*

*I like how from the start everyone is friendly and willing to help you succeed because coming to a University can be very scary at first.”*

—male, younger, depression + returning to school

*“Not enjoyable.... People are not friendly and excepting here of differences”*

—psychological depression

*“It is hard to manage all the things that are expected from you. Culturally, I also have to balance a lifestyle that gives a lot of time to my family. I do not mind that, however, because my family is my biggest support in overcoming my family’s personal struggle that brought about my depression. I take advantage of counseling at the WELL and that has made the biggest difference in my life.*

*There are so many resources here that have led me to continue my higher education even when things got hard, I simply wish more students knew about them or at least took advantage.”*

—19, overcoming depression

***“It sucks, I go to class, do homework, and play videogames all night, I’m just really disappointed I didn’t find anything I’m interested in here at Sac State.***

***The only thing I like about Sac State so far is my ...teacher...who is easily one of the best, funniest, and most awesome professor I’ve ever had.... My teacher is the glimmer of hope I hold onto everyday I go to class, such a joy.”***

—Male, 18, Straight, Depression (Clinical)

***“Large lectures can make it difficult to personally interact w/ professors (unless office hours work with schedule)”***

—male, 24 y.o., battling depression

***“Challenging. The facilities provided for mental health ... are severely lacking and the school as a whole isn’t very accommodating, in part, I feel, because of the lack of understanding and stigma attached to mental illness as a whole.***

***Once, when I was confiding in a friend that was a resident advisor on campus, while I thought it was confidential, they had called the police who then took me into handcuffs and transported me to a mental hospital. From then on, I was ostracized upon my return to campus, kept under constant supervision, and was made to seem as if I was a danger to others.”***

—Male, 20 years old, Heterosexual, Severe Depression, Physically Impaired (sport injury)

***“It was challenging at first to be new in the school but now I’m used to the campus. It’s not great though.”***

—female/18/straight/depressed/new

***“I have struggled with my depression for years. Trauma from the events still echo in my head. So I have days where I do not feel like going to class. I just take my meds & go anyway.***

***So far everyone is really helpful & open minded & I’ve been treated with respect & that’s a great experience.***

***I like knowing that if I need something, I can most likely get it.”***

—A depressed former foster youth

***“I have diagnosed depression. It is huge. It is always there.”***

—25, male, junior

Some students simply become “blue” from time to time, as we all do, feeling a little low in the “ups and downs of life.” Other students, however, may have more serious depression.

### ***Depression***

Depression is one of the most common mental health problems in the country. According to the National Institute of Mental Health, an estimated 17.3 million people age 18 and over in the United States had a major depressive episode in the most recent year reported (7.1% of adults), and an estimated 11 million Americans age 18 and over had a major depressive episode causing severe impairment (4.5% of adults). The incidence rate was highest in people 18 to 25 years old (13.1%). The symptoms of depression are serious and interfere with daily functioning and activities. The symptoms must occur for at least two weeks to be diagnosed with depression.

Signs and symptoms include:

- Persistent sad, anxious, or “empty” feelings
- Feelings of hopelessness or pessimism
- Feelings of guilt, worthlessness, or helplessness
- Irritability
- Restlessness or trouble sitting still
- Loss of interest or pleasure in hobbies or activities
- Fatigue and decreased energy
- Moving or talking more slowly
- Difficulty concentrating, remembering things, and making decisions
- Difficulty sleeping, early morning awakening, or over-sleeping
- Appetite and/or weight change
- Aches or pains, headaches, cramps, or digestive problems without clear physical cause and/or that do not ease even with treatment
- Thoughts of death or suicide, or suicide attempts

Symptoms may vary in type and range from mild to severe in degree of manifestation, depending on the individual, and treatment helps to lower or prevent incidence of symptoms.

(From the [National Institute of Mental Health Depression webpage](https://www.nimh.nih.gov/health/topics/depression/index)  
nimh.nih.gov/health/topics/depression/index and other information)

## Anxiety

*“It’s difficult because I come here from San Diego not knowing anyone at the school. Having anxiety also doesn’t help. What did, though, was joining a student organization...and I met many people I call friends, including my girlfriend.*

*At first being here at Sac State, I didn’t want to leave my room to even eat at the Dining Commons. Just feeling alone was not something I enjoyed, but I had a good roommate and I slowly became more confident about people.*

*What I like about CSUS is that it is a very calming place with all the trees and nature feeling it gives off. What I don’t like about CSUS is that it can be a lonely experience. Being a commuter school, it can be difficult to make friends.”*

—23 years old, male, with anxiety

*“Respectful, helpful, straight-forward, academically insightful, somewhat challenging.*

*Teachers influence more research. Students are respectful.”*

—male, 27, straight, anxiety, sight

*“You have little motivation in doing things, little things upset you, and they ruin your whole day.*

*My experience on the women’s rugby team has been nothing but positive. It helps me relieve my stress and I have a second family here that supports me.*

*I like how much support this school gives you.”*

—depressed and has severe anxiety

*“It’s ok. It’s a bit of a struggle being around large groups of peoples at times, because it increases anxiety, but that’s it.”*

—Gender fluid, Anxiety & Depressed, transfer early 20’s

*“As a student with anxiety, it is difficult to attend/participate in classes w/such a large amount of people. Just the amount of people in parking structures, hallways, food lines, classrooms; stresses me out.*

*There has been multiple times where I have chosen to walk out of classrooms because I can not even pay attention, or share my thoughts because there are so many people asking questions + speaking @ one time.*

*I like individual study rooms and when dogs come to campus so students can pet them to be less stressed. I don’t like the stress of just attending class, traffic/parking.”*

—female/mixed race/anxiety

***“It is definitely challenging in that my anxiety sometimes keeps me from doing assignments that I feel I won’t do well on—not group projects or things like that, but the little daily ones. It also doesn’t help that I have a lot of family members who are elderly and sick and I am on call for them. They live 75+ miles away which is stressful.***

***I have teachers here who are understanding and able to help me as best they can when it comes to assignments and participation. There are also great resources on campus that can help calm some of the anxiety as well as activities to break the monotony and worry.***

***I like a majority of the instructors I’ve had and I like the vast amount of resources available and people’s willingness to help.”***

—Female, 26, anxiety, recovering addict

***“I found myself alone sometimes and fearful I wouldn’t find any new friends, but I persevered to change that.***

—Caucasian, male, 24, straight, ADHD, anxiety

***“School is going good but it’s hard to show up somedays.***

***Teachers tend to not acknowledge that some people do not enjoy doing group projects and talking to others.***

***I really enjoy all my Major classes. Math and science are not easy but we have good resources on campus for tutoring.”***

—female 20 anxiety

***“It gives me purpose to go to school and get an education. I feel that I should achieve something in life and demonstrate to others what someone of my upbringing and psychological challenges can do to better himself/herself.***

***(I like) The attitude of taking education seriously, but enjoying the experience along the way.”***

—20, male, anxiety

***“I have anxiety***

***I loved my classes..., and really value the education I received”***

—Female 25 Heterosexual

***“It is nice to be student here at CSUS. I am proud that I got into a University right out of college.... The problem is that there is very little to prepare you for college level assignments and requirements.***

***Adapting to college stress has been easier than I could have imagined. I also the love the environment, it’s a perfect educational environment. The trees and the life around us helps calm me down from the crazy and hectic school life.”***

—(Psychological challenge – anxiety)

***“Being a student with anxiety I feel is extra challenging because I tend to get overwhelmed extremely easy which feeds the anxiety more and makes it hard for me to stay motivated when I know that not too many students can relate. So it’s not a norm.***

***(I like) Definitely the services at the well. I am taking advantage of counseling and the gym which has helped me physically and mentally through this semester..... I just need to change my mindset.***

***I love this school.”*** (with a drawing of a hornet to accompany this last statement)  
—female, has anxiety, 21

Some students are experiencing the typical stressors of college life, and may become anxious or worried about things, as we all can do from time to time.

Other students, however, may have more serious forms of anxiety, including: Generalized Anxiety Disorder, Social Phobia, and Panic Disorder. The National Institute of Mental Health research shows that almost one-third of American adults suffer from an anxiety disorder at some point in their lifetime.

### ***Generalized Anxiety Disorder***

According to the National Institute of Mental Health, people with Generalized Anxiety Disorder “may worry very much about everyday things (and) have trouble controlling their constant worries, (even when) they know that they worry much more than they should.” Their days may be filled with anxiety regarding health, finances, relationships, work, and more, interfering with daily activities. Sometimes just the thought of getting through the day causes their anxiety. An estimated 2.7% of Americans 18 and over had Generalized Anxiety Disorder in the year reported, and 32.3% of these cases were severe.

Signs and Symptoms include:

- Inability to relax, startle easily
- Restlessness, feeling “wound up”
- Difficulty falling asleep or staying asleep, or getting good sleep
- Feeling tired all the time
- Difficulty concentrating
- Irritability
- Headaches, stomach aches, muscle aches, muscle tension, or unexplained pains
- Sweating, nausea, having to use the restroom frequently
- Feeling out of breath, lightheadedness
- Trembling, twitching

Symptoms may vary in type and range from mild to severe in degree of manifestation, depending on the individual, and treatment helps to lower or prevent incidence of symptoms.

(From the [National Institute of Mental Health webpage on Anxiety Disorders](https://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml)  
<https://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml>  
and other information on *Generalized Anxiety*)

## Panic Disorder

***“Panic attacks are frightening. I have to live my life constantly thinking about where I am in case I have one and what’s going on in case it could trigger one. This rules my life right now.”***

—18

***“It’s difficult dealing with anxiety. I’ve had several panic attacks and professors seem unforgivable to the troubles I experience. Teachers and other students lack understanding that anxiety is a serious problem.”***

—female w/anxiety

***“Second year in college. I am female, 19 years old, and have anxiety, I don’t have the best vision or hearing and its challenging to me as a student.***

***Everytime I walk around campus I start to panic because there are a lot of people walking around campus.***

***The professors that I have had, show they really want to be there and care for their students.”***

—No student specifics given other than what is stated above

We all may panic a bit from time to time, but some may experience it far more intensely and frequently.

### ***Panic Disorders***

A panic attack is a sudden onslaught of extreme fear, which may be accompanied by: A pounding or racing heart, sweating, shaking or trembling, feeling as if you can’t breathe or are choking, weakness or dizziness, stomach pain, feeling hot or a cold chill, tingling or numb hands and chest pain (which, for some, may feel like a heart attack). Those who have recurring and unexpected panic attacks have Panic Disorder. An estimated 2.7% of Americans 18 and over had Panic Disorder, and 44.8% of these cases were severe, according to the National Institute of Mental Health. Almost 5% of adult Americans will experience a Panic Disorder in their lifetime.

Symptoms include:

- Sudden and repeated panic attacks, as described above
- Feelings of being out of control during a panic attack
- Extreme worries about when the next attack will happen
- Fear or avoidance of places or situations where prior panic attacks have occurred

Symptoms may vary in type and range from mild to severe in degree of manifestation, depending on the individual, and treatment helps to lower or prevent incidence of symptoms.

(For further information, please see the [National Institute of Mental Health webpage on Anxiety Disorders](https://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml), <https://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml> and other information provided for *Panic Disorder*)

## Social Anxiety

***“The most influential aspect (on me) would be social anxiety. I feel very uncomfortable talking and interacting with people which makes it difficult to form relationships with people at CSUS.***

***I talk to people only when I am required to.***

***I like not having to have a lot of interactions with other people, like class presentations and group work. Also the professors I have had this semester all really nice***

***I don’t like all the extra fees I am required to pay for services I feel to uncomfortable to use because of social anxiety. For example going to the Well and other things in the Union”***

—male, 22, gay, social anxiety, diabetes, first semester transfer student, Mormon

***“Having social anxiety sometimes it’s really hard to talk to people or put myself out there to join clubs. Also, it’s especially hard because...doing speeches can sometimes be difficult. Although, I’m getting more comfortable.”***

—19/new to college, social anxiety

We can all feel nervous at the thought of meeting new people or going into new social situations. For some people, however, the anxiety regarding social interaction can be extreme.

### ***Social Anxiety Disorder (Social Phobia)***

Social phobia is a fear of being around others, and the fear is so strong that it may interfere with day-to-day life. A person with social anxiety may find it very difficult to pay a cashier for a purchase, make a doctor’s appointment over the phone, eat in front of others, or even leave the house and get out in the world of other people. Approximately 7% of Americans have social anxiety, according to the National Institute of Mental Health, with almost 30% of these cases severe, and 12% of Americans will have a society anxiety disorder at one time in their lives.

People with Social Anxiety tend to:

- Be very anxious about being with other people and have a hard time talking with them, even though they wish they could
- Be very self-conscious in front of other people and feel embarrassed
- Be very afraid that other people will judge them
- Worry for days or weeks before an event where other people will be
- Stay away from places where there are other people
- Have a hard time making and maintaining friendships
- Blush, sweat, tremble, or feel nauseous or sick to their stomachs when around other people

Symptoms may vary in type and range from mild to severe in degree of manifestation, depending on the individual, and treatment helps to lower or prevent incidence of symptoms.

(For further information, please see the [National Institute of Mental Health webpage on Anxiety Disorders](https://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml), <https://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml> and other information provided for *Social Anxiety Disorders*)

## Post-Traumatic Stress Disorder

***“The most prominent challenge is dealing with mental difficulties and the process of receiving help.***

***I’ve enjoyed getting to know other students.... I feel that I have performed better when I have a relationship w/ the professor***

***(I don’t like/what hasn’t worked) getting help when needed, but course instructors have been helpful”***

—Racially mixed, 19 years of age, psychological challenges  
(PTSD/Anxiety)

### ***Post-Traumatic Stress Disorder (PTSD)***

“PTSD is a disorder that develops in some people who have experienced a shocking, scary, or dangerous event,” or other traumatic events (such as the unexpected death of a loved one), and then continue to feel traumatized long after that event has passed. PTSD affects millions of Americans every year. An estimated 3.6% of Americans 18 and over had PTSD in the year reported, and 36.6% of these cases were severe, according to the National Institute of Mental Health. Men, women, and children of all ages may have PTSD.

Symptoms include:

- Re-experiencing the trauma through flashbacks, terrible dreams, or frightening thoughts
- Avoiding thoughts or feelings related to the traumatic experience or reminders of it, such as places, events, or objects
- Trouble remembering key features of the traumatic experience
- Negative thoughts about oneself or the world, feelings of guilt, blame, worry, or sadness
- Being easily started, feeling tense or “on edge,” having sleeping difficulties, or given to angry outbursts
- Loss of interest in activities that were once enjoyable

These symptoms usually begin within three months of the traumatic event, but may appear years later, for some people.

Symptoms may vary in type and range from mild to severe in degree of manifestation, depending on the individual, and treatment may lower or prevent incidence of symptoms.

(For further information, please see the [National Institute of Mental Health webpage \*Post-Traumatic Stress Disorder\*](https://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml)  
<https://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml>  
and other information provided)

## Obsessive-Compulsive Disorder

*“I have depression, anxiety, and OCD, which makes it hard to concentrate (presents a learning challenge).*

*Some days are good, but most days are hard. I go into a class and observe which seats are there stains, which are contaminated, and it’s really hard to sit there when you think something is unclean.*

*I find myself standing by the restroom door, waiting for someone to walk out so that I can leave without touching the door. Sometimes I wait so long I am late to class.*

*I have to go through rituals (doing a certain number of push-ups, washing my hands a certain amount of times) which means some things take me a while longer to do.*

*These are examples of how the condition affects me.*

*I do jujutsu to keep my anxiety down.”*

—male, 33, straight, returning student, psychological depression, anxiety, OCD, physical challenges. A returning student, too.

*“Its fine. No problems so far”*

—female, 21, OCD

*“School can be a challenge for me at some times. I battled/battle with my mind to focus on school. There have been numerous days where my concentration was so bad because of my struggle with OCD thoughts. It felt like school doesn’t really put into account a student’s struggle with themselves.*

*Many times I’ve had anxiety attacks because my mind wasn’t at ease.*

*I enjoy the busy campus. I appreciate all the computers and being able to check laptops out. I am thankful for the programs loaded on the laptops. I appreciate the wide range of majors.”*

—21 years old – full time student – OCD

*“It’s difficult, a struggle every day.*

*School has never been easy for me. Receiving support hasn’t been easy....*

*For example, it takes me longer to do things due to my learning disability and OCD—my need to be perfect.*

*It’s frustrating because I put my all in, but am not getting that support.”*

—female, 26, bisexual, ADD, depression (I get really down on myself), a diagnosed learning disability, anxiety (that’s a big one).

***“I have OCD.”***

—22, junior

### ***Obsessive-Compulsive Disorder***

According to the National Institute of Mental Health, “Obsessive-Compulsive Disorder (OCD) is a common, chronic and long-lasting disorder in which a person has uncontrollable, reoccurring thoughts (*obsessions*) and behaviors (*compulsions*) that he or she feels the urge to repeat over and over.” The two key terms are further defined:

“Obsessions are repeated thoughts, urges, or mental images that cause anxiety” (e.g., fear of germs or contamination, need for things to be in perfect order, unwanted forbidden thoughts involving sex, religion, or harm).

“Compulsions are repetitive behaviors that a person with OCD feels the urge to do in response to an obsessive thought” (e.g., excessive cleaning and/or handwashing, arranging things in a particular and precise way, counting things compulsively, or repeatedly checking things, such as the door being locked or the oven turned off).

An estimated 1.2% of Americans 18 and over had OCD in the year reported, and 50.6% of these cases were severe. Women are almost five times more likely than men to have this disorder.

People with OCD generally:

- Can’t control their obsessions and compulsions, even when they know these thoughts or behaviors are excessive
- Do not take pleasure from performing the compulsive behaviors or rituals, but may feel relief from the obsessive thoughts that the behaviors help to alleviate temporarily
- Spend at least one hour a day or more on these thoughts and behaviors
- Experience significant problems in their daily lives due to their obsessions and compulsions

Symptoms may vary in type and range from mild to severe in degree of manifestation, depending on the individual, and treatment helps to lower or prevent incidence of symptoms.

(From the [National Institute of Mental Health \*Obsessive-Compulsive Disorder\* webpage](https://www.nimh.nih.gov/health/topics/obsessive-compulsive-disorder-ocd/index.shtml)  
<https://www.nimh.nih.gov/health/topics/obsessive-compulsive-disorder-ocd/index.shtml>  
 and other information)

## Bipolar Disorder

***“Challenging. School triggers stress which leads to unhelpful anxiety. However, people are fairly nice.”***

—20 y/o, Bi-Polar

***“Honestly, I feel accepted with most of these perspectives (listed below). Most people, however, have no idea about my psychological challenges, because I feel ashamed of them. I feel like people will look at me differently, especially with bipolar.”***

—male, younger, gay, has ADHD, depression, PTSD, ASD, anxiety, bipolar, and anxiety (I really had the book thrown at me)

***“Being bipolar: It’s hard because no one really understands it. It’s like coming out of the closet. Nobody knows much about it, everyone’s afraid of it. I’ve had a job where I was fired because of it, and it was blatant.***

***The students here, though, they brush it off. They don’t care about it (in a good way). Students here are very serious about inclusion. I didn’t really have a problem with the bipolar thing here. Everyone is really encouraging.***

***A lot of bipolar people keep it quiet, but I’m very open about it. I think it’s better to be upfront about it. I think because I’m open, other bipolar people become more open, too, because they see they’re not the only one. You got to be honest about it.***

***It was hard trying to get my degree. My major, GIS, is hard. My degree was the best thing that happened in my life. And I actually got a job.***

***At Sac State, the High Tech Center and my major department really helped me out. Everything is really good. I don’t want to cry...but I wasn’t able to go to college until I was 47. I have had nothing but help along the way. I like the encouragement and the feeling that I wasn’t looked down upon. I only had a problem with one teacher, but everything else outweighed that.***

***Everyone’s really good.... (The staff at the Center) is really good. You don’t feel like you have a disability.... The library is great, the sources and the help you get. It’s probably the best library I’ve ever been to. Services are good. The police are really fast here in responding. The employees here, the staff, the grounds workers, Sac State is really clean and a great campus. I’d recommend it to anyone. I’m glad I didn’t go out of state. The best thing I got is the help with my disability.***

***My department made me feel less self-conscious about my bi-polar and feel confident, like I can succeed, and can do anything.”***

—chronic bipolar, struggled almost my whole life with this.

***“It is extremely difficult if I allow it to be. (What I like here at Sac State is) Making friends and being optimistic against all odds. (What I don’t like is) There is something always trying to keep me down/keep me from graduating.”***

—Bi Polar

***“At first I was afraid to do office hours, but by the end I went all the time. I worked a lot on the computers, joined clubs until the last year when things get busy.***

***My department was really understanding of my disability. My major matched up with me pretty well, and I wasn’t expecting that! I liked working at the Hornet Bookstore. I went to Java City too much.”***

—Autism and Bi-Polar, 28

### ***Bipolar Disorder***

According to the National Institute of Mental Health, “Bipolar disorder, also known as manic-depressive illness, is a brain disorder that causes unusual shifts in mood, energy, activity levels, and the ability to carry out day-to-day tasks.” People with Bipolar Disorder typically experience two very different emotional states: One where they are incredibly “up,” called a manic episode, and one where they feel extremely “down,” termed a depressive episode. There might be times when they experience symptoms of both, termed a mixed episode. An estimated 2.8% of Americans 18 and over had Bipolar Disorder in the year reported, affecting men and women fairly equally, and 82.9% of these cases were severe. Over 4% of Americans experience Bipolar Disorder at some point in their lifetime.

Symptoms of a manic episode include:

- Feeling very “high” or “up”
- Having racing thoughts, feeling “jumpy” or “wired”
- Feeling agitated, irritated, or “touchy”
- Talking very fast, jumping from one idea to another
- Sleeping trouble
- Becoming more active than usual, trying to take on a lot of things at once
- Having an unrealistic belief in one’s abilities
- Risk-taking

Symptoms of a depressive episode include:

- Feeling very “down” or sad, empty, or hopeless
- Feeling tired or “slowed down,” decreased energy and activity levels
- Feeling like nothing is enjoyable to do any more
- Having problems concentrating, remembering, and making decisions
- Sleeping or eating too much or too little
- Thinking of death or suicide, or attempting suicide

Symptoms may vary in type and range from mild to severe in degree of manifestation, depending on the individual, and treatment helps to lower or prevent incidence of symptoms.

(From the [National Institute of Mental Health Bipolar Disorder webpage](https://www.nimh.nih.gov/health/topics/bipolar-disorder/index.shtml)  
<https://www.nimh.nih.gov/health/topics/bipolar-disorder/index.shtml>  
 and other information)

## Schizophrenia

*“As a person with schizophrenia and depression I feel appreciated and cared for and the school has many events and social things to participate in and not feel left out.*

*I like the Sac State environment. Everything doesn’t feel as fast paced and it feels like a united community rather than people paying to receive education. Sac State’s financial packet is more than helpful so much financial burden is taken off my shoulders just because everything is so affordable and Sac State helps.”*

—18, female, schizophrenia/depression, first member in family to go to College

*“I do not recognize myself without my meds. I do not like who I am.*

*I don’t know what the future holds. I have to try to just live my life.”*

—male, 22, schizophrenia

## Schizophrenia

According to the National Institute of Mental Health, “Schizophrenia is a chronic and severe mental disorder that affects how a person thinks, feels, and acts... (with) symptoms (that) can be very disabling. Approximately 7-8 individuals out of 1,000 will have Schizophrenia in their lifetime.” Studies show a range in the prevalence of Schizophrenia and related psychotic disorders from 0.25% to 0.64% of the American people. Diagnosis usually occurs in the late teens to early twenties for men and early twenties to early thirties for women.

People with Schizophrenia may:

- Have delusions—they might believe they are a famous figure or believe other people are reading their minds, controlling their thoughts, spying on them, or plotting to cheat or harm them
- Have hallucinations—they might see, taste, smell, feel, or hear other things that no one else can; especially common are “voices” that order them to do things or warn them of perceived dangers
- Try to isolate themselves—sit for hours, without moving or talking, and speak only very little when forced to interact
- Talk less or speak strangely—use meaningless, made-up words, talk in a garbled way that is hard to understand, or stop mid-sentence when speaking
- Show little affect—speak in a flat, dull voice, with little facial expression
- Have difficulty making it through the day—find little pleasure in life, lack ability to plan and carry out activities and endeavors
- Have "cognitive symptoms"—trouble focusing and paying attention, impaired ability to understand information and apply it to decision making, difficulty remembering information immediately after learning it

Please note that most people with schizophrenia are not violent. In fact, “People with schizophrenia are much more likely to harm themselves, than others.”

Symptoms may vary in type and range from mild to severe in degree of manifestation, depending on the individual, and treatment helps to lower or prevent incidence of symptoms.

(From the [National Institute of Mental Health Schizophrenia webpage](https://www.nimh.nih.gov/health/topics/schizophrenia/index.shtml)  
<https://www.nimh.nih.gov/health/topics/schizophrenia/index.shtml> and other information)

## And More

In the prior pages, descriptions were given of the mental illnesses that students spoke about or referenced. There are, however, many other types of mental health problems, including Personality Disorders, Eating Disorders, and Phobias.

### *Personality Disorders*

Someone with a Personality Disorder has thoughts, feelings, and behaviors that differ significantly from the culture in which they live and that may adversely impact daily living, yet the individual nonetheless perceives their cognitions and actions as appropriate. An estimated 9.1% of Americans 18 and over have a Personality Disorder.

Personality Disorders include the following:

#### *Antisocial Personality Disorder*

A person with Antisocial Personality Disorder (sometimes called Sociopathic Personality Disorder) “may disregard social norms and laws, repeatedly lie, place others at risk for their own benefit, and demonstrate a profound lack of remorse.” An estimated 1.0% of Americans 18 and over has Antisocial Personality Disorder.

#### *Avoidant Personality Disorder*

A person with Avoidant Personality Disorder would have “extreme social inhibition (shyness), feelings of inadequacy, and acute sensitivity to actual or perceived rejection” which leads to avoidance of social situations that adversely affect daily living.

#### *Borderline Personality Disorder*

A person with Borderline Personality Disorder would “experience intense bouts of anger, depression, and anxiety that may last for only a few hours to a day.” The extreme mood swings can lead to impulsive actions, unstable relationships, distorted perceptions of self and others, and self-harm thoughts and behaviors. An estimated 1.4% of Americans 18 and over has Borderline Personality Disorder.

(From the [National Institute of Mental Health Personality Disorders webpage](https://www.nimh.nih.gov/health/statistics/personality-disorders.shtml),  
<https://www.nimh.nih.gov/health/statistics/personality-disorders.shtml>

And other information regarding *Antisocial Personality Disorder* and *Avoidant Personality Disorder*,

as well as the [National Institute of Mental Health Borderline Personality Disorder webpage](https://www.nimh.nih.gov/health/topics/borderline-personality-disorder/index.shtml)  
<https://www.nimh.nih.gov/health/topics/borderline-personality-disorder/index.shtml>  
 and other information)

## ***Eating Disorders***

A person with an Eating Disorder is not making a lifestyle choice, but, rather, has a “serious and often fatal” mental health illness that can “cause severe disturbances to a person’s eating behaviors,” as well as potential “obsessions with food, body weight, and shape.”

Common Eating Disorders are Anorexia Nervosa, Bulimia Nervosa, and Binge-Eating Disorder.

### ***Anorexia Nervosa***

Anorexia Nervosa has the highest death rate of any mental disorder due to complications of starvation or suicide. An estimated 0.6% of Americans 18 and over will have Anorexia Nervosa in their lifetime, with women three times more likely than men to have the disorder, and the average age of onset 18 years old.

### ***Bulimia Nervosa***

Bulimia Nervosa is a disorder that an estimated 1.0% of Americans 18 and over will have in their lifetime, with the average age of onset 18 years old, and women five times more likely than men to have the disorder.

### ***Binge-Eating Disorder***

Binge-Eating Disorder is the most prevalent eating disorder in the nation. An estimated 2.8% of Americans 18 and over will have Binge-Eating Disorder in their lifetime, with the average age of onset 21 years old, and women three times more than men to have the disorder.

(From the [National Institute of Mental Health Eating Disorders webpage](https://www.nimh.nih.gov/health/topics/eating-disorders/index)  
nimh.nih.gov/health/topics/eating-disorders/index  
and other information.)

## ***Phobias***

A person with a specific phobia feels extreme and consistent fear or avoidance of something (e.g., heights, spiders, or flying). An estimated 9.1% of Americans 18 and over has a specific phobia (with 21.9% of these cases classified as severe), and women at a little over twice the rate of incidence than men. About 13% of the American people will experience a specific phobia at some point in their lifetime.

Agoraphobia, for example, “involves intense fear and anxiety of any place or situation where escape might be difficult, leading to avoidance of situations such as being alone outside of the home; traveling in a car, bus, or airplane; or being in a crowded area.” An estimated 0.9% of Americans 18 and over has Agoraphobia, with 40.6% of these cases classified as severe. About 1.3% of the American people will experience Agoraphobia at some point in their lifetime.

(From the [National Institute of Mental Health Phobias webpage](https://www.nimh.nih.gov/health/statistics/specific-phobia.shtml)  
https://www.nimh.nih.gov/health/statistics/specific-phobia.shtml  
and the  
[National Institute of Mental Health Agoraphobia webpage](https://www.nimh.nih.gov/health/statistics/agoraphobia.shtml)  
https://www.nimh.nih.gov/health/statistics/agoraphobia.shtml)

## What We Can Do

Students with mental health conditions may go about their lives positively and productively, studying and working hard, and enjoying the campus and all it has to offer. There may be other students, however, who are struggling with the symptoms of their psychological conditions, and still more without any prior history may experience the first onset of symptoms here in college—and don't know why they no longer feel like themselves or what to do. Research tells us that some of these students may either drop out or fail out of college due to mental health conditions, some never to return.

### *See Something, Say Something, Do Something*

As faculty and staff, we may see a student in our class or office who appears to be struggling. When we see something, we are encouraged to say or do something—but we don't always know what. When uncertain about how to handle a situation with a student, there are multiple options available:

#### ***Red Folder***

The California State University asks that you trust your instincts and do something when a student's behavior troubles or worries you. The Red Folder provides a protocol for determining the appropriate response to students who are distressed or disruptive; lists academic, psychological, physical, and safety indicators; and offers resources and tips. The Red Folder is accessible on every Sacramento State computer desktop and online:

[Red Folder Website](https://calstate.edu/red-folder/?campusSel=Sacramento) <https://calstate.edu/red-folder/?campusSel=Sacramento>

#### ***Behavioral Intervention Assistance***

The Behavioral Intervention Team is a resource for faculty and staff to address students displaying behaviors of concern in variety of settings, including the classroom, an office or service location, an on-campus job, or while participating in an extracurricular activity. Once a report of concerning behavior is received, the Behavioral Intervention Team will reach out to the student to intervene, provide support, and connect them with resources that can assist them.

[Behavioral Intervention Assistance Website](https://www.csus.edu/student-affairs/crisis-assistance-resource-education-support/behavioral-intervention-assistance.html)  
<https://www.csus.edu/student-affairs/crisis-assistance-resource-education-support/behavioral-intervention-assistance.html>

#### ***Student Health and Counseling Services (SHCS)***

You may also consult with campus Counseling Services by calling SHCS and identifying yourself to the receptionist as a faculty or staff member with a question or concern regarding a student, and will be put through to a counselor to discuss the matter.

Phone: (916) 278-6461  
[SHCS Website](https://www.csus.edu/student-life/health-counseling/) <https://www.csus.edu/student-life/health-counseling/>

***Make it Easier for Them to Seek Help for Themselves***

We will not always see when a student needs help, and they may not once ever say they want it or seek it out.

It can be terribly difficult for those with psychological struggles to reach out. Societal stigma can silence people, even those desperately wanting to ask for help. Certain cultural, religious, occupational, and other factors can further quell desire to self-disclose or discourage receiving services for mental health conditions. *And so they struggle on alone.*

As those who work at an institution of higher education that understands clearly and compassionately the realities of mental health conditions, there are things we can do to make things easier for students.

***We can help students to see that psychological struggles likely occur at least once in one's life.***

Statistics from the U.S. Department of Health and Human Services provided earlier show the real prevalence of mental health conditions and, therefore, bear repeating here:

1 in 5 adults in the nation experienced a mental health issue,  
1 in 10 young people experienced a period of major depression, and  
1 in 25 Americans lived with a serious mental illness, such as schizophrenia, bipolar disorder, or major depression.

***We can help students to realize that college can be an especially stressful time for many.***

The rigors of academics, as well as other responsibilities, including work, family, and everything else going on in the busy life of a student can sometimes cause overwhelm, anxiety, or depression, or worsen the state of students already struggling with these emotions. The time in the semester around midterms and finals can be even more difficult for students. Consequently, campus counseling centers across the nation report higher numbers of students coming in for services every year.

***We can help students to see the value of services.***

“There are more treatments, services, and community support systems than ever before, and they work,” the U.S. Department of Health and Human Services notes, and “studies show that people with mental health problems get better and many recover completely...are able to live, work, learn, and participate fully in their communities.” Seeking help is the best thing a student can do when struggling with mental health issues. Yet only 44% of adults with diagnosed mental health problems get the treatment they need—less than half.

***We can make sure students see all the help offered on our campus and how to get it.***

You will find a list of campus resources to follow that would be tremendously helpful to students in need.

## Campus Resources

### ***Counseling (Student Health and Counseling Services)—***

Helps students to cope with such things as stress, academic difficulties, cultural adjustment, relationship issues, anxiety, depression, bereavement, post-traumatic symptoms, questioning sexuality and coming out, eating disorders, addiction and alcohol abuse. The privacy and confidentiality of all who use Counseling Services is maintained fully within the bounds of law and professional ethics.

Location of Counseling Services: The WELL, Second Floor      Phone: (916) 278-6461

Location of Urgent Care Clinic: The WELL, First Floor

[Counseling Services Website](https://www.csus.edu/student-life/health-counseling/counseling/) <https://www.csus.edu/student-life/health-counseling/counseling/>

*Students in an immediate crisis* should contact 911 or the Suicide Hotline at 1-800-273-TALK (8255).

Students with urgent concerns who would like to see someone right away may walk in to receive counseling at the Urgent Care Clinic (WELL, First Floor) any time during its hours of operation or call to speak with the After Hours Nurse at: (916) 278-6461.

Students who want to receive counseling or explore if counseling is right for them may schedule an appointment by calling or coming in Counseling Services, or going online through the Patient Portal. This typically begins with a consultation appointment, where the student can talk about their concerns and receive support and feedback. Many students find that they feel better and their needs are met in just one session. Students who want to continue counseling may choose individual counseling in follow-up single session appointments (to meet their needs in the moment) or short-term individual therapy (more than one session with the same mental health clinician). Students may also join group therapy (with five to ten other students): There is a diversity of groups (including those for men, women, LGBT students, international students, and undergraduate students) and topics (including groups for anxiety, anger management, mindfulness and meditation, creating good habits, coping with loss, improving relationships, and surviving family dysfunction).

### ***Services for Students with Disabilities (SSWD)—***

Offers a wide range of support services to ensure students with disabilities have equal access and opportunity to pursue their educational goals. Application instructions are provided on the website for students with mobility or other physical disabilities, blindness/visual impairment, psychological disorders/cognitive disabilities, learning disabilities, and ADD/ADHD, and students who are deaf/hard of hearing. Services and accommodations for students may include, but are not limited to: specialized educational materials, adaptive equipment, adaptive computer training and use, note-taker services, testing accommodations, consultation with faculty for students with special academic needs, library assistance, disability management advising/counseling, on-campus housing accommodation, and graduate and professional

program assistance and information referrals. Students with questions and faculty with inquiries or wanting to make a referral are welcome to contact or come by the office for more information.

Location: Lassen Hall 1008

Phone: (916) 278-6955

[SSWD Website](https://www.csus.edu/student-affairs/centers-programs/services-students-disabilities/) <https://www.csus.edu/student-affairs/centers-programs/services-students-disabilities/>

***CARES (Crisis Assistance and Resource Education Support)***—

Provides support to students who are experiencing unique challenges to their education or are in crisis. CARES gives referrals to campus and community resources and follow-up support to address a variety of issues, including but not limited to: mental or physical health and wellness, transportation barriers, and financial, housing, and food struggles.

Location: University Union, First Floor 1260

Phone: (916) 278-5138

[CARES Website](https://www.csus.edu/student-affairs/crisis-assistance-resource-education-support/) <https://www.csus.edu/student-affairs/crisis-assistance-resource-education-support/>

(With appreciation to all who work with students struggling with psychological problems or disabilities on our campus, and especially to Ronald L. Lutz, Clinical Director, Student Health and Counseling Services, and Services to Students with Disabilities, for assistance with this information.)