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## Going to a Psychiatric Hospital Saved My Life and My Student Affairs Career

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## Going to a Psychiatric Hospital Saved My Life and My Student Affairs Career

Jo Wilson

The ongoing mental health crisis for college students has been a notable topic in recent years and while a necessary conversation, this often overlooks an underlying mental health crisis for higher education staff and the connection between both crises. As a former mentally ill graduate student and now (still) mentally ill student affairs practitioner, the connection is clear and a conversation now is critical. Using my personal narrative as a current practitioner, self authorship, and disability theory intersections, I am using this piece as a counternarrative and interruption to traditional student and staff development. Lastly, I seek to encourage a view of personal development as nonlinear, and even sometimes circular, and to challenge ableist notions of ‘professionalism’ for fellow staff with mental illnesses.

*Content Warning:* Mental health, gender identity, mention of police and psychiatric hospital staff

### ***Dedication***

This piece is dedicated to the following people:

- To the amazing faculty of the UVM HESA program who worked with me at this tumultuous and critical point in my life (most notably Drs. Tiffanie Spencer, Tracy Arámbula Turner and Jason Garvey)—you taught me there is always a community to support in times of crisis and that there is no shame in advocating for yourself.
- My practicum supervisor, Catarina Campbell (HESA alumna, 2015), who taught and reinforced in me that rest and self-wellness is a radical and liberatory act—even in a more “progressive” field—and a passion to help and support others (especially myself).
- My HESA cohort (class of 2021) — I absolutely could not have made it through this chapter of my life without your support.

And absolutely the most important, younger Jo in 2020. The decision you are making may seem terrifying and you may regret it at some points...but you will be alive and so proud that you did make it years later.

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*Jo D. Wilson (they/them) is a 2021 UVM HESA alumna and currently works as a Community Director at George Mason University. They are proudly queer, disabled, and a first generation student and hope to support all minoritized students, staff, and faculty and aspire for a more equitable higher education.*

### **Going to a Psychiatric Hospital Saved My Life and My Student Affairs Career**

College students experiencing mental health issues, while not a recent phenomenon, has only been more seriously studied for the past two decades (Brown, 2004). Especially as the ongoing COVID-19 pandemic has furthered mental health issues and placed a large strain on existing campus mental health resources—higher education has had a rude awakening regarding the response to students in crisis (Czeisler, et al., 2020). Additionally, holistic wellness for staff and faculty has taken a dive, leading to many employees questioning their ‘why’ of working in higher education (NASPA, 2022). As a current student affairs practitioner, this piece focuses on the ongoing student and staff experiences (especially the connection between the two).

Mental health struggles have been familiar to me for years, even as early as age ten. By my second year of undergrad in late 2016, grappling with mental health and a jarring election result, I was forcibly escorted to a county mental health office by local police —something that equally helped and harmed long term. October, 2020: I made a bold and brave decision, mid graduate school, to admit myself to a psychiatric hospital on the other side of the state<sup>1</sup>. I had been contemplating this decision for at least ten years and always ended up saying no, despite how serious my mental health issues were. I always felt like pushing forward and finishing my education and not wanting to be behind. One of my beloved mentors, Dr. Katie Stygles, always told me “you can’t pour from an empty glass,” throughout my time as an undergraduate; only then, at my worst, I had finally started truly living this phrase. Through this piece, I will discuss the impact of prioritizing my mental health, disabilities, and whole self while navigating higher education and student affairs as a field.

### **Grounding Frameworks and Roadmap**

I largely use my personal narrative as a student affairs practitioner who is living with mental illnesses, via Nash’s (2004) scholarly personal narrative. In addition to my personal knowledge I have gained through taking charge of my mental health narrative, I use Baxter Magolda’s (2001; 2008) stages and elements of self-authorship to map my development as a practitioner and student. Although not a critical framework for this piece, I am deeply inspired by Linehan’s work developing Dialectical Behavior Therapy (DBT) based on her own experiences with mental illness (Carey, 2011). This similar approach in DBT of using personal mental health development and experiences greatly informs the narrative of this piece.

When thinking about next steps and higher education ‘post-ableism’ or ‘decolonized,’ I reference the following: Price (2011) regarding ongoing psychological ableism in higher education, Setzer (2020) for the inherent intersection of ableism and decolonization in liberation of disabled folks, and Bocado (2020) and Dolan (2019) regarding increasing accessibility of student affairs. These next

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<sup>1</sup> While far away, this hospital had an LGBTQ+ focused unit, something I thought would be beneficial given my transphobic medical staff interactions over time; the actual interactions told me otherwise.

steps are particularly important when focusing on development as a practitioner and someone who works with college students—what Baxter Magolda may classify as “securing internal commitments” (2008). Most importantly, I hope these frameworks, alongside my experience, can create a path towards a ‘professional culture’<sup>2</sup> of student affairs that includes and supports mental illness (and other intersecting identities) of staff members to bring out the full potential of supporting students (Bocado, 2020; Lynch & Glass, 2019).

### **Previous Experience and Positionality**

I ground this work using my personal narratives and experiences as a source of knowledge (Nash, 2004). I am a white, nonbinary, queer person who grew up in a poor household and became a twice first generation student (undergraduate and graduate) all while managing mental illnesses and other disabilities. This is critical to my narrative because of the interconnection of my class, gender identity, and disabilities—along with the resilience I have had to develop balancing these identities. Despite the common narrative of “resilience” as adaptation to trauma, I largely focus on Dolan’s (2019) redefinition of resilience as creatively finding methods to survive—and even thrive—in a society that works diligently to push us out. In addition to my discoveries of LGBTQ+ resources in higher education as a first generation queer, trans student (Wilson, 2020), I struggled with finding appropriate mental health resources on and off campus in my education. Most of all, despite clear gaps across identities, one of the largest barriers I faced—and continue to—is the cultural and professional belief that students can face mental health issues, but staff are not allowed to. Given this, I deeply appreciate the work done by Bocado (2020) and Dolan (2019) to bring full humanity to the field and focusing on a lifelong human development model of mental health and recovery.

### **Student/Practitioner Development through Crisis**

Although I was still a student when I admitted myself to the hospital, I felt a great pressure regarding my decision and a nagging feeling that the best case scenario would be losing my jobs and positions due to extended time away. Although I persisted and listened to my “internal voice,” as Baxter Magolda (2008) names it, this internal voice was one of many in a disharmonious choir of what had been taught to me so far. Even though I finally made this decision that I knew would be for the best, I continued to have regrets and thought this was not the right decision. I was anxious that I would be behind forever as a grad student and thought quitting the program may be the best choice at the time, anxious that I would ruin my ‘reputation’ as an upcoming student affairs practitioner, anxious about the misgendering and lack of queer inclusion in the hospital (a separate important conversation);

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<sup>2</sup> I use this term loosely, especially given professionalism’s ties with white supremacy culture (Gray, 2019).

the list went on and on. Leaving the hospital, I initially felt somewhat better, but still had a lingering feeling that I would regret it long term. Particularly going through this new treatment.

### **Self- Authorship and My (New) Narrative**

Moving into my first professional role, I hesitated to even mention this experience to my students in mental health crises as to maintain a ‘professional status’ as a new practitioner. It almost felt that as a now non-student, my development regressed back to Baxter Magolda’s (2001) first stage of “following external formulas” as I let stigmas and stereotypes dictate my life. I was convinced that the student development theories taught while I was in graduate school could not be relevant as a ‘grown up’ in the field now. I even felt a (nonexistent) judgment even speaking with colleagues and my students about having a therapist as a now-practitioner. It was not until interacting with the first students I supervised that I realized so many current college students want transparency aside from institutional procedures: they want to know their supervisor is a real person.

Price (2011), acknowledging my fears in addition to Siebers’ (2011), acknowledges that higher education, while usually not the “men in white coats dragging people away” (p.6), mentally ill folks in higher education face a feeling to drop out, a push out of working in higher education, and a pull towards ‘less than’ our potential due to the lack of support. As mentioned earlier, I largely delayed getting this help that I knew, deep down, would be beneficial for me. It was not until I first saw a psychiatrist at age 19 that I encountered one of Baxter Magolda’s (2001) first “crossroads” for my mental health generally, and again at 23 (mid graduate school and pandemic) when I incorporated my ‘professional’ self in this development crossroad, overcoming the downward pull Price mentions. One of the most influential discoveries while I was at the psychiatric hospital was that my mental illnesses and disabilities are part of myself and my identity, but are not my full being or centerpoint as a practitioner or human being. This cross into “self-authorship” allowed me to identify with and embrace my mental health struggles that inform my position as a practitioner (Baxter Magolda, 2001).

Although not immediate, I have been able to settle into the “personal foundation” stage regarding my mental health following my stay. Not only has this largely helped my development and, in the long-term, saved my life—it has given me a purpose to stay in student affairs, despite the high numbers of expatriation and career uncertainty. A large part of what has, surprisingly helped me settle to be more accepting of my disabled/mentally ill identity was that it *is not* accepted at any level (including staff/faculty). Siebers (2011) writes that “[h]igher education has a strong interest in purging people with mental disabilities,” and while focusing mostly on “teachers” and faculty, alludes that all higher education professionals with mental disabilities exist on the margins due to a lack of acceptance for how our disabilities manifest. While I have been fortunate to have many supportive supervisors as a graduate student and full-time practitioner—that support can only go so far when working in a larger system that is not meant to support us.

### **Supporting Staff with Intersecting Identities**

As mentioned earlier, there are many other implications to consider when supporting our students and ourselves through mental health situations. Outside of my narrative, many individuals may run into additional barriers in getting help and having support at their institution. As a white person, my experiences do not reflect the additional stresses and burdens on staff who are Black, Indigenous, and other People of Color (BIPOC), including the lack of action done to promote racial justice in higher education (NASPA, 2022). Prior to the most recent national racial reckoning in 2020, BIPOC staff have experienced great traumas trying to exist and develop resilience to survive (Dolan, 2019). Particularly for Black staff members, the ‘resilience’ has often resulted racial battle fatigue, only compounded by a general lack of supportive and non-traumatizing mental health assistance (Husband, 2016). Lastly, with a highly globalized world with social media and other online outlets, and an increasing international student population—student affairs staff must be aware of what resources are available to and holistically supportive to students studying internationally.

With my personal identities, there is a national crisis with existing—let alone educating as—a transgender or nonbinary individual (Branigin & Kirkpatrick, 2022). There still is ongoing violence to those who align with the queer community regarding their sexuality. Related to Bocado’s (2020) work, there needs to be additional resource access for students and staff/faculty regardless of lower income. In my own experiences, I have taken Uber rides to the emergency room as a cheaper ambulance alternative and cut corners to make up for lost wages after going to the psychiatric hospital—even if these measures were only perceived and not necessary. Even as a full-time staff member, the financial barriers and anxieties are still very present and can even hinder finding regular counseling. Lastly, while not an identity but an intersecting experience: we must be aware that our students may have varying experiences (and traumas) with different mental health resources. Thinking back to my experiences, going to a local mental health office and a state psychiatric hospital through my education was a helpful “crossroads,” yet having unhealthy and traumatic experiences with police officers and hospital staff who misgendered and belittled by experience up to the intervention point deeply fueled my already held “external formula” (Baxter Bagolda, 2001).

Lastly, there is a strong and important intersection between disability and mental health support—especially when regarding mental illnesses as disabilities in their own regard. Since the conception of the Americans with Disabilities Act (1990), mental illness like chronic depression, post-traumatic stress disorder, and many more have been listed as legally protected disabilities and many disabled activists have claimed the term to better describe their experiences and promote further disability liberation (Bocado, 2020). Even within the past decade, most college students associated the word ‘disability’ with physical and other ‘visible’ disabilities only (Gruttadaro & Crudo, 2012, as cited in Bocado, 2020). Not only is this an unhealthy and problematic view of disabilities for people with mental illnesses, this can further existing issues for people with ‘invisible’ disabilities and for people

with both mental illnesses and other comorbid disabilities. Cree and colleagues (2020) show that people with disabilities are much more likely to have comorbid mental and psychiatric disabilities and societal stigma relating to all of the disabilities can further exacerbate symptoms of all one's diagnoses. It is important to note, this is not exhaustive of all of the potential identity intersections that can exist, and I strongly suggest further research and narratives to be included to see the full scope of how mental health impacts staff members.

### **Conclusion and Future Implications**

I write this now over two years after being released from the hospital and finding a new lease on life but also acknowledging the obvious of getting help: it does not solve every problem. There are a great number of staff narratives that have come to light regarding the mental health issues and burnout associated with modern student affairs work. Although there are many overarching issues causing these concerns, the largest factor that has helped me has been developing a compassion for my whole self: however that manifests. I believe that modeling this behavior of self-support (rather than the stereotypical 'self-love') can reinforce our personal foundation and can start a developmental "crossroads" or even a new "external formula" for the students we work with as practitioners (Baxter Magolda, 2001). Although I have started my personal research into student development with dialectical behavior therapy through graduate school, I believe doing further research into how other treatments and mental health efficacy supports college student development could be critical.

Given the minoritized identities I hold and others I do not that are represented in student affairs staff, further work needs to be done (in and outside of research) to address these inequities. In my year and a half as a full time professional, I have seen dozens of Black, Indigenous, and other People of Color staff leave student affairs as a field because of the compounding effects of racial and job-related trauma (often related to Husband's [2020] piece). Most importantly, expanding awareness of mental health and access to appropriate resources is critical—yet dismantling aspects of student affairs that exacerbates mental health symptoms like burnout and trauma. Additionally, while acknowledging the generational trauma (or trauma overtime accumulating from parents to children) and distrust built between minoritized groups (notably BIPOC in student affairs), further research—especially quantitative research—must be conducted to further elaborate on what many practitioners—including myself—have noted qualitatively over the past decade. In the light of the ongoing Great Resignation, it is also critical for supervisors and administrators to acknowledge how trauma impacts retention and dedication to work (Hawes and Reynolds, 2022)

As we as student affairs practitioners look ahead to how we can best transform and adapt the field for our students and staff/faculty, one of the most profound things we can do to nourish ourselves and disrupt lingering colonial ideologies is to practice self-love and support. In this field, despite the efforts that have been made, we can further collectively transform and decolonize higher

education by becoming self-advocates and recognizing growth and professionalism were never meant to be linear nor unified. Lastly, similar to Dolan's (2019) anecdote regarding the evidence proving many minoritized students are "resilient" because of their way to adapt to varying institutions, the barriers that mentally ill and otherwise minoritized staff and faculty face are increasingly clear. While minoritized (particularly disabled) staff are resilient because of the trauma we have endured and struggles we have faced—we are resilient because every mentally ill student affairs practitioner continues to show up, support students, and works to create a truly disability inclusive higher education.

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