



# The GAMHAA Ray

NEWSLETTER OF THE GRADUATE ASSOCIATION OF MENTAL HEALTH  
ACTION AND ADVOCACY AT THE OHIO STATE UNIVERSITY

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**GAMHAA Executive Committee**  
Colleen Morrissey, President  
Kristin Ferebee, Vice President  
Sean Kamperman, Treasurer

### Next Meeting

Monday, December 11<sup>th</sup>  
5:00 - 6:00 pm  
Research Commons Room 325  
18<sup>th</sup> Avenue Library

### MISSION STATEMENT

The Graduate Association of Mental Health Action and Advocacy provides support and advocates for the needs of OSU graduate students' mental health and wellness. We aim to provide the opportunity for students to join together to make the university a healthier, more egalitarian place by spreading awareness, enacting anti-stigma initiatives, and advocating for positive grassroots change in the way graduate study is conducted at OSU.

## The GAMHAA Ray—All Charged Up And Ready to Go

You're holding the product of graduate students' collective effort to shed light on and advocate for our mental health and wellness here at OSU. The Graduate Association of Mental Health Action and Advocacy (GAMHAA) is a brand new organization, formed this year amid the plethora of research testifying that graduate students are much more likely to experience mental health challenges than undergraduates and general members of the population. GAMHAA was founded to spread awareness and enact change in the knowledge of grad students' unique position, and our first goal was to build a platform to voice our experiences, to advocate for our wellness, and to inform our fellow students of mental health resources on and off campus. This publication, The GAMHAA Ray, is that venue, and we hope you will find it both a source of information and a way of making your own stories heard. With the awareness of the many ways that mental health intersects with race, class, gender, sexuality, ability, and so forth, GAMHAA seeks to represent the spectrum of graduate student experience. Please consider becoming involved with our organization or sending us your own stories, concerns, and feedback. Help us enact positive change for grad students.

Colleen Morrissey  
GAMHAA Founding President

# GRAD STUDENT STORIES

Mental health tends to enter conversation as an abstract idea, as a sort of complex yet static puzzle. This approach has proven useful in producing change within the university system—an increasing openness to accommodation outside of the official apparatus of Disability Services, attention to an ethics of care that addresses the wellbeing of students and instructors, and so on. Still, discussions of wellness (whether mental or physical) are better served by an awareness of how wellbeing is experienced by those within the university system.

Starting with this issue, GAMHAA's newsletters will feature graduate students' reflections on the academy's influence on mental health. In the coming semesters we hope to share stories from a wide range of The Ohio State University's many academic programs. If you would like to contribute to this feature, please contact us at [gamhaa.osu@gmail.com](mailto:gamhaa.osu@gmail.com).

**D**o you blame me if I've become a bit of an evangelist of Xanax? I take it every day—on my doctor's orders. It's called a scheduled dose. It's not very much. I've seen the same psychiatrist for more than two years now, so she knows me well enough to know that I'm not going to binge, sell, snort, or otherwise what-we-call-"abuse" my prescription. I have no reason to. I experience no noticeable high. What Xanax does, in combination with my other three anti-anxiety medications, is enable me to wake up each morning and leave my apartment. No; that's maybe a little unfair; in the light of the strange rays of optimism I'm finally, after years of psychiatric treatment, beginning to accept as my own, I can say that I'm no longer simply waking up and leaving my apartment. I feel, perhaps for the first time in my life, like a human being.

The Xanax was a late and last-resort measure, after a long summer-into-autumn during which things became very paralyzing indeed. Nothing in my life was noticeably in crisis—in fact, things were going ever-better, certainly better than they had been when I was prone to panic attacks, agoraphobia, or periodic muteness—but I had begun waking up every morning into a sense of staticky, buzzing, sourceless dread so profound and upsetting that I was incapable of doing anything other than watching TV or turning any source of noise on to drown it out. It was, in some as-yet-unsolved-way, circadian: by three or four in the afternoon, it was always gone. But that was the day, too: gone, with no

work accomplished. I was supposed to be doing research. I was supposed to be plowing through stacks of books.

In some ways I was, and am, fortunate: I'm one of those people who get facilely labeled "geniuses," meaning that I'm very good at solving trivial problems very quickly. I read at a rate that people tend to disbelieve; I can knock off papers without effort or outline. I almost never actually fail at an assignment, simply because they all take so little time and effort from me. I bring this up because it's very hard to live like this and also explain to someone that you're completely falling apart as a person, that you spend, literally, half of your waking hours doing nothing except trying to be. They don't believe you. They think you're exaggerating, or they think that it doesn't matter, because surely it can't be a problem (or a very serious problem) if you're still, somehow, managing to do the work. Even a psychologist once told me, that I ought to just try not focusing on the negative parts of being a person whose brain works very differently. I don't know why it's so hard to imagine that suffering itself might matter, or that it might exhaust you, or that you might feel crushed by the knowledge of what you could have been doing if it wasn't for... Or that you might simply feel crushed by someone refusing to acknowledge what you're trying to tell them. "I'm struggling." "I'm really struggling." "This is not the way that anyone should have to live."

—Anonymous

Over the course of this year I've come to understand teaching as a black box—a strange contraption whose inputs and outputs are clear, but whose inner mechanisms are all but invisible. In some ways this inscrutability is unavoidable in the classroom, but my anxiety increased upon being diagnosed with ADHD this spring. I was 24 years old then. Although the diagnosis made a lot of things make sense, it came out of nowhere.

I have to count on my students understanding that I disclose my severe ADHD not so that I can excuse myself for misplacing things, forgetting to follow up on e-mails, and so on, but rather so they can know that if these things do happen, they're not indicative of a lack of care. I have to count on this understanding, but there's very little way of ensuring that it happens. The black box appears to work the other way around as well. If I don't disclose, and I fall into these kinds of disorganized patterns, then when they try to make sense of my actions they may conclude that I'm not committed to them, to my job, to the values of my profession.

But teaching is also a Pandora's box. If I do disclose—a move that I feel is necessary to make—then to some degree I'm at the mercy of my students. I run the risk of setting things up so that pedagogical mishaps are read as symptoms. I have to accept the possibility that every

mistake will now be hypervisible, and that my students' willingness to work with me as I figure out how to best meet my needs and theirs depends in part on the temperament of the class, on their stress levels at a given point in the semester, on any number of little things.

And yet I disclose. I can't figure out a way to hold my head up as a teacher when I know that I'm liable to fumble classroom management on a magnificent scale—maybe not on a regular basis, but enough to be noticeable to my students. This is one of the drawbacks of receiving a diagnosis of severe ADHD in adulthood. This is the power and the pain of realizing that it's not that you're naturally incapable of keeping things together, but having to figure out through trial and error how you might start to do so.

I'm coming to the end of my second semester post-diagnosis. I wish I could say that I've made huge strides in my pedagogy, that I cracked the code once I realized that I needed to do things this way instead of that way, but this isn't the case. My only measurable progress is the growing list of strategies that haven't worked. But this too is progress. This too is progress.

—Lindsay Harper Cannon  
Department of English

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## CGS SURVEY SHEDS LIGHT ON GRADUATE STUDENT WELLNESS

MATT CONNOLLY

The following information is derived from last year's "Health and Wellness Survey" created and distributed by the Council of Graduate Students (CGS). We would like to thank CGS' Health and Wellness Committee for allowing us to reproduce these results, especially the designer of the survey, Laura Hopkins, and committee member Prashant

Serai, who compiled the results report. Reflecting 672 graduate student responses, the results help give us a better picture of graduate student awareness and utilization of health and wellness resources at OSU.

Continued on pg. 4

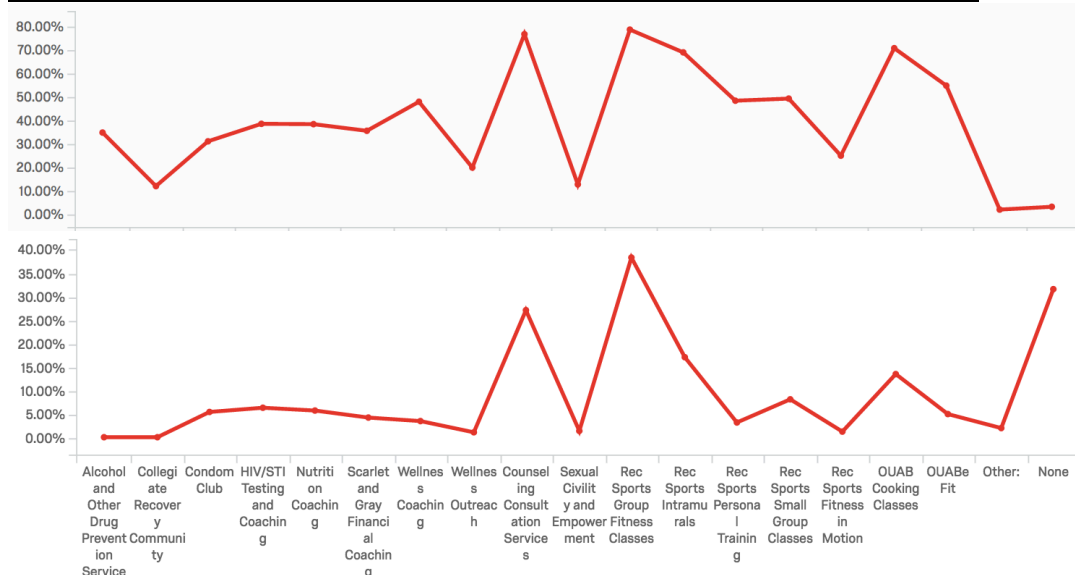
**Demographics:**

Total Number of Responses: 672

Graduate Level: 57% PhD, 36% Masters, 6% Graduate Professional, 1% Other

Year in program: Median: 2<sup>nd</sup> year, Mode: 2<sup>nd</sup> year, Mean: 2.93 years, Range: 1 to 7+**Resource Awareness and Utilization****Awareness:**

Percentage of Students Aware	List of Health and Wellness Resources
10-30%	Collegiate Recovery Community (12%), Wellness Outreach (20%), Sexual Civility and Empowerment (13%), RecSports Fitness in Motion (25%)
30-40%	Condom Club (31.1%), Alcohol and Drug Prevention Services (34.82%), Scarlet and Gray Financial Coaching (35.57%), HIV/STI Testing/Coaching (38.54%), Nutrition Coaching (38.39%)
40-60%	Wellness Coaching (47.92%), Rec Sports Personal Training (48.36%), Rec Sports Small Group Classes (49.26%), OUABe Fit (54.76%)
60-80%	Rec Sports Intramurals (68.90%), OUAB Cooking Classes (70.68%), Counselling and Consultation Services (76.64%), Rec Sports Group Fitness Classes (78.57%)
2.08%	Other Resources (Aggregate List: Student Legal Services,OUAB Wellness Wednesday and Professional Development, Career Counseling and Support Services, Buckeyes for Wellness, Wilce Student Health Center, REACH suicide prevention training,Younkin Success Center, Addiction recovery services;addiction recovery awareness)

**Percentage vs Awareness (top)/Utilization (bottom) – please note the different scales on the Y-Axis.**



# TAKE CARE! | A RECURRING SEGMENT ON THE WAYS WE LOOK AFTER OURSELVES

## BREAD AND CARE

RYAN SHEEHAN

The first loaf of bread I made was in my galley kitchen, my roommate off to one side watching me as I struggled to knead the dough, shape it, and then bake it. It was in that initial kneading process that I realized baking bread was a laborious thing, sweat dripping from my brow and narrowly avoiding the globs of dough, my fingers webbed to the point where I could no longer splay them. It was a messy endeavor, and my shoulders ached for hours after. But I was so enamored with that first loaf: it smelled divine, even though it was misshapen, and I reveled in the satisfaction of watching my roommate dig into the gluten pillow I had made from scratch.

It wasn't until many loaves and recipes later that I learned the truly amazing thing about bread: it requires relatively few resources, and thus has served as a cornerstone of countless civilizations' food supplies. The only required ingredients are flour, water, yeast, (sometimes) salt, and patience. Bread, as I understand it, came from a fermented bowl of porridge that had been sitting in the corner of a room, the original contents having doubled in size after airborne yeast feasted and filled it with flavorful gas. The voluminous quality of bread, and its relative accessibility, continues to make it so important to many communities. Sure, if you want to get really technical you can follow the "masters," buy special equipment, get specialized ingredients—but for me, seven dollars worth of groceries can make innumerable loaves in nearly any kitchen.

Don't get me wrong—baking bread is still tough. Bread is shaped so much by the environment in which it is produced, forcing you to become attuned to nearly everything around you for long stretches of time as you cultivate (and, grimly, kill) an entire ecosystem of microscopic yeast. The results, though, are self-affirming as much as they are community building. Bread has become a gift to those friends of mine who can, for dietary or health reasons, enjoy bread. And, therefore, I've learned that baking bread is a form of care in the broadest sense of the word. I could tell you that, due to the stress of grad school, I pursued the hobby to provide me with a form of release and worth. I could tell you that I was inspired one day by something—a television show, or a particularly amazing loaf—that spurred me forward on a journey of self-actualization through carbs and gluten. But, if I did, it would be a lie. The truth is, one day, I woke up and decided "I really want to learn how to make bread." That's it. And it's my friends' smiles, alongside my own love of carbs, that gets me back in the kitchen at least once a week, my body and the world around me the tools for making webs of flavor to tear and share.

# SPOTLIGHT ON MENTAL HEALTH RESOURCES

## OSU CAMPUS

**Counseling and Consultation Services**  
Offers counseling and support for OSU students  
<https://ccs.osu.edu/>  
614-292-5766

**OSU Couples & Family Therapy Clinic**  
Serves individuals, couples, and families  
OSU students pay \$10  
<http://cftc.ehe.osu.edu/>  
614-292-3671

**OSU Psychological Services Center**  
Free to all adults 18+ in Columbus area  
<http://psc.osu.edu/>  
614-292-2345

## LOCAL

**ADAMH: Alcohol, Drug, and Mental  
Health Board of Franklin County**  
Local services, including free support groups  
<https://adamhfranklin.org/>  
614-224-1057

**Mental Health America of Franklin County**  
Free volunteer counseling  
<https://mhafc.org/>  
614-221-1441

## CRISIS HOTLINES

**Columbus Suicide Prevention**  
24/7 Hotline  
614-221-5445

**National Suicide Prevention**  
24/7 Hotline  
1-800-273-8255

If you know of any mental health resources graduate students  
may not be aware of, e-mail us at [gamhaa.osu@gmail.com](mailto:gamhaa.osu@gmail.com)