First-Gen Mental Health: The Experiences of First-Generation Graduate Students at the University of San Diego

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First-Gen Mental Health: The Experiences of First-Generation Graduate Students at the

University of San Diego

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Abstract

Higher education professionals can better support struggling students by having more of an awareness of their experiences and how their mental health is related to the identities they hold. As a first-generation Latina college student, I am reminded of my own experiences and struggles, which impacted my sense of belonging and academic success. My action research responds to the question: "What are the mental health concerns that first-generation students studying at the University of San Diego (USD) encounter?" After making changes to my research because of unforeseen circumstances, I designed a study focusing on graduate students with cycles consisting of a short online survey and semi-structured individual interviews. The short survey included questions measuring stigma, and their experiences receiving support from USD mental health resources. These participants were invited to participate in one-on-one interviews to dive deeper into their responses to the survey. Through this research study, I was reminded of the impact dialogue can have in breaking down stigma and identifying new approaches that could encourage students to reach out for support. I also reflected on my experiences and leadership as a graduate student in the Master of Arts in Higher Education (MAHE) Leadership program.

Keywords: mental health, first-generation college students, stigma, self-stigma, sense of belonging, mattering
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As a college student, my mental health was heavily intertwined with my first-generation and cultural identity. As a Latina student from a low-income family, I decided to attend a community college and transfer to a four-year university. My decision was met with remarks about the lack of community college students that transfer to a university, and very few people at my high school encouraged and supported my decision. After working hard to transfer, I was closer to earning a bachelor's degree. However, I realized in my first year of university that I was overwhelming myself for a path that I did not feel connected to as I had previously thought. I felt lost, and like I was wasting my immigrant parents' efforts so that I could have the opportunity to go to college. I delayed getting support, and it took having severe depression and anxiety to seek help from my university's counseling services. When I did reach out, I encountered difficulties there as well, including a lack of cultural awareness by a counselor and self-stigma. I felt shame and hesitated to disclose what I was going through; I was especially fearful of being stigmatized by my peers and professors. However, I recalled how far I had already come and the support from my loved ones. I had to keep pushing myself. I had to find a new path, and I had to keep going.

For first-generation students, resiliency is a positive attribute that can be fueled by different motivating factors. Higher education professionals can guide students through these challenges and throughout their journey. It can make a world of difference for students when their experiences are considered valid. I decided to pursue a career as a higher education professional, and my dream became to serve students just as professionals had supported me.
Background

Previous studies have investigated mental health concerns among college students and the experiences of first-generation students, though they vary in the specific areas they focused on. In my search, I found a few studies that discussed how both of these characteristics interact with one another; however, a paucity of research focused on graduate students. I also encountered new terms specific to mental health, including self-stigma and a sense of mattering and belonging.

First-Generation Students

According to the Higher Education Act of 1965, a first-generation college student is defined by the federal government as a student whose parents did not earn a baccalaureate degree ("Higher Education Act of 1965, 1998 Higher Education Act Amendments"). This definition is commonly utilized to determine student eligibility for resources and services, especially by federally funded programs such as TRIO. The University of San Diego (USD) has a similar definition, also referring to first-generation students as students who are the first in their family to attend a four-year college, and whose parents have not earned a baccalaureate degree by the time the student has "completed high school or a high school equivalency" ("First-Generation College Student Experience").

While the federal government's definition of a first-generation college student is well established in higher education, this definition is not necessarily all-inclusive of students' circumstances. Some students find themselves identifying as a first-generation student even if they do not precisely align with these definitions. One example of this is students whose parents earned a postsecondary degree in another country; even if their parents are college-educated,
they may not be familiar with the higher education system in the United States. These students will still encounter obstacles that first-generation students commonly experience. Another complexity to the identity of first-generation students is recognizing the other identities that these students may have, especially identifying themselves as members of a marginalized or underrepresented student population. To be more precise, marginalized or underrepresented students include but are not limited to: Black, Indigenous, people of color (BIPOC), low-income, immigrants, or LGBTQ+. Holding identities such as these and being first-generation, students will encounter even more stress and obstacles through the higher education system, which can make their college journey more exhausting and draining. Though I wanted to include more of these considerations in my research, I decided to utilize USD’s definition of first-generation students, and observe the themes that emerged from participants' responses.

**Stigma and Self-Stigma**

In a broader sense, stigma is defined as "a set of negative and often unfair beliefs that a society or group of people have about something," affecting any topic defined by a society or culture as taboo ("Stigma"). For mental health, stigma can be identified in two different forms that affect an individual's willingness to pursue treatment: public stigma and self-stigma. Public stigma refers to a society's overall treatment and negative perception of individuals with mental illnesses, including stereotypes and discrimination. As a result of public stigma, individuals with mental health concerns may internalize these negative perceptions and avoid actions that may lead them to be ostracized or judged because of their illness (Corrigan, 2004). They may be in denial of how much they are struggling and believe that their issues can be resolved on their own. For my study, I was interested to know how cultural perceptions of mental health and
stigma would affect a student's view of mental health, and their willingness to speak about their experiences and use the university's mental health resources. I was interested in exploring if and how conversations about mental health differed from their family versus close friends and loved ones. These questions would be focused on exploring “public stigma.” To look at self-stigma, I also looked into students’ perceptions of seeking help for themselves.

**Sense of Mattering and Belonging**

Dixon and Kurpius (2008) explored the term "sense of mattering" as a developing concept in mental health that can indicate a different perspective on self-esteem and self-worth. In their research article, they designated a "sense of belonging" as a synonym for "mattering." However, these terms can be differentiated by the two main questions they asked their participants. The researchers asked students if they felt like they mattered as an individual ("mattering"), and if they had a place within the larger population of the university ("belonging").

Given the struggles first-generation students experience in college, the additional stressors they endure may also contribute to reported lower ratings on their sense of belonging and an increase in stress, depression, and anxiety. As suggested by Stebleton et al. (2014), these students are less likely to pursue the wellness services provided by their university, which can also increase their risk of dropping out of college. Cultural differences may also play a role in a student's awareness of self-care and mental health, along with their willingness to see a counselor.
Imposter Phenomenon

In 1987, the term imposter phenomenon (IP) was coined to describe experiences in which high-achieving individuals feel as though they are not as intelligent or skilled as others perceived them to be. Individuals with IP often fear that they will not be able to continue their successes, or they will be discovered as fake or "phony" (Clance & Imes, 1987). The term originated from a study of high achieving women in academia who expressed doubt and uncertainty in their professional abilities. IP is also known as "imposter syndrome" or "imposter experience," and is especially prevalent among first-generation students. Despite their accomplishments, individuals with IP feel that their success is undeserved, may experience depression and anxiety, and may engage in self-sabotaging behaviors (McGregor et al., 2008).

Context: About USD

The University of San Diego (USD) is a private, contemporary four-year Roman Catholic university located in the Linda Vista neighborhood of San Diego, CA. In the 2019-2020 academic year, the university has a total enrollment population of 9,181 students, with a percentage of 64.4% undergraduate students and 35.5% graduate, law, paralegal, and doctoral students. According to the Race and Ethnicity Report for Fall 2019 ("Race/Ethnicity of Fall 2019 Students: Federal Reports"), students that identify as White make up 49.2% of the total student population, with the rest of the racial categories making up the remaining 39.6%, including "American Indian/Alaska Native," "Asian," "Black or African American," "Hawaiian or other Pacific Islander," and "Two or more races." 12% of students either declined to identify their race or came from another country with a student visa. Due to the higher percentage of White students, USD is known as a PWI, or predominantly white institution.
Focusing only on the graduate student population, 46% of these students identify themselves as White, and 43% identify themselves as one of the remaining racial categories, 6% declined to identify, and 5% attended on an international visa. As far as the percentage of students who identify as first-generation at USD, that data was not immediately accessible to me through the university website. The only information I was able to find was that 18% of students identified as first-generation students in 2018 (Hoffman, 2019). When asking university staff for more information, I discovered that most university forms did not ask students to identify as first-generation students until recently. A great deal of data about first-generation students at the university came from first-generation programming attendance, which has increased in the last few years as the university's First-Generation Action Team has engaged in supporting this population. According to the USD First Generation resource website, "The First-Gen Action Team is a cross-divisional collaboration tasked with creating and sustaining campus-wide efforts to proactively engage and support USD's First-Generation college students while at USD and post-graduation. Also, they strive to attain retention and graduation rates equal to, or greater than, the USD average" ("First-Generation College Student Experience").

For mental health support, there are several student wellness programs and centers that provide different services, including the Student Health Center, the Counseling Center, and the Center for Health and Wellness Promotion (CHWP). The Counseling and Health Center provides medical and psychological services. The CHWP organizes events and activities, most of which are led by undergraduate peer health educators and graduate assistants. The CHWP also sponsors the "You Are USD" campaign, which focuses on creating resources focused on essential life skills, health topics, and suicide prevention. The website contains information such as emergency
Methodology: The Experiential Learning Cycle

According to McNiff (2016), action research is an approach that differs from other methodologies by also focusing on the role of the researcher. In this method, research is not only about collecting data to answer the research question; instead, it goes a step further by putting the responsibility on the researcher to critically examine themselves on how they can grow, improve, and become a more effective critical thinker. This approach also challenges researchers to think about the changes they want to realize. Therefore, instead of taking a detached approach as other research methods, I took a more active and involved approach by utilizing Coghlan and Brannick’s Experiential Learning Cycles (2014).

This method, which may look complicated and intimidating, can be separated into two processes, one which occurs within another. The first process is a cycle that consisted of:

1. “diagnosing,” allowing a researcher to identify the issues at play;
2. "planning action," by strategizing a response or action to these issues;
3. “taking action” by implementing a plan; and
4. "evaluating action" or assessing the plan's impact and effectiveness.

Figure 1

Action Research: the Experiential Learning Cycle (Coghlan & Brannick, 2014, p. 35.)
Within each of these five steps, a second process occurs, consisting of the following four steps:

A. “experiencing” by taking note of the events, my feelings as a researcher, and my observations;
B. “reflecting” by contemplating the meaning and significance of the data;
C. "interpreting" how the data is connected back to my research questions; and
D. “take action” by executing a strategy.

**Figure 2**

*The Experiential Learning Cycle.* (Coghlan & Brannick, 2014, p. 33)

Though I considered that this method would provide a meaningful experience and viable data, I also considered the challenges and drawbacks of using it. Given the different parts of this method and the nature of action research itself, I understood that this would be a time-consuming process, requiring diligence and perseverance. Still, I was motivated to pursue this method, as I thought that I would be able to gain a meaningful experience from my research.

**Purpose of Study**

The original purpose of this action research study was to investigate the experiences of first-generation undergraduate students, focusing on their mental health and use of mental health
services at the university. I wanted my study to consist of three cycles: a short confidential survey, individual interviews, and focus groups with a creative activity. My creative activity would have comprised of a gallery walk of short stories and a sticky note exercise asking participants to write their responses to the stories. One of my focus groups would have consisted of recruiting university staff participants to join students in a dialogue about how the university could better support students. Due to unforeseen circumstances, my research later changed its focus to graduate and law students, a population I had more access to through my involvement in graduate student organizations. The research questions that guided my overall research project were:

1. “What are the mental health concerns that first-generation students studying at the University of San Diego encounter?"
   a. How do students experience mental health stigma?
   b. What experiences do students have using the university’s mental health resources?
   c. What factors can facilitate or motivate students to pursue mental health support?

I intended to understand students' experiences better and investigate how mental health resources can better support first-generation students. I also hoped that participants would benefit by reflecting on their experiences. As a professional, I expected that I would be able to empathize and work towards relaying this information to my colleges and fellow higher education practitioners, especially the First-Generation Action Team. Overall, I hoped that through this experience, I would fulfill my values of authenticity, empathy, resiliency, and balance.
Original Study & Cycle 1

I originally intended to complete this study in the second year of my graduate program. However, I felt very overwhelmed by my coursework, assistantship, and completing this project. Since my action research topic was on mental health, I realized how much more significant it was to make better choices, especially if I was going to be reaching out to students. I decided to take an additional year in the program to complete this research, which ended up being an excellent decision. My third year allowed me to reflect deeper on my experience in the Masters of Higher Education (MAHE) Leadership program, and I became more involved in the graduate student community. I noticed how disconnected I felt from other students in my program and how I still experienced imposter syndrome and doubted my abilities as a higher education professional. As a way to promote professional development and connection among MAHE students, I founded the graduate student organization SOLES Higher Education Leaders and Scholars (SHELS) along with three other MAHE students in Fall 2019 (Appendix A). We established the organization because we strongly believed in making a difference for all students in the program. By engaging in this endeavor, I became more aware of my leadership and the impact I could make. I was later able to connect my research to the graduate student community in which I had become more involved.

I began my research study in Spring 2020. To promote my research and recruit undergraduate participants, I sent my flyer (Appendix B) to several programs and centers in Student Affairs, including the Military & Veterans Program, the Commuter Commons, the Student Involvement office, the United Front Multicultural Center, and the Student Support Services Program. I sent a digital pdf of the flyer for their email newsletters. I also posted paper
flyers in their spaces and the community bulletin boards in the Student Life Pavilion and University Center. On the flyer, I included the following information:

- the study’s purpose;
- the three parts of the study: a short online survey, focus group, and individual interview;
- the participation time: a maximum of 2 hours and 30 minutes;
- A web link to the study’s consent form and survey;
- deadline to participate in the survey: March 20th, 2020; and
- my contact information.

**COVID-19: Transition to a Virtual USD**

As I waited for students to participate in the study, I never could have imagined the global event that would occur in the next few weeks. COVID-19, also known as coronavirus, became a growing concern in the United States and the rest of the world. For public safety, the university transitioned to online courses and took drastic measures to shift students and personnel off the campus, including temporarily canceling classes (Appendix C). As I recall that time, there are no words to describe the stress and trepidation that was collectively felt, especially due to the uncertainty of how our lives would be affected for the months to come.

As I became preoccupied with my stressors, I was not surprised that I did not have any students participate in my online survey. I contemplated how complex the pandemic's effects were, especially for marginalized BIPOC communities (*Health Equity Considerations and Racial and Ethnic Minority Groups*, 2020). I was unsure if I would be able to hold the space for a conversation about mental health, or if students would feel comfortable participating in this
study. I decided that it would be difficult for me to recruit undergraduate students for these reasons.

As I had been engaged in the university's graduate student life community, I recognized that I could utilize my network to recruit graduate and law students. I shifted my focus and made adjustments to collect data virtually via Zoom video conferencing. I also decided to inquire about the effects of COVID-19 on my student participants. As an incentive, I also allowed participants an opportunity to win an Amazon gift card in an opportunity drawing.

Recalibrating my Methodology

As I considered the significant changes I had to make for my project, my original methodology was too much for me to complete within my time boundary. I was concerned that I would not be able to achieve my study's goals and purpose. Encountering this debacle, I discovered I could still fulfill my goals, and that this reflection was part of the process:
"Attending to experience is the first step to learning. The second step is to stand back from these experiences and inquire into them" (Coghlan & Brannick, 2014). I decided to focus on the "experiencing, reflecting, interpreting, and taking action" piece of the experiential learning cycle (Figure 2). Rather than having a rigid plan for collecting numerical data like in other research, this technique still allowed me to implement the needed changes and improvements throughout my data collection process while also permitting time to reflect on the experiences.

Cycle 2: Online Survey

For graduate and law student recruitment, I set a deadline for participation in my survey to April 22nd, 2020. I asked the Graduate Student Life office and the First-Generation Action Team listserv to publish my new flyer (Appendix D) in their newsletters. I also reached out via
email to 17 fellow students whom I knew were either first-generation students or who would be able to connect me to other student participants (Appendix E).

My online survey was made on Google Forms and consisted of two sections. The first section was the consent form for my study (Appendix F), which participants had to sign to access the second section containing the survey (Appendix G). The survey consisted of thirteen questions, inquiring about demographic information, free-response questions about their comfort level accessing mental health resources at USD before and after the COVID-19 pandemic, availability for an individual Zoom interview and further participation, and four Likert scale questions about:

- mental health stigma with family, friends and loved ones;
- Support from the university as a first-generation student; and
- Self-stigma.

The Likert scale ranged between one and five. One represented "strongly disagree," three represented "neutral," and five represented "strongly agree." Participants were also able to select "decline to answer." In total, seven students participated in my online survey.

### Table 1

*The averages of Likert-scale Questions on the Online Survey*

<table>
<thead>
<tr>
<th>Question</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>I would NOT be okay talking about my mental health struggles with my family.</td>
<td>4.14</td>
</tr>
<tr>
<td>I would NOT be okay talking about my mental health struggles with close friends or people I care about.</td>
<td>2.86</td>
</tr>
<tr>
<td>I feel supported as a first-generation student at USD.</td>
<td>3.43</td>
</tr>
<tr>
<td>My view of myself would change if I chose to seek mental health support.</td>
<td>3.0</td>
</tr>
</tbody>
</table>

*Note: Scores based on a scale of one to five, one being "strongly disagree" to five as "strongly agree."*
Stigma about Mental Health

To collect data on mental health stigma, I asked participants how comfortable they felt speaking about mental health with family members, versus with friends or people that they cared about. When asked if they did not feel comfortable talking about their mental health struggles with their family, all but one participant answered "agree" or "strongly agreed," with an average of 4.14. When asked if they felt uncomfortable speaking with friends and people that they cared about, the average was 2.86. While this average is lower than the previous question, the answers were mixed among the participants. Though I was not surprised to see that there was more discomfort speaking with family members about mental health, I was surprised to discover the prevalence of stigma that some participants reported having conversations with friends. In my attempt to measure self-stigma, I had intended to measure if their perception of themselves would change if they sought mental health service. Upon later reflection, I recognized that my question was too open-ended and caused confusion for participants. I realized that even if I were able to measure that there was a change in their perception of themselves, I would not be able to distinguish whether this change would be positive or negative. With this in mind, I noted that I wanted to dive deeper into their answers in the next cycle, the individual interviews.

Utilizing USD’s Mental Health Resources & Sense of Belonging

My survey's two free-response questions asked students how comfortable they felt accessing university mental health resources before and after the pandemic. Among the participants, most answered that they did feel comfortable, but there were a few impressions that stood out to me. As graduate students, a few participants pointed out that the hours of operation for these services made it difficult to make an appointment due to their busy schedules. Two
participants indicating unfavorable experiences, both alluded to the counseling center's practice of referring students out to outside services, making them feel unwelcome and dissuading them from continuing services. One participant, “Bryan,” expressed: “Yes, I reached out for mental health services at USD but did not find them to be particularly useful to me as they would refer me out and their available workshops were at times I could not attend.” I had experienced this as a student and wished that I knew how many appointments I was able to make at the center before being referred to an outside organization for further treatment. Another student, "Alex," made a powerful statement about the lack of representation among the counseling center staff, which impacted their connection to a potential counselor even before the pandemic: "I think as a person of color it’s very important to be able to connect and vibe with your therapist. They have to understand my intersectionalities, roles, and culture. Seeking support is not the hard part for me. Finding someone I can connect with is.” Reflecting on this, I considered the lack of professionals of color among university mental health staff, and the lack of education about the process of therapy itself, such as finding a capable and culturally competent therapist.

Comparing students' responses to how supported they feel as first-generation students at the university, the average was 3.43. However, students with these adverse experiences indicated a neutral opinion. With this in mind, I hypothesized that these experiences affected students' willingness to use mental health services, their connection to the university community, and their sense of mattering and belonging. This hypothesis was somewhat supported in students' responses to reaching out to mental health services during the pandemic. A few students remarked that they considered the services to be even busier helping students during the pandemic, and did not want to take the service away from other students who were in more need
of it. Most students made some sort of remark about how disconnected they felt since the university transitioned to remote courses.

**Cycle 3: Individual Interviews**

After completing my survey, I reached out to all of the participants in my survey to ask if they were interested in the final part of my study: a 30-minute individual interview via Zoom. Of my seven original survey participants, five students were interviewed throughout April 2020. My approach for these interviews was semi-structured, allowing flexibility to ask clarifying questions and go more in-depth into the survey responses. As an additional activity, I also asked participants to pick from a list of short narratives highlighting different first-generation experiences and explain why they related to them (Appendix H). Of the four cycles, this cycle was the most enjoyable because of the conversations I had with participants.

“Morgan”

Morgan described how she felt hesitant to speak with family members about undergraduate and graduate school; her family did not have the background to understand her experience as a student. She resonated with Narrative B, a story describing a student living on-campus away from their family:

I think that they just thought it would be a breeze, but they didn't really understand the complexities of sharing a hall with 80 plus people and...not knowing how to navigate all that and paving my own path...it's just that pride, I think, especially the last line of 'they're proud of me for going to college and I don't want to let them down.' I resonate with that so much. And I still don't want to let them down.
Morgan felt more comfortable speaking with friends because they were closer in age and were also students. What set Morgan's interview apart from other students, was an experience she had with their supervisor. During a meeting at her assistantship, Morgan's supervisor asked if she needed further support and encouraged her to utilize the university's mental health resources, even walking her to the counseling office. Morgan expresses how impactful that conversation was, especially how vulnerable her supervisor was and how much care she put into reaching out to her. I considered the impact of this experience as a demonstration of breaking down stigma; Morgan, coming from a family that did not talk about mental health, was able to break down that stigma with the help of an authority figure that she respected and cared about.

“Ximena”

Ximena came from a family that was very supportive of her higher education but was not knowledgeable about mental health and the collegiate experience. Like Morgan, Ximena did not want her family to worry about her. When I asked her why she felt uncomfortable talking about mental health, she explained that her family had good intentions, but their responses could often be dismissive and unhelpful. As a student in one of the counseling programs, she had an additional "knowledge piece" about the benefits of mental health services. Most of the friends she interacted with also had some sort of background knowledge. For her, she knew that they would be more understanding and open to these conversations. When answering how her self-perception would change if she reached out to mental health services, she interpreted the question as if it were asking if she would think negatively about herself. She expressed that her self-perception would not change because she saw the support as an acceptable form of self-care. In the narrative exercise, Ximena also resonated with the same parts as Morgan in Narrative B,
expressing how she did not want to worry her parents. She also resonated with Narrative C, a story about a student experiencing distress and hesitating to reach out for support; she expressing how her stress interacts with imposter phenomenon:

There are days when I'm really productive and I'm ready to get things done and it goes good, but then there are some days where I just, I overthink things and I worry...I put myself down a lot and sometimes I don’t even want to do something because I’m afraid that whatever I do is not going to be good.

“Inez”

Inez remarked that she learned more about mental health resources as a university staff member than as a current graduate student. When asked if she felt comfortable accessing university mental health resources before COVID-19, she expressed some hesitation:

Yes, I knew that they were available and did utilize them. However, the few times I met with someone at USD, they mentioned finding off-campus resources for longer term care which (unintentionally) made me feel like I should not be using the counseling services at USD because I would only be a grad student for a short amount of time.

Like Ximena, Inez indicated that her friends have a better understanding of mental health and graduate school than her family; she thought they were more understanding of her struggles as a graduate student. For the narrative exercise, she connected with Narrative B, expressing how her family wants to support her but does not understand her experiences:

A lot of times my family will call and say like, ‘Oh, is there anything we can help with? Just let us know if we can help with anything at all.’ But if I do try to explain anything, they just don’t really understand.
Her perception of mental health became different from her family when she started attending college and becoming more involved. I connected back to the literature on students' sense of belonging. When I asked if her perception of herself would change if she sought support, she explained that her perception of herself would change, upon reflecting how the resources were helping her grow and the skills she was gaining to make her stress more manageable. For her, that reflection translated to higher self-confidence and self-esteem.

“Casey”

As a counseling graduate student, Casey expressed how his experiences with his family influenced his career path and desire to learn more about mental health. Coming from a family that was "close-minded" about mental health, Casey sought to be open-minded, and to become an advocate. Like Morgan, Casey encountered stigma from his family, but instead of having that same mindset, Casey went in the opposite direction, which I found admirably surprising. This change was further supported by his friends, whom he described as more open and understanding, especially fellow peers in the counseling program. Casey expressed how he was able to build a network of connection at the university, and how it has supported him as a first-generation student:

I was able to find all the people that I was able to connect with and it makes me feel supported in a lot of ways. I'm really appreciative that I've been able to make those connections with all these different people as a first-gen student.
In the narrative activity, Casey pointed out his experiences with feeling overwhelmed, but knowing his parents were proud of him and not wanting to give up because of his efforts and the financial cost of college.

“Zuleyma”

Zuleyma's response to the mental health stigma questions stood out from other participants because she felt comfortable speaking about her mental health with her family and friends. For her, the difference was partially attributed to one of her parents attending the undergraduate orientation for parents, in which they highlighted the services and resources available to students. When Zuleyma started to struggle as an undergraduate student, her parents encouraged her to reach out to these services. Just as in Morgan's experience with her supervisor, this interaction is another example of how stigma can be broken down. It also highlights the impact of higher education practices for students and families. In a later experience, Zuleyma felt empowered to support a friend in crisis and encouraged them to seek the counseling center. When I asked Zuleyma to pick a narrative that she related to, she resonated with Narrative B and Narrative E, a story describing a student struggling with anxiety that affects their academic success. Zuleyma expressed how she has experienced anxiety and imposter syndrome, and how challenging it was to live away from her family as a first-generation student:

I was still able to call my parents but I didn't want to worry them either. I don't want them to think I'm weak. I wanted to make them proud and, I think sharing with them that I was feeling overwhelmed would worry them. I felt myself very overwhelmed with work and school. I start comparing myself to my peers and like, everyone else is so busy and everyone else has all these things.
As previously mentioned in another participant's response, the theme of the importance of representation also emerged in my interview with Zuleyma. While we were discussing the narratives, I explained how I wrote Narrative A based on my experience as an undergraduate student living at home and encountering a counselor who lacked cultural awareness. Both of us coming from Latinx households, Zuleyma was able to comprehend my reaction to the counselor's dismissive remarks and noted that a person of color would not have made such a comment. As in Alex's response, the importance of having professionals of color who can relate to students of color was reinforced.

**An Overview of Participants**

Overall, my study had seven participants. Seven students completed the online survey in Cycle 2; five students continued in the study and were interviewed in Cycle 3. Six participants identified as "Latino/Latina/Latinx." Five participants identified as "women/female," and two students identified as "men/male." All of the participants identified as graduate students in the second or third year of their programs under the School of Leadership and Education Sciences (SOLES). Though the study was also open to law students, there were no law student participants.

**Major Findings**

As I consider the data I have gathered for this study, my significant findings came down to two key points: stigma and the mental health resources at the university.

**Stigma**

In reference to stigma, I recalled the different experiences students have that could affect their perception of mental health, such as how Casey's interaction with open-minded friends
helped him consider a perspective different from his family's. For students from a family and culture that stigmatized mental health, their negative perceptions of mental health decreased in varying degrees by pursuing higher education and connecting with fellow graduate students. For some student participants, this shift from a negative attitude to a positive perspective about mental health was also due in part to encouragement from higher education staff, i.e., Morgan's supervisor, and family members who were educated about mental health, i.e., Zuleyma's parents. By this finding, I was reminded about the impact and importance of dialogue, especially new topics that further break down stigma.

**Utilizing University Mental Health Resources**

Regarding the use of mental health services at USD, I concluded that most students felt welcomed to use them. A few students were dissuaded from continuing because they felt "handed-off" or were worried about overwhelming the available resources during the pandemic. From the perspective of a staff member, I can understand how attentive staff and administrators must be to manage their resources and support as many students as possible; counselors may need to refer students needing long-term care to community mental health services. With this in mind, there are some suggestions I can offer to address this issue and hopefully encourage students to still reach out for support from the university.

**Recommendations from the Researcher**

**Programming: Dialogue Topics.** There are currently efforts at the university to engage undergraduate and graduate/law students in conversations about their first-generation experiences and mental health. Additional topics for future dialogues include:

- Understanding and breaking down stigma;
• family and cultural perceptions about mental health;
• how to find an effective and culturally competent mental health professional; and
• the mental health concerns experienced by first-generation and underrepresented student populations.

By having these dialogues, students will be able to break down stigma, reflect on their first-generation experience in a way they may not have considered before, and feel empowered to seek support.

**Expanding Access to Mental Health Services.** To address the disconnect that students experience reaching out to the counseling center, the counseling center can consider the following:

1) Counseling and mental health services already engage in outreach in many different ways at the university, but further information such as the number of appointments students can have in an academic year, and the referral process could be communicated from the very beginning. Students will know more of what to expect when they pursue these resources and would not be surprised if they are referred to off-campus services.

2) The counseling and health center can consider having designated hours during a weekend (i.e., regular business hours the first Saturday of the month) or pursuing virtual counseling sessions to reach busy students or students living outside of the San Diego area.

3) Lastly, I recommend that mental health services inquire how they are serving underrepresented student groups, and what improvements they can make, including:
   ○ hiring more professionals of color;
○ encouraging staff to have implicit bias and cultural awareness training; and

○ expanding mental health resources on their website to include racial trauma, resiliency, and ally resources, such as the ones listed on the California State University San Marcos (CSUSM Counseling: Racial Trauma, Resiliency and Ally Resources) or the University of Kentucky (Black Lives Matter: Resources related to Black Lives Matter, Racial Trauma, Ally Development) counseling websites.

Limitations

While my study yielded excellent data and reflection, part of that reflection also acknowledges the limitations of my research project. As I indicated earlier, I was not able to explore self-stigma through my survey. The question could be edited to ask the participant a free-response question: if they would feel better or worse about themselves if they pursued mental health services. Another drawback to my study was the gap in identity work and intersectionality. I had intended to collect data on this through a fourth cycle, at a first-generation graduate/law student dialogue discussing the effects of COVID-19 for students. Though I did facilitate the discussion and collected some data, I decided that I did not want to include this in my study results. I felt rushed and pressured to complete this cycle; I considered that I did not give it the care and attention needed to yield the best results.

I also recognize the limitation in my participants; most of my participants were Latinx and from SOLES graduate programs. Had my study also included participants with other identities and from other programs, I hypothesized that the results would have been significantly different, even encountering more mental health stigma among participants. Overall, this research study's main limitation was the COVID-19 pandemic, which limited my time to
complete my research and my methods of data collection. Though I had to make significant changes, I realized how this contributed to my learning and growth, especially practicing adapting to new circumstances and persevering through difficulties.

**Final Reflections From the Researcher**

As I have concluded this study, I would not have been able to imagine the challenges and triumphs in my journey. I can recall how anxious and panicked I felt completing my research proposal, and how doubtful I was in completing this project. Because of my connection to the topic, I even became concerned that this topic would be too personal for me to engage in, and I had to dedicate time to have an honest reflection. I discovered how much more significant it was to make the choices needed to take care of myself.

As a SOLES student, I was consistently asked to reflect on how I would fulfill my leadership philosophy and personal values in my higher education career. As I have contemplated my graduate school experience, I have found that my values have fluctuated based on what I was experiencing at that moment, and based on what I needed to put into practice. However, once I consider what values I wanted as the foundation for my leadership philosophy, they remain relatively consistent. My leadership philosophy is based on fulfilling my values of "loving," "connection," "inner peace," "authenticity," "growth," "balance," and "integrity." By exercising these values, my goal is to balance between practicing compassion and empathy towards myself and others, considering perspectives different from my own, and being an active participant in difficult conversations about issues people may avoid. Drawing from my reflections from my research study and my graduate student experience, some of the conversations I engaged in included writing an open letter calling for more support for MAHE
students (Appendix I) and communicating my research findings to university resources (Appendix J).

As a higher education practitioner, my professional mission is to establish meaningful connections with students, supporting them to achieve their personal and professional goals. As a result of completing this study, I believe that I can put this mission into practice, recognizing how I have grown and the impact I have. As I graduate from USD, I aspire to continue building myself up and always recognizing my influence as an individual and as a professional. As other professionals have inspired me, I hope to inspire and lift others.
References


You are USD | Suicide Prevention. (n.d.). Retrieved from http://sites.sandiego.edu/youareusd/
FIRST-GEN MENTAL HEALTH

Appendix A: SHELS Brochure

Founding Leadership Board

How to Get Involved

Our Values

Our Mission

2019-2020 Initiatives
1st Generation USD
Undergraduate Students Needed

PARTICIPATE IN A STUDY ABOUT MENTAL HEALTH

The purpose of this study is to examine the mental health concerns of undergraduate first-generation students at the University of San Diego. This study is being completed by a USD graduate student.

- Short Online Survey
- Online Individual Interview
- Focus Group/Online Exit Survey (TBD)

Participation in this study will take no more than 2 hours and 30 min, and will be completed during the Spring 2020 semester.

For more information & to participate:
tinyurl.com/USDfirstgenstudy


For questions about the study, please contact the Principal Investigator: Meredith Mendez edithmendez@sandiego.edu
Dear USD Campus Community:

The World Health Organization announced on March 11, 2020, that the COVID-19 outbreak is now considered a global pandemic. Over the past few weeks, we have been sharing with you how the university was monitoring the Coronavirus outbreak while following our university protocols to mitigate any risks to our campus community. This new designation of COVID-19 as a pandemic requires the university to take even more dramatic steps to scale up our emergency response. While our primary focus remains the health and safety of our campus community and their families, it is abundantly clear that additional actions are necessary as we also wish to reduce the impact on health care systems and allow them to focus on the most vulnerable members of the community. In light of these considerations, the university is mandating campus-wide remote teaching effective March 23, 2020, through the end of the spring semester.

In addition, all USD intercollegiate athletic events and club sports are cancelled for the remainder of their respective seasons.

We recognize that this unprecedented situation has caused anxiety for our campus and people will need time to make the transition to the remote delivery of our classes. To help us prepare for this new experience, we are cancelling all classes from March 14-22 to enable our faculty and students to prepare for remote teaching and learning. Please know that we are continuing campus operations.
We know that living in close proximity to others during a pandemic increases the possibility of transmission of a virus. Therefore, all USD students who live in the residence halls must relocate from campus no later than March 22. Since this transition extends to the end of the semester, students must take all personal items with them so that they can be fully engaged and ready for the academic remote learning experience. We understand there are some students who may have personal hardship, financial hardship or academic reasons to stay on campus, so we are preparing for a limited number of students to remain on campus for the foreseeable future. Those who want to apply to stay on campus or have a hardship in moving all items home, please complete this form. During this transition time, dining options will be provided to our students.

The University of San Diego takes great pride in the high-impact learning practices that are the hallmark of a USD experience. While it remains our firm belief that high-impact practices are best delivered in person on our campus, we believe our remarkable faculty and students are capable of rising to the challenge of creating common intellectual experiences through the remote delivery of our curriculum.

During these extraordinary times, we need to work together to live out our values, be gracious and patient in our actions toward each other, and rise to the challenges we will face in the weeks and months ahead.

As a community, we keep all those impacted by this health emergency in our prayers, especially our students who will be traveling home in the near future. We will continue to communicate with you on a regular basis. Please also refer to our COVID-19 website for the latest information.

Peace,

James T. Harris III, D.Ed.
President
FIRST GENERATION USD GRAD/LAW STUDENTS NEEDED

USD FIRST-GEN MENTAL HEALTH RESEARCH STUDY

The purpose of this study is to examine the mental health concerns of graduate/law first-generation students at USD. This study is being completed by a graduate student as a Masters degree requirement.

- Short Online Survey & Individual Interview via Zoom
- Participation will take no longer than 45 minutes

- Participants will be entered in an opportunity drawing to win one of three $25.00 Amazon Gift Cards.

FOR MORE INFO & TO PARTICIPATE:
TINYURL.COM/USDFIRSTGENSTUDY

DEADLINE TO PARTICIPATE: FRI 4/24

Meredith Mendez, USD Grad Student & Principal Investigator: edithmendez@sandiego.edu
Appendix E: Graduate Research Study Recruitment Email

Good morning,

I hope this email finds you all well during this difficult time.

I am still recruiting graduate and law students for an action research study about first-generation students' mental health concerns (flyer attached), including during the current COVID-19 situation. Participants will need to complete a consent form and the study involves a short online survey, and an individual interview (45 minutes total).

This study is voluntary and students can withdraw their participation at any time, including skipping any questions they do not feel comfortable answering. Participants will be entered in an opportunity drawing to win one of three $25.00 Amazon gift cards.

Please let me know if you have any questions. I would really appreciate it if you could pass this along to any other USD first-generation grad/law students.

Link to Online Survey-- Deadline to participate: April 24th

Thank you,

Edith Mendez
Appendix F: Consent Form

First-Gen Mental Health Research Study

DEFINITION OF FIRST GENERATION COLLEGE STUDENTS:

The University of San Diego defines First-Generation students in the following way: At the time you completed high school or high school equivalency, your custodial parent(s) or legal guardian(s) had not earned a bachelor's degree or higher. This means you are the first to attend a 4-year college/university and obtain a bachelor's degree. 
Source: https://www.sandiego.edu/campus-life/first-gen/

PURPOSE OF STUDY:

Edith “Meredith” Mendez is a student in the Masters of Higher Education Leadership program at the University of San Diego. You are invited to participate in a research study she is conducting. The purpose of this research study is to investigate the mental health concerns that first-generation current graduate/law experienced at the University of San Diego.

If you decide to be in this study, you will be asked to:
- Participate in a survey and one-on-one interview about your mental health experiences as a first-generation graduate student at the University of San Diego. Your participation in this study will take no more than 45 min.

VOLUNTARY NATURE OF THIS RESEARCH

Participation in this study is entirely voluntary. You do not have to do this, and you can refuse to answer any question or quit at any time. Deciding not to participate or not answering any of the questions will have no effect on any benefits you’re entitled to, like your health care, or your employment or grades. You can withdraw from this study at any time without penalty.

CONFIDENTIALITY:

Any information provided and/or identifying records will remain confidential and kept in a locked file and/or password-protected computer file in the researcher’s office for a minimum of five years. All data collected from you will be coded with a number or pseudonym (fake name). Your real name will not be used. The results of this research project may be made public and information quoted in professional journals and meetings, but information from this study will only be reported as a group, and not individually.
FORESEEABLE RISKS OR DISCOMFORTS:
Sometimes when people are asked to think about their feelings, they may experience distress. A few of the questions refer specifically to the current COVID-19 pandemic. As stated previously, your participation in this study is voluntary and you are free to skip any questions you are not comfortable answering.

If you would like to talk to someone at any time, please contact Access and Crisis Line at (888) 724-7240 https://up2sd.org/hotline/. Trained and experienced counselors are available 7 days a week, 24 hours a day to provide support, referrals, and crisis intervention. If emergency medical care is needed, please call 9-1-1.

COMPENSATION:
Participants will be entered in an opportunity drawing to win one of three $25.00 Amazon gift cards.

BENEFITS:
While there may be no direct benefit to you from participating in this study, the indirect benefit of participating will be knowing that you helped researchers better understand how to support first-generation students when they encounter mental health concerns affecting their academic performance and well-being, especially during the current pandemic.

CONTACT INFORMATION:
If you have any questions about this research, you may contact either:
Edith “Meredith” Mendez (Principal Investigator- PI) Email: edithmendez@sandiego.edu; Phone: 760-290-9594
Dr. Nydia Sanchez (Supervising Faculty) Email: nydiasanchez@sandiego.edu

I have read and understood this form, and consent to the research it describes to me. A copy of the consent information detailed above will be emailed to me by the PI.

_____________________________________________________
Name & Signature of Participant
Appendix G: Graduate & Law Survey Questions

First-Gen Mental Health Research Study Survey

USD Email Address: ________________________________

Demographic Questions
You are free to skip any questions that you do not want to answer.

What is your race/ethnicity? ______________________________

What is your gender identity? ______________________________

Please select one:
___ Graduate
___ Law

Year at USD: _________________

Mental Health Questions
You are free to skip any questions that you do not want to answer.

1) Free Response: Before COVID-19, did you feel comfortable accessing mental health resources at USD for yourself? Why or why not?

On a scale of one to five, one being "strongly disagree" to five as "strongly agree", please indicate how you feel about the following statements. Please answer these questions based on how you are currently feeling:

1- Strong Disagree/ 2- Disagree/ 3- Neutral/ 4- Agree/ 5- Strongly Agree/ Decline to Answer

• I would NOT be okay talking about my mental health struggles with my family. _____
• I would NOT be okay talking about my mental health struggles with close friends or people I care about. _____
• I feel supported as a first-generation student at USD.______
• My view of myself would change if I made the choice to seek mental health support.______
2) Free Response: Currently, do you feel comfortable reaching out to the mental health resources at USD? Why or why not?

3) Regarding the two free-response questions above, would you feel comfortable if your response was shared anonymously (no identifying information shared) with other participants during this study?

___Yes
___No, do not share my response
___Maybe (the researcher can reach out if you have questions)

4) Would you be available for a 30-minute Individual Interview via Zoom between April 13th and April 24th?

___Yes
___No
___Maybe
Appendix H: Semi-Structured Interview Script and Narratives

Thank you for meeting with me. This interview is being recorded for data collection purposes. The data collected is confidential and will be protected for your privacy. You are free to skip any questions you are not comfortable answering.

1) For Question #__, you indicated that you (agree/disagree) with the statement. Can you explain why?

2) Your survey responses indicated that you feel more comfortable speaking with friends about mental health than your family. Can you describe what the difference is between the two?

3) Can you explain why you feel/do not feel supported as a first-generation student at USD?

To close this interview, I have an activity with narratives. I will give you some time to read over them, and when you are ready, I’d like you to indicate if there is a narrative or narratives you especially relate to. This can be based on your undergraduate or graduate school experience.

Narratives

A
I lived at home with my family while I was in college for financial reasons. My parents, especially my dad, were hesitant to let me stay out late, even if it was going to the library to finish a paper or study. He would say “es mejor que llegues a la casa temprano, cosas malas pasan en la noche (it's better for you to get home early, bad things happen at night).” I went to a counselor and tried to talk to her about it, but she just told me “You’re 19 years old, you’re a legal adult. You can do whatever you want.” She just brushed me off. I didn't want to go see her again.

----------------------------------------------------

B
I moved away from home and went to a university a few hours away. At first, I was really excited, but then the homesickness really started to hit me, and my college classes were more difficult than I thought it would be. I was still able to call and Facetime my family, but it was difficult to talk to them about how stressful college was. I didn't want to worry them by telling them about how overwhelmed I was feeling, and how anxious I got when I had to go to class. I know they’re proud of me for going to college, and I don't want to let them down. 

----------------------------------------------------
There are days where I feel okay and I can get most things done. But then there are other
days where I can't even get out of bed. I just stare at the wall and think about all the
assignments I have to get done, the bills I haven't paid, and how I wonder if I even want to
keep going to school or even do anything. Going to grad school is even more overwhelming
than undergraduate. Growing up, whenever I had those days, my mom would just tell me
to "get over it" and that would make me feel even worse. I never really thought about going
to see someone about it. I saw a flyer for the counseling center at school, but I can't bring
myself to make an appointment. I keep thinking this will pass and I can handle it on my
own.

--------------------------------------------------------

Growing up, my family didn't talk about mental health. At all. My family doesn't know that I
take medication and see a therapist at the college counseling center. There's no way I
would tell them. I'm afraid of how they would react.

--------------------------------------------------------

Mentally, I'm not feeling okay. I'm overwhelmed and I feel like giving up. I don't know how
to talk to my professors about why my assignments are late. Everyone else in the class has
to do the work, and I don't want to make it seem like I'm trying to make up excuses. I try
working on my assignments and I feel how my heart races and the panic building up. I don't
know why I'm struggling so much.

Thank you for participating! I really appreciate you giving your time.
Appendix I: Open Letter to the MAHE Leadership Program

July 14th, 2020

An Open Letter to the SOLES MA in Higher Education Leadership program:

I write this letter to share my perspective and call for support for all MAHE Leadership students. I have previously hesitated to do so because I have tremendous respect and gratitude for the program. I appreciate the faculty and staff whose work and dedication make this program a challenging and fruitful journey for advancing leaders. I consider how writing this letter will reflect on me professionally, and if I will encounter repercussions for sharing my perspective. My intention for writing this is to express my truth, not assign fault or express opposition towards anyone, nor speak negatively about the Student Affairs SOLES Collaboration (SASC). My time at SOLES has been so impactful on my life, and I take this opportunity to exercise the leadership and knowledge that I have learned and greatly value.

This collaboration sets SOLES MAHE apart from other programs, and I believe it is beneficial for students in the Student Affairs graduate assistantships. I acknowledge that I am not a student in this collaboration, and I do not have a viewpoint about what it is like to be a part of SASC. I also understand that there is a limited number of assistantships due to funding. By writing this letter, I intend to ask how the students in the MAHE program who are not in the collaborative could be further supported, and how all current students can come together.

As a student, connecting and networking with other students was something I sought. Each of us entered the program with a different background and intention for why higher education called us as a profession. Students begin this program with varying levels of knowledge. I was a student who knew next to nothing about it, only knowing that I wanted to help first-generation students from marginalized populations succeed in college. In the first few weeks of the program, I struggled significantly with imposter syndrome, questioning my skills and knowledge as a student and a professional. I felt out of place and wondered why there was a divide among my peers in my "Making Meaning" course. As I advanced in the program, I realized that students had different experiences in the program based on their position.
I understand that some students may be more established in their careers and may not require as much support or, due to other obligations, cannot engage with other students or graduate student organizations. Even so, I wished that there was an event or gathering that brought the whole program together. Each student in this program has a perspective and knowledge they can share to contribute to others' learning. It is a resource we are not fully taking advantage of.

The graduate student organization SOLES Higher Education Leaders & Scholars (SHELS) was established in Fall 2019 as a response to this observation. We founded the organization because we strongly believed in making a difference for all students in the program. We wanted to connect higher education students with each other—even planning a "Higher Ed" dinner towards the end of the Spring 2020 semester (this was canceled due to COVID-19). We also wanted to connect students with university administrators and professors, focusing mainly on staff that the SASC students are already connected with through the collaboration. As our founding board worked to organize events and resources, I realized how much energy and effort was going into running the organization, a responsibility which we had to balance with our coursework and other obligations. This year, I frequently felt discouraged running SHELS, wondering if our mission was being taken seriously. Being a student myself, I know how difficult it is to find time to be involved outside of academics. I wonder what changes students would like to see in the program, and how we can promote conversation in a supportive space. I hope that this dialogue and work can continue even if SHELS does not continue as a graduate student organization. I also hope this practice becomes a collaborative effort between faculty, staff, and students, instead of the work being placed solely on students.

I came across an action research study completed in 2018 that examined students' different experiences in the program, focusing on students outside of SASC. In particular, it cited "feelings of pain, being unvalued, and being unwanted due to lack of access to resources and inclusion in the community" (Lazdowski, 2018). As I read that research paper, I resonated with a lot of what the author wrote. I recalled experiences where I felt shut down and hurt, even by my fellow peers. I can recall an instance in which I overheard a SASC student talk about how disappointed they were that they got "stuck" in an Action Research course with "non-SASC students," and wondered why they felt this way. It's experiences like these that made me feel
ignored and undervalued as a student and as a professional, and I am not the only one who has felt this way.

One of the qualities that I appreciate about SOLES is the core values that it seeks to fulfill: Diversity, Inclusion, Social Justice, Excellence in Teaching, Community Engagement, Excellence in Scholarship, and care for the whole person, and our common home. I acknowledge how the MAHE program has worked towards these goals by removing the GRE requirement and being one of the most visibly diverse programs at USD. I also acknowledge the addition of an Action Research course and the Restorative Justice professional certificate. I have observed how this program works towards having a dialogue about social justice and our impact as professionals in an institution not created for BIPOC.

At this time, I propose the following actions:

- Organizing an anonymous survey for recent alumni and current students asking about their experience in the program, including unmet needs and how to improve onboarding.
- Communicate with students about updates and changes to the program to better support all current students
- Create a resource (such as this resource list created by SHELS) for incoming students about professional development, including professional organizations, job posting sites, conferences, etc.
- Complete an audit of the MAHE and SASC professional development seminar curriculum to make the courses equivalent to each other
- Plan a MAHE gathering at least once a semester, notifying students about the date at the beginning of the semester and allowing students to be involved in planning and coordination
- Encourage Student Affairs and Academic Affairs to share professional development opportunities open to students in the program.

I ask how we can support each other as professionals in this challenging but fulfilling program and profession. I ask how current students will be supported, including the students of color and students with marginalized identities outside of SASC.

I appreciate you taking the time to read my letter. I look forward to continuing our dialogue as alumna as we work together to make all higher education students feel welcome, included, and supported.
Thank you, Meredith Mendez '20

Appendix J: Infographic of Action Research Study

**RESEARCH QUESTION**
"What are the mental health concerns that first-generation students studying at the University of San Diego encounter?"
*Key Terms: First-Generation, Stigma/Self-Stigma, Sense of Matter/ing/Belonging, Imposter Phenomenon*

**METHODOLOGY & CYCLES**
*Experiential Learning Cycles:* "Experiencing, Reflecting, Interpreting, Taking Action" (Coghlan & Brannick, 2014)
- **Cycle 1:** Online Survey for Undergraduate Students
- **Cycle 2:** Online Survey for Grad & Law Students
- **Cycle 3:** Zoom 1:1 Interviews

**MAJOR FINDINGS**
*Stigma & Self-Stigma*
- Most students expressed cultural experiences with mental health stigma

*Utilizing USD Mental Health Resources*
- Most students felt welcomed, but a few felt “handed off” to off-campus resources
- Some students hesitated to reach out during COVID-19

**LIMITATIONS**
- Focus on intersectionality & self-stigma
- Limitation in participants
- Effects of COVID-19

**RECOMMENDATIONS**
*Programming: Dialogue Topics*
- Stigma, family/cultural perceptions about mental health, first-generation mental health concerns, etc.

*Expanding Access & Info about University Services*
- Hiring more BIPOC mental health professionals, include racial trauma, resiliency resources, etc.

Complete Action Research Project can be found on [https://digital.sandiego.edu/soles-mahel-action](https://digital.sandiego.edu/soles-mahel-action)