

# Alison Malmon: Changing the Conversation about Mental Health on Campus

— “No One Said a Word, No One Knew What to Say...”

Alison Malmon

*Alison Malmon, president of Active Minds, spoke at George Mason University on February 27, 2008. The introductory and closing remarks were made by Jennifer Marshall, the deputy executive director of DBSA-Northern Virginia. The event was sponsored by the George Mason University Office of Disability Services, the George Mason University Counseling Center and DBSA-Northern Virginia. Thanks to Moira Waitt, of DBSA-National Capital Area, for talking these notes.*

*The talk has lead to DBSA-Northern Virginia providing support for the creation of an Active Minds chapter, which was already under discussion, at George Mason, and lending its support to a potential chapter at a Fairfax County High School.*

One a dark and stormy night last month at George Mason University in Fairfax, Alison Malmon delivered a powerful, heartfelt presentation on ***changing the conversation about mental health on college campuses***. While a freshman cheerleader at University of Pennsylvania, Alison was propelled to speak up and speak out on mental health by a hellish odyssey that began when her big brother Brian lost grasp of his mind at Columbia University, returned to his family’s home in Potomac, Md. and then lost his life by his own hand.

Transforming unspeakable grief into something positive, Alison chose to honor the life of her funny, gifted brother by founding Active Minds on Campus, group that engages high school and college students on the subject of mental health. Active Minds today is made of 114 college chapters across 34 states, Washington D.C. and Canada doing important, creative work to send silence packing. Alison announced that the group’s first high school chapter would be starting soon at Phillips Exeter Academy

Malmon explained that Active Minds is a national organization that develops and supports student-run mental health awareness, education, and advocacy groups on the college campus. Each peer group, she said, works to increase awareness of mental health issues, provide information and resources regarding both mental health and mental illness, and encourage students to seek help as soon as it is needed and to serve as a liaison between students and the mental health community on and off campus. By planning campus-wide events that promote awareness and education, the group also aims to remove the stigma that surrounds mental illness and create a comfortable environment for open discussion of mental health issues.

Active Minds utilizes student voices on each campus to accomplish these objectives, Malmon pointed out, empowering each autonomous chapter to engage with the mental health community on and off campus to create a comfortable environment for those in need of help and to promote awareness of resources.

Malmon founded Active Minds in 2001. She was then a junior at the University of Pennsylvania. Her efforts have everything to do with her older brother, Brian. Alison looked up to her big brother, calling him “extraordinary,” adding that he was an honors student and excelled in AP classes in high school, as well as a wide array of activities and classes in college. Alison felt she had to live up to the Malmon name at high school following Brian.

At Columbia University, Brian emerged himself in activities. He worked as a sports editor at a campus newspaper, had a 3.8 GPA, was on the dean’s list and participated in theatric groups.

Brian had been experiencing depression and psychosis for three years but had tried to conceal his symptoms from virtually everyone around him. In his senior year at Columbia University, right before Thanksgiving, Brian visited the counseling center at Columbia. The counselor was alarmed, and told him that he was suffering from depression and anxiety, and should return home.

Brian returned to the family’s Maryland home to “de-stress” and, Malmon said, what was supposed to be a “long weekend home turned into week, week turned into month, month turned into a year.”

It turns out, she says, that Brian was seeing and hearing things since his freshman year at Columbia and never told anyone.

Brian began receiving treatment for what was later diagnosed as [schizoaffective disorder](#), a mental illness that often involves a combination of the mood disturbance of bipolar disorder with the hallucinations, delusions, paranoia and other forms of psychosis of schizophrenia.

Malmon said that there were “no red flags” and that her brother’s academic performance and social relationships did not result in any active signs. Malmon said her brother felt “scared and ashamed,” “walked the streets of New York alone” and even spent several nights on the streets. He did not believe, she said, that he was “worthy of professional help.”

Even once Brian’s friends at school realized that something was amiss, Malmon said, that “no one said a word because no one knew what to say.”

The implication is that if they had felt more comfortable talking about mental illness, Brian’s sickness could have been caught earlier and maybe he could have received life-saving treatment.

Malmon talked about how her brother’s return, during her senior year of high school, was a confusing and alarming experience, but that it seemed he was making progress by the time she left for the University of Pennsylvania, a decision she made, in part to be close to him and home.

While Brian was home, she said he received intensive therapy and medications, watched the Simpsons, played his guitar and worked for *The Washington Post*.

A year and a half after arriving home, on March 24, 2000, Malmon said, as she was wrapping up her freshman year at the University of Pennsylvania, Brian ended his life by shooting himself. He was 22.

Malmon called it a “devastating loss” and said she wondered, “How could this happen to my smart, talented, artistic brother? He helped me through parents' divorce, mom's re-marriage ...”

Malmon grief over her big brother is still palpable, but she has also turned the energy from that loss into an effort that has helped thousands of college-aged students.

Upon returning to Penn, Malmon realized that she was scared, suffering in her grief alone, just as her brother had with his pain, and that no one was talking about mental health on campus.

Malmon said she was at was motivated to change that culture on her campus. She wanted to combat the stigma of mental illness, encourage students who needed help to seek it early, and prevent future tragedies like the one that took her brother's life. After searching unsuccessfully for existing groups that she could simply bring to her campus, Malmon created her own model and formed what was then known as Open Minds.

After a great first year, Malmon said, Open Minds at Penn gained enough support from university students, administrators and the mental health community that it was able to expand onto other campuses. A transfer student at Georgetown University dedicated her first year there to bringing the University of Pennsylvania program, and mental health awareness, to her new campus. She founded the second chapter of Active Minds at Georgetown in fall 2002, which gained the same momentum and support as had the Penn chapter.

The group's growth continued, and the national headquarters was established in Washington, DC during the summer of 2003. The new non-profit organization, and all of the affiliated campus chapters, was then renamed Active Minds, to reflect the progressive nature of this form of student advocacy and recovery in the mental health movement.

Malmon said that when she first started the group she expected it to attract other people like her, suicide survivors and other loved ones who had felt the tragedy of mental illness through the lives of people that they cared about. Malmon said she was surprised that the group attracted both those who were like her, mental health advocates and those with mental illnesses and mental health struggles.

Malmon discussed a bill passed in the Maryland legislature that mandates the creation of similar programs in their high schools, and additional efforts to reach teenagers and adolescents, who along with college students, represent the group of people where the first onset of mental illness is most likely to happen.

Malmon talked about how college students face an enormous amount of change and transition, ranging from college life itself to family obligations, new romantic relationships, as well as the onset age of mental illness. She said that one in five college students face mental health issues,

ranging from schizophrenia to eating disorders. She added that 10 percent of college students report contemplating suicide and that every 18 minutes someone dies of by their own hand. She said that 25,000 college students attempt to take their lives each year.

Malmon said that while she sees change, that “silence and ignorance pervades.” Her hope is that the young are more included in the mental health community of the future. She said she hopes that Active Minds can be the young adult voice” in discussions about mental health, “local and national pioneers” and “social entrepreneurs.”

Without mentioning names, but essentially referring to organizations like the National Alliance on Mental Illness and the Treatment Advocacy Center, Malmon said that “mental health advocacy has long been dominated by parents and grandparents.” Instead, Malmon said, “Mental health advocacy is party of the civil rights movement” and should be lead by those with mental illnesses and progressive advocates.

During the question and answer period, Malmon was asked about those dually diagnosed with a mental illness and a substance abuse problem. She said that the stigma for the two illnesses, and therefore, the treatment are different. She said, “Alcohol and drug abuse are more socially acceptable on campus than mental illness, adding that “better to have a friend drink 99% of the time than a friend crying 1% of the time” She said traditional mental illnesses are often co-morbid with eating disorders because of a “pressure to feel thin” that she described as “tremendous.”

“If a friend isn't eating or sleeping,” she says. “Ask him if you can walk him to the counseling center.”

She was asked why mental health problems are not taken as seriously as physical health problems, and Malmon said that “deploying peer advocacy and personal contact to get mental health respected and understood” would be a part of that battle.” Malmon added that “more students are coming to campus with severe psychological problems” and that counseling centers, which are getting slammed, are, by in large, “unable, ill equipped to do outreach.”

One question centered on helping students, such as international and foreign-born students, from other cultures. Malmon said that efforts are being made in those areas and that the stigma, as well as diagnosable illnesses, itself differs from one culture to another.

Malmon was asked about the April 2007 shootings at Virginia Tech, where one student, presumably mentally ill, killed dozens of his classmates. She said that an Active Minds chapter had been started there before the shootings by graduate students and that the national organization, per its policy, did not dictate to the chapter what to do.

“The whole campus was in grief,” Malmon said, “and the Virginia Tech Active Minds Chapter didn't want to be the focus of national media attention on this one issue.”

Malmon said that “99.9 percent of individuals with mental health disorders are contributing members of society” and that the shooter at Virginia Tech, who was not diagnosed with a mental illness but was presumed to be, is not representative of the mentally ill people at large.

Another audience member asked about depression, and other types, of screenings. Malmon said that some Active Minds chapters have been involved in screenings, including ones that occur as a part of events on campus. Leila Jarrahi, a licensed clinical psychologist at the George Mason University Counseling Center, added GMU had developed its own online screenings, which are popular among students, and lead to referrals to the counseling center.

There were several high school students in attendance and one in the audience asked “What advice you do give a mentally different high school student look at colleges?”

Malmon recommended looking at the staff ratio of students-to-counselors, adding that students should “make sure the counseling center has good relations with community based mental health services.” She also said that students with mental illness have reported that they tend to fare better at “small, liberal arts colleges” that “seem to offer the most support.”

“Everybody knows my shit,” Malmon said of such schools, “but the good thing is that everybody knows my shit.”

Malmon addressed the makeup of Active Minds chapters, saying that they do not know why about half of the members are involved. Of the remaining, half have been diagnosed with a mental illness and are in recovery and believe that “getting involved helps you get more engaged.” She said that about 30 percent are family members and friends, and about 20 percent of majors in psychology, nursing and social work.

A Fairfax County teacher expressed concern and frustration with talking about mental health on the high school level. She asked Malmon about influencing policy makers and administrators about the benefits of discussing mental health.

“We need to start education earlier,” who had noted that many people have the first onset of mental illnesses in their teenage years and early twenties. “Students are really interested, but you have to get it past teachers and administrators.”

In May 2005, Active Minds helped pass a bill in Maryland to create mental health peer-to-peer groups in all of the state’s high schools. “Nothing has been done with it,” Malmon said.

Malmon talked about how she and her mother visited Brian's high school and spoke with the principal about doing something to honor Brian's memory. The principal did not want it to have anything to do with suicide, and eventually rejected doing anything at all in Brian's name.