Protecting the Minority: How Do We Protect the Minority in Times of Crisis?

Dear Editor,

In a recent article by Samander and Harman, the authors presented the role of ethnicity and race in anxiety treatment of adult patients who were diagnosed with anxiety disorders.1 As a professor in a Catholic University, I have experienced counseling students who are suffering from anxiety disorder, stress, burnout, and other mental health concerns. Although minority of these college students exhibit higher levels of distress caused by the COVID-19 pandemic, there is a little research on how teachers, counselors, and physicians protect these minority students in times of crisis. It is very important to acknowledge that most of the minority students have underlying issues outside of their academic workload, which they may already be struggling with prior of the COVID-19 pandemic. Most of these issues cannot be resolve without counseling and psychosocial interventions.

A recent survey conducted by the World Health Organization (WHO) revealed that the global prevalence of anxiety and depression increased by a massive 25% in the first year of the COVID-19 pandemic, with young people the worst hit.2 First, a major reason for the increase is the unprecedented stress caused by the social isolation resulting from the pandemic. Linked to this were constraints on people’s ability to work, seek support from loved ones, and engage in their communities. Second, like so many other things in our society, good mental health is inequitably distributed. Surveys have repeatedly shown that mental health problems are more common in minority populations. This mental health inequity has been greatly exacerbated by the COVID-19 pandemic on LGBTQIA+, blacks, Asians, indigenous people, and people of color. Third, among college students, those from minority populations have more factors that are associated with poor mental health. These factors of mental health include poverty, childhood neglect, discrimination, housing insecurity, food insecurity, and loneliness. In the Philippine context, there are several issues and concerns such as the prevalence of fake news, hate speech online, cancel culture and bashing, discrimination and stigma against the minority, these factors promote anxiety, depression, and other mental health problems.3

Mental health awareness continues to spread across colleges and universities. But for minority students, there are several challenges and barriers that can hinder their ability to receive counseling and psychosocial interventions.4 As with the many minority cultures, indigenous peoples do not participate in counseling frequently because of the stigma associated with mental illness. Given the experiences of my students in campus, some approaches for protecting the minority populations are proposed. First, there must be a comprehensive program within campus to protect the rights of these minorities and to advance mental health equity among college students. Second, rather than slogans, testimonies from minority students who have had transformative experiences with their teachers and counselors feel more inviting. The use of stories and narratives can enhance engagement between students and counselors. Third, an inclusive space for diversity within campus may mitigate some barriers. The implementation of “Safe Spaces Act” in the Philippines is highly encouraged. Lastly, the use of technology to provide mental health emergencies would be of great help. Digital mental health tools hold clear promise for advancing mental health equity among college students.

The impact of minoritization of students with mental health concerns studying in a university needs to be further research and explicitly addressed by policy-makers and key-decision makers within universities.

Authors’ Note

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Disclaimer

The views submitted are my own.

Declaration of Conflicting Interest

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