

Carrying Forward a Mission: CURESZ at Wayne State University



**WAYNE STATE
UNIVERSITY**

As rising seniors in the public health honors program at Wayne State University, we continually reflect on what it means to not only study health, but to practice it as a daily ethic.

Public health has taught us that a disorder is never solely biological: it is also social, cultural, and structural. That recognition pushed us to turn theory into action. For a long time, the two of us searched for a way to bring together our academic training, our commitment to service, and our lived experiences as South Asian women into something concrete for our larger community. That opportunity came when we co-founded the Wayne State University chapter of CURESZ.

The mission of CURESZ – centered on schizophrenia and related psychiatric brain disorders – **resonated with us immediately.** These conditions reveal one of the sharpest divides between science and society. Medically, progress has been significant, but socially, the field remains shrouded in stigma. Too often, individuals with schizophrenia are seen not in their full humanity, but through the lens of fear and misunderstanding. As future healthcare providers with strong interests in psychiatry and public health, we saw in CURESZ the chance to confront silence through **education, awareness, and advocacy.**

Wayne State is the place where this mission began. Our university reflects the resilience and diversity of Detroit, while also bearing the weight of longstanding inequities. Nearly half of undergraduates are eligible for the Pell Grant, and a majority identify as first-generation college students (WSU EMI Toolkit, 2024). Many, like us, are children of immigrants.



Aina Aspal and Manaal Syed

Within our own households, silence around mental health was the norm. As young women, we saw how emotional struggles were brushed aside – sometimes in the name of endurance, sometimes to preserve family reputation. These early experiences left us determined to change the narrative for ourselves and our peers. Founding a chapter at Wayne State was not only about serving our campus: it was also a way of repairing absences in our own lives.

Our first tabling event demonstrated just how needed this was. We set up a trifold poster, flyers, and pins, expecting a few curious glances. Instead, students stopped. They asked questions, had real conversations, and, in some cases, shared their own stories.

Some spoke about relatives living with schizophrenia, while others opened up about their own experiences with anxiety, depression, or bipolar disorder. One student told us that simply seeing the word “schizophrenia” on our poster made them feel less invisible. In that moment, we realized that recognition itself is a medicine: **absence wounds, while acknowledgment heals.**

Our focus on schizophrenia is intentional. It is still one of the most misunderstood and isolating conditions in medicine. Public perception is shaped more by sensationalized portrayals than by science. Unfortunately, families find themselves navigating not only the disorder but also discomfort from friends, neighbors, and even their own communities. Yet research shows that with treatment, support, and understanding, stability and recovery are possible. In many cases, the real barrier is not the disorder itself but the stigma and isolation that follow.

*Through CURESZ,
we aim to challenge
misconceptions – replacing
alienation with empathy,
and misunderstanding
with truth.*

We want schizophrenia to be approached on our campus with nuance, rather than reduced to caricature.

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SCHIZOPHRENIA

SURVIVORS



Lisa Guardiola

Thriving Despite Schizophrenia



At the age of 55 years old, I am fortunate that I am where I am today. I am grateful for my supportive psychiatrist who made this process much easier from the start. I am also grateful for my parents, family, and friends that have supported me through this journey.

Growing up, I spent most of my youth living with my mother and visiting my father on weekends. Despite their separation, it was a good childhood. I loved music and art from an early age, though I was often teased for my weight. I became self-conscious about my body throughout my high school years.

I remember beginning to hear a single voice during my late teens. I noticed it while I was a junior in high school, often while getting ready for school every morning. Looking back, I never thought anything of it. In fact, it was comforting to me.

My voice has been with me since I was 17 years old. It is like having a conversation with someone I cannot see. It is outside my head and sounds very androgynous. So, I never identified it as male or female, and I have never given it a name. It sounds otherworldly and for a time I thought it may be an alien being or an angel of God.

Following my high school graduation, I pursued my dream to become a hair dresser, enrolling at Pivot Point cosmetology school in the Chicago area near where I grew up. This was a time of great change in my life, as I left my mom's house and lived with roommates on my own.

It wasn't until I finally moved into my own apartment seven years later that my voice started to disrupt my life.

After cosmetology school, I worked as an inside sales rep for a cable company call center weekdays and as a receptionist in a hair salon on the weekends. With all of this stress, my voice would become louder than it ever had been before, and for the first time, it also became rude and vulgar.

My voice yelled obscenities at me and told me I was worthless and stupid. It said that I could not trust the world or anyone I came in contact with including my family. Hearing this made me anxious and unable to focus, making it difficult to communicate with friends and family.

I knew that all my calls were being recorded when I worked in the call center, but I could not leave that thought at work. I began to believe that my co-workers and the IT staff were watching me through the television set, and could see everything I was doing on the internet.

My family knew something was wrong but didn't know how to help me. I was an adult living on my own. They urged me to see a doctor, but I felt they were against me. I believed that what I was feeling was real and my voice told me I could not trust them, or anyone.

In 2002, due to my low performance at work and my erratic behavior, I was fired from my job at the cable company. I lost my job at the hair salon shortly afterwards.

With no job and my lease coming up, I made the decision to move back in with my mother and stepfather in the south suburbs of Chicago.

For the next six months I really struggled. I thought that if I left my room that something bad was going to happen, and my voice agreed with me. I became suicidal and after an attempt to take my life, my mother had me involuntary committed.

It was during this hospitalization that I was formally diagnosed with paranoid schizophrenia. But I knew in my bones that wasn't true. I refused to take the medication for the first two days I was on the psychiatric ward, but when my mother came to visit me, I began to take the medication. I still didn't believe that I had schizophrenia, but I wanted to try for my mother.

Upon discharge I was assigned a psychiatrist at a local mental health center. On my first appointment she asked me if I knew anything about schizophrenia. When I replied no, she proceeded to explain to me that schizophrenia is a chronic biological brain disorder that affects the person's ability to distinguish reality, causing them to have delusions, hallucinations, and disorganized thinking.

She then proceeded to tell me that with the proper medication and therapy I would be able to go back to work, have satisfying relationships, and live a fulfilling life.

The first medication we tried was risperidone. I had very bad side effects from this medication. I felt very tired, fatigued, or drowsy during the day. I gained 90 pounds.

Over the next 3 years I attended a day program and worked with my psychiatrist and therapist to learn reality testing and took my medications. It took some time to find the right medication but once we did my symptoms began to decrease. They didn't go away completely, but I learned coping skills on how to manage them every day. Currently I am taking an atypical antipsychotic medication called aripiprazole and the antidepressant citalopram.

In 2006, I enrolled at South Suburban Community College and graduated with an Associates in Art in 2009. I transferred to Saint Xavier University that fall. I received my bachelors in Psychology and Studio Arts in May of 2012.

Since then, I have worked in the mental health field for the past 14 years. I started as a peer specialist for a drop-in center in Chicago before accepting a job at my current organization as a case manager.

Over the last 12 years I have worked as a Community Outreach and Education Trainer, I have become a certified instructor in WRAP (Wellness and Recovery Action Plans), Adult and Youth Mental Health First Aid, QPR Suicide Prevention, safeTALK and ASIST Suicide Prevention. I am also the Vice President of NAMI South Suburbs of Chicago.

Mental Illness & Mental Health

Bethany Yeiser, *President of the CURESZ Foundation*



As this year has progressed, I have seen many exciting updates, brilliant stories of recovery, and earnest requests for funding. I get it – we all want to have mental health. But **there's a big difference between mental health and mental illness.**

Mental health is like your overall physical fitness: sleep, nutrition, stress level, relationships, coping skills. Everyone has it, and it moves up and down over time. You can work on it, and you can be in “good” or “poor” shape without having a disease.

Mental illness is like having a specific condition such as diabetes or heart disease: a diagnosable problem with biological, psychological, and social factors that requires treatment, not just “trying harder” at self-care.

I often see an emphasis on programs and initiatives that help those with their mental health but may not have been very helpful to me during my difficult journey to recovery from severe schizophrenia.

Typical calls for funding for “mental health” may include yoga classes, an emphasis on mindfulness, a challenge to keep a daily diary, and other useful ideas. But I see fewer programs focusing on the most severe mental illnesses in our society.

I live with schizophrenia in full remission, but I first began to show signs of the illness when I began my university studies at the University of Southern California in 1999 at age 17. I started out as an honor student and was thriving in my biochemistry major. But my healthy competitiveness soon morphed into total social withdrawal. My grades began to drop in classes that formerly would have been easy for me, and I eventually dropped out, rejecting all help, and became homeless in Los Angeles for four years. I lived outside the last 13 months.

At this time in my life, what I needed most was an understanding of my severe mental illness – that I had it, and that it was a physical and treatable condition. But instead, during this time in my life, not only was I unaware of my illness, but ironically, I truly believed I was mentally healthy.

At that time, a yoga class or journal would not have helped. **I didn't understand what I was going through, as I knew very little about mental illness.**

During my childhood, I never learned about severe mental illness. In high school physical education classes, we did learn about mental health, focusing on healthy sleep, diet and exercise. But there was nothing on conditions such as schizophrenia and bipolar disorder. This lack of education contributes to the stigma of serious mental illness and leaves people even more unprepared should the illness appear.

One of the most important initiatives, in my opinion, is this education. First, I would like to see high school and college students educated about schizophrenia and bipolar disorder. Clearly education for the general public would be helpful but starting this in high schools when the illness may often begin to show itself would prove most timely.

When I was growing up, I had heard of the “crazy pills” people joked about. When I was first hospitalized, this stigmatizing language was my only impression of antipsychotics. I associated antipsychotics with people sitting in a rocking chair, staring into space for hours at a time. I thought they were nothing but sedatives.

My first medication was greatly helpful to me. The delusions, paranoia and visual hallucinations all went away quickly, and I stopped hitting myself, screaming, and doing whatever else the voices ordered me to do. But I was entirely unaware that anything had changed. What I needed was to sit down with a medical professional and talk through the changes they had seen as my mental illness responded to the medication, because these changes were invisible to me. But unfortunately, I left with no understanding or directions, beyond being told to take a medication I believed I did not need. **I left the hospital without knowing the difference between mental health and mental illness, and continued to be unaware I had a mental illness (a brain disorder).**

I was also unaware that if I stopped my antipsychotic and restarted it, it could be less effective, leading to a disability that could follow me throughout my entire life.

Those who are hospitalized are in great need of an explanation about what their illness is and how medication can lead to recovery.

Caregivers are desperate to understand what is happening to their loved one. It is a prime opportunity to get people the support they need from the beginning.

Once I had come to a point of realization that I had schizophrenia and needed medicine for the rest of my life, it became important to work on my mental health. I needed to carefully get enough sleep. Diet and exercise are important for everyone, including a person struggling with bipolar disorder or schizophrenia. I swim twice a week and take long walks. I also keep a journal.



Today, my healthy lifestyle involves seeing plenty of friends often, and being busy with a full time job I love, which enriches my life.

Let's offer programs on mental health and keep our society well and thriving. But first, let's take care of the sickest among us, and let's educate our kids on serious mental illness. Many will be genetically predisposed to developing severe mental illness later in life, or will have a loved one who does. This education will serve as a foundation which will give many of our young people their best chance for a rewarding future.

I thank Nicole Gillen for helpful suggestions on this article.

~ Bethany Yeiser

Carrying Forward a Mission: CURESZ at Wayne State University *(continued from page 1)*

Our training in public health strengthens this mission. Psychiatric disorders are inseparable from the social determinants of health: housing, employment, education, and access to healthcare. At Wayne State, many students juggle heavy coursework alongside jobs, family responsibilities, and financial stress. For those managing psychiatric disorders, these pressures can be overwhelming. Cultural expectations can make the burden even heavier, particularly when stigma discourages people from acknowledging their struggles or seeking support. Thus, **we want Wayne State to be a campus where these struggles are not hidden but validated, and where seeking help feels natural, not exceptional.**

From the beginning, we wanted our initiatives to extend beyond awareness and into action. This past April, we partnered with our university's Counseling and Psychological Services (CAPS) to host a Mental Health First Aid training led by Dr. Stephanie Kastely. The four-hour interactive session brought together more than 50 students through collaborations with student-run health organizations across campus. Participants learned how to recognize signs of mental health and substance use challenges, respond appropriately, and connect individuals with professional resources, earning an Adult Mental Health First Aid certification upon completion. The event reinforced our belief that **mental health advocacy involves equipping students with the skills and confidence to support one another.**

We plan to extend this momentum across Southeastern Michigan. Research suggests that adolescence is a critical period for shaping attitudes toward mental health. By helping young people develop a vocabulary for mental health, we can shift the narrative before stigma hardens into denial. That is why we are reaching out to high schools and community organizations, particularly those in Wayne, Oakland, and Macomb counties. If students can name what they feel and recognize warning signs in those they care about, the trajectory of a life can change.

In spring 2027, we intend to facilitate a **5K fundraiser** at the Detroit Riverfront. For us, it will represent more than a fundraiser: it's a public act of collective acknowledgment. Seeing students, families, faculty, and community members walking side by side will be a public statement of solidarity – one in which psychiatric brain disorders are acknowledged, supported, and discussed with compassion rather than whispered about in fear.

CURESZ at Wayne State is not just another student organization. It is the fulfillment of a long-standing commitment. As aspiring health professionals, we have always sought to engage in work that reaches beyond the classroom and into the community. Psychiatry demands more than medical knowledge; it requires empathy, cultural awareness, and an understanding of the social factors that shape mental health. **Leading CURESZ is our way of practicing what we intend to carry into our careers by blending science with compassion and knowledge with advocacy.**

Being part of CURESZ has also changed us personally. Each time a student shares their story, our conviction deepens. Each time a peer asks for resources, we are reminded of the trust placed in us. And each time we open these conversations within our own families, we feel a quiet shift in patterns that once kept mental health in silence. Our efforts are not only outward-facing – they are also reshaping the contexts we come from.

What we hope to build is not a moment, but a culture: a campus where mental health is spoken of as naturally as classes and internships; where schizophrenia is understood with nuance; and where seeking help carries no weight of shame. **We want Wayne State to be a place where the next generation of clinicians, researchers, and advocates learn that effectiveness and empathy are not competing virtues, but rather, inseparable ones.**

References: Wayne State University (EMI Toolkit). (2024). Public Agenda. Retrieved August 15, 2025, from: <https://publicagenda.org/resource/emcs/case-studies/wayne-state-university-emi-toolkit/>

Please consider making a donation to the CURESZ Foundation online at **CURESZ.org**

Your contribution will help provide education and referrals to persons with schizophrenia, their families, and those who work with the seriously mentally ill. CURESZ informs the general public to better understand this serious brain disorder, and to provide scientific advances showing that there is hope for recovery, and a return to a fulfilling and normal life. The CURESZ Foundation is a 501(c)(3) nonprofit organization. All contributions are tax deductible.

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