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Mental Illness and Popular Beliefs

“Mental illness is nothing to be ashamed of,
but stigma and bias shame us all.”

Bill Clinton

Estimates of the number of people with mental illness in this country are generally around one in five. Those are the ones that actually have access to and seek treatment. Mental illness can be caused by a number of things. The primary causes are psychological trauma (most often childhood trauma), genetics, and brain damage. Such brain damage can be caused by things such as exposure to toxins such as prenatal alcohol or drug exposure or long-term intoxicating substance abuse and addiction later in life, any of a number of illnesses that cause brain damage, actual head trauma, and even chronically high stress levels. Most mental illnesses, all of the more disabling or severe ones, involve actual abnormalities in the brain – under-development or genetic abnormalities, neurological disease or damage, or chemical system disorders in the brain that are just like the congenital abnormalities, physical disease or damage, or blood system disorders in the body of medical conditions.

A few years ago this author did an informal survey of psychotherapists in Solano County, CA, and on an internet network. Not as many responses came back as wanted, but the responses received were important. Most stated that about 75-80% of their patients had mental illnesses or engaged in inappropriate behaviors resulting from childhood trauma, usually abuse or neglect. Some went up to 90-95%. Only one was below 75%, stating about 50% because he worked for a clinic that specialized in a specific genetic disorder. This disorder was triggered by childhood trauma in 50% of his patients.

We have made tremendous strides in understanding and treating mental illness. Proper treatment can be very effective for the vast majority of these people, and can lead them back into healthy, productive lives. But it only works for those who have access to appropriate treatment and are not too afraid or ashamed to seek it and stay with it.

There was an important and troubling report from some research conducted in 2002:

“Severe mental illness has been likened to drug addiction, prostitution, and criminality. Unlike physical disabilities, persons with mental illness are perceived by the public to be in control of their disabilities and responsible for causing them. Furthermore, research respondents are less likely to pity persons with mental illness, instead reacting to psychiatric disability with anger and believing that help is not deserved.”

(Understanding the impact of stigma on people with mental illness. World Psychiatry. Feb 2002; 1(1): 16–20)

Unfortunately, not much has changed since then.

The word pity is very inappropriate. No one needs pity, including people with any kind of disability. People with mental illness and other disabilities need understanding, compassion, acceptance, and support, not pity. The researchers' intentions were appropriate, though.

Mental illnesses and the problems that cause them are not things anyone asks for or anyone can just get over at will without proper treatment, yet proper treatment can make the difference for almost all of them. The stigma, rejection, and discrimination experienced by people with mental illness in all areas of their lives are probably greater hindrances to recovery than anything else, lead such people to deny their condition out of fear or shame and avoid or abandon treatment, and make the illness and its effects much worse than they need to be. These beliefs and attitudes probably also have much to do with why health insurance carriers and public social service agencies often only allow for less than minimal mental health care and services, making proper treatment unavailable to many, many people.

Even when patients can access mental health treatment, many still must contend with degrading or condescending attitudes from providers. The stigma and discrimination of our popular culture too often also influence the attitudes and behaviors of medical providers in other specializations, creating a pervasive tendency among providers to automatically and dismissively assume such patients are psychosomatic or histrionic if physiological explanations for their symptoms are not readily apparent. This creates serious and often dangerous obstructions in patients' access to appropriate medical care for any conditions.

It is mind-boggling to consider the idea that many healthcare providers seem to practice under the notion that all patients with mental illnesses routinely fabricate physical symptoms in the absence of physiological conditions, and therefore it can be readily assumed they do not merit medical evaluation or care. It is as if having a mental illness somehow makes people immune from physiological illnesses. Taking this a step further, it is well worth noting that psychosomatic disorders are actually uncommon among patients with mental illnesses. They are serious conditions that can be manifestations of anxiety-based reactions in the aftermath of severe trauma experiences. These valid and often disabling conditions require intensive mental health treatment, and they are to be diagnosed by qualified mental health providers only. Any suspicion of such disorders merits immediate referral. It certainly should not be written into any patient's record by a healthcare provider of a different specialization as an excuse for dismissing the patient's concerns, and then ignored.

For people with disabilities, mental illness included, their disability is not who they are. They *have* an illness or a disability, but they *are* people just like everyone else, and that

is so often forgotten or ignored. So many people in our communities and our society are struggling and suffering much more than they should have to because of the negative attitudes and rejection they experience from others, from inadequate access to the support and treatment they need, and from the discrimination in employment, social services, and healthcare they so often encounter when trying to live the healthy, productive lives they would otherwise be able to attain. In turn, we are all affected by the impaired functioning of those that have an impact on our lives, diminished or disabled human resources in the workforce, and unnecessarily increased healthcare and other social system costs resulting from inadequately treated conditions that affect behavior and all aspects of health through the lifespan.

A few online sites for information and resources:

National Institute of Mental Health
www.nimh.nih.gov

National Alliance on Mental Illness
www.nami.org

US Department of Health and Human Services
MentalHealth.gov