

Metal Health Stigma – Part I



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What do you think of when you hear mental health? When asked this

question the responses are usually: “crazies”, mental illness, and “I don’t need any of that”. These responses are examples of mental health stigma. In last few months this column has focused on the many faces of mental health. The point of this focus was to show that mental health is a key element of our well-being.

Merriam-Webster defines stigma as a mark of shame, an identifying mark or characteristic, or a specific diagnostic sign of a disease. As shown in the above definition stigma can positive or negative. In today’s world stigma is often viewed as negative as in a mark of shame. This is especially true in regards to mental health stigma.

Mental health stigma knows no geographical limitations but it can be more prominent in certain areas. Even in the United States, a country known for its tolerance of differences and advancements in mental health treatment, mental health stigma continues to prevent individuals with mental illness from being recognized as persons, seeking appropriate treatment, obtaining jobs, obtaining housing, and being productive citizens. Individuals in Lebanon County are experiencing this type of discrimination every day.

The Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) Mental Health Information Center web site provides the below information:

“Stigma is not just a matter of using the wrong word or action. Stigma is about disrespect. It is the use of negative labels to identify a person living with mental illness. Stigma is a barrier. Fear of stigma, and the resulting discrimination, discourages individuals and their families from getting the help they need. An estimated 22 to 23 percent of the U.S. population experience a mental disorder in any given year, but almost half of these individuals do not seek treatment (U.S. Department of Health and Human Services, 2002; U.S. Surgeon General, 2001).

The reality of 22 to 23 percent of the U.S. population experiencing a mental disorder in any given year is that approximately 1 in 4 adults will experience a mental disorder in any given year. This means that the average U.S. family will have a family member who experiences a mental disorder in a given year. So why does the stigma continue to exist?

Part of the existence of this mental health stigma goes back to the days when it was believed that individuals with serious and persistent mental illness could only be treated in mental institutions – often referred to as mental asylums. Mental health stigma also developed out of the use of medications with side effects that caused the loss of the physical control of body parts, the myth that persons with mental illness often became violent and uncontrollable, and the abuse of persons with mental illness – this includes physical, psychological and legal system abuse.

Another key factor in this stigma has been the overwhelming demands placed on the caregivers of persons with mental illness. The care of a person with mental illness is often 24 hour/7 day a week care. Families often get burnout, professional care givers often get burn out, and the physical toll

can be devastating. This burn out often forced persons with mental illness to leave protective environment of the caregiver and rely on the public system to meet his/her needs. Families often exhausted all their resources and gave up out of desperation.

Finally, mental illness or mental disorders were not considered diseases or illness similar to diabetes, asthma, heart disease and cancer for many years. People were often told to get over it and move on with your life. Within the last three or four decades mental illness/disorders have taken on the identity of treatable diseases. New and better treatment protocols have been developed which include new medications. The problem encountered with the new treatment protocols was the acceptance by the mental health professional community and the trial and error prescribing of the new medications.

The acceptance of mental illness/disorders as a disease meant that the professional mental health community had to change and accept that the medical model of treatment was not the most effective way of treating mental illness. This acceptance also meant that people could recover from mental illness which was contrary to what these individuals were told for years.

This system change has been slow and the communities at large were not involved in this change. Today’s mental health system is at the point where the professionals are on track with incorporating evidence based treatment and recovery into their system. The system focus now needs to be changed to engage the community process of mental health recovery. Part of this community focus must involve an active movement against mental health stigma.

The point of this series will be to help identify and eliminate mental health

stigma in Lebanon County Communities. The Mental Health Association of Lebanon County hopes that you will become an active participant in this effort.

More information about stigma and anti-stigma programs can be obtained at the MHA Office, www.mahleb.org, site and SAMHSA's Mental Health Information Center website - <http://mentalhealth.samhsa.gov/publications/allpubs/OEL99-0004/default.asp>.

The Mental Health Association will also be at the July 17, 2010 Sidewalk Chart Art Event at Monument Park. We hope to see you there.

By Shem Heller, Executive Director of the Mental Health Association of Lebanon County