

Metal Health Stigma – How it affects a person with mental illness



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This is the fourth and final column on this series on mental health stigma. My intention with today's column is to give you some insight into the effects of mental health stigma on persons with mental illness. The situations and effects I am presenting today come from my work experiences in the behavioral health field.

1. I have little to no say in my treatment plan. My psychiatrist does an initial evaluation and determines my diagnosis and what medication(s) to prescribe. I am told to let her/him know if I have any problems with the medication(s). A follow up medication management appointment is scheduled. The medication management appointment is usually a 15 minute appointment which allows the doctor to ask some general questions regarding my medication(s). I must be there early; if I am late I will not be allowed to see the doctor and I will probably have to meet with my case manager before I can schedule another appointment with the doctor. This is because persons who are mentally ill show up late due to laziness. My typical doctor appointment does not include time for me to talk to the doctor about any problems I am encountering in my day to day life. If I am fortunate enough to have time to talk with the doctor he/she often increases the medication dosages versus looking for alternative methods to address the problems. In extreme cases the doctor will totally change the medication. In most outpatient settings I will not see a nurse prior to seeing the doctor and no one checks my vital signs. This is

a potential physical health issue as some psychiatric medications may affect blood pressure, pulse rate and weight. Occasionally the doctor may check my weight. I am sent out of the office with a prescription and a follow up appointment in 2 to 12 weeks depending on how "stable" the doctor feels I am. Unfortunately the doctor didn't understand that I have no way of paying for the medication he/she just prescribed. Now I have to talk to my case manager and ask for help to pay for my medication(s). This usually involves filling out paperwork that I have a difficult time completing because my mental illness affects the way I read, understand information and write. If my case manager has the time, he/she may be willing to help me fill out the paperwork. If I do not get my medication and take it as prescribed I will be considered non compliant with my medication and may lose any services that I am currently receiving.

2. My service plan sets goals for me. My case manager is required to create and maintain a service plan for me. The object of the service plan is to help me recover from my mental illness and remain in the community and mental health services. My case manager is awesome because he/she can develop this plan and set goals for me without discussing them with me. We meet to work on the service plan but it is already written out and I am asked to sign it without going over the plan. I ask if the service plan includes therapy with a counselor as I really need to talk with someone. Initially, I am told that I am mentally ill and I will not benefit from therapy. Then I am told that my request will have to be presented to the treatment team for approval as I am currently unable to pay for the therapy; my Medical Assistance application has not been approved because I didn't finish the application and no one told me it was not finished. I give up – it is another barrier to overcome and I am so tired.

3. I am told where I can live. I recently experienced a crisis that caused me to become severely depressed. I temporarily lost my ability to take of my daily activities of living and I ended up in an inpatient hospitalization program. I spent my money on the wrong things, failed to pay my bills, and didn't take care of my basic needs. I also failed to maintain my medications which I thought weren't really helping me. A treatment team meeting was held at the hospital to work on a discharge plan as I am facing eviction from my home. Unfortunately for me, I am not invited to be part of the treatment team but my case manager, the treating physician, the unit nurse and the unit social worker are invited. This team decides that I need to live in a personal care home. The discharge plan is written and I am told that this is what is going to happen. If I don't agree with the plan than I may be required to stay inpatient for a longer period of time. Although I disagree with the plan, I am smart enough to know that I am better off in a personal care home than in the hospital. Why fight it, they are the "experts".
4. I am not able to work. I asked my case manager about going back to work as I enjoyed working before I became ill and I believe I can go back to work. The case manager tells me that my mental illness has limited my ability to work. He/she states that I will need to go through an assessment to determine what I can do. I am also told that if I go back to work I may loss funding for my mental health services. These services are keeping me out of the hospital and in the community. I ask what I need to do to get assessed. I am told that I have talk with a counselor from the Office of Vocational Rehabilitation (OVR). I have to call to make an appointment and I will have to fill out some paperwork. I am also told that OVR has a backlog and it may be months before I can be seen. Is it worth fighting the system – I have no hope of going back to work.

These four situations are life examples of stigma in the life of a person with mental illness. It is not my intention to point a finger at any of the mental health providers mentioned in these situations. The mental health system is in the process of changing to a recovery oriented system which supports the individual's voice in her/his services. You can help to keep this process moving by becoming involved. Persons with serious mental illness need a system that supports them in every aspect of his/her life.

In my next column I will introduce you to the Community Support Program, a community organization that focuses on recovery from mental illness and collaboration amongst consumers, family members, professionals and the community at large. This is a great opportunity to help us eliminate mental health stigma.

I hope you will come out and join us for our British Crème Tea on September 12, 2010. There are only a few tickets left.

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