

# TOO STRESSED TO CONFESS THE STIGMA SURROUNDING MENTAL HEALTH



Monday February 27th

7-8:30pm

Common Place, 115 South Fraser Street

**LEGAL  
COMPLICATIONS**

Approach 2

**IMPROVING ACCESS  
TO CARE**

Approach 1

**ADDRESSING THE  
STIGMA**

Approach 3

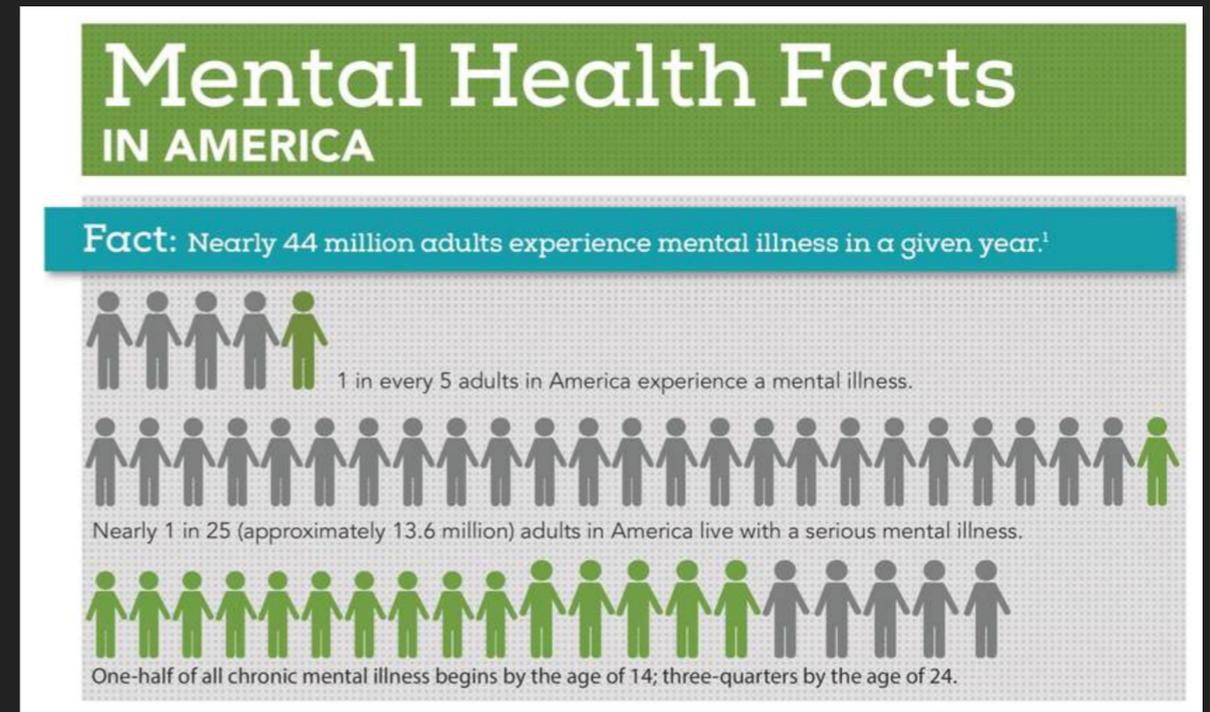
Mental health is our emotional, psychological, and social well-being. It affects how we think, feel, and interact with others. It also determines how we handle stress and make choices. One in five people in the United States experience a mental health issue, yet most Americans still lack access to care. About 56% of American adults with Mental illness did not receive treatment in 2016 (Mental Health America).

**Contributing Factors**

One of the major factors that contributes to mental health disorders is biology. To begin with, genetics is a significant factor in mental health. For instance, many mental illnesses run in families, including Autism, ADHD, Bipolar Disorder, Major Depression and Schizophrenia (National Institute of Health). Many experts believe that mental illnesses are linked to abnormalities in certain genes. Every person interacts with their environment differently, which changes each person's susceptibility to inheriting a mental health disorder. Another biological factor that may cause mental health problems is infections. Certain infections can cause damage to parts of the brain leading to the development of a mental illness or exacerbating the symptoms of one already present. Researchers have discovered that Pediatric Autoimmune Neuropsychiatric Disorder (PANDA) has been linked with obsessive-compulsive disorder in children (Causes of Mental Illness).

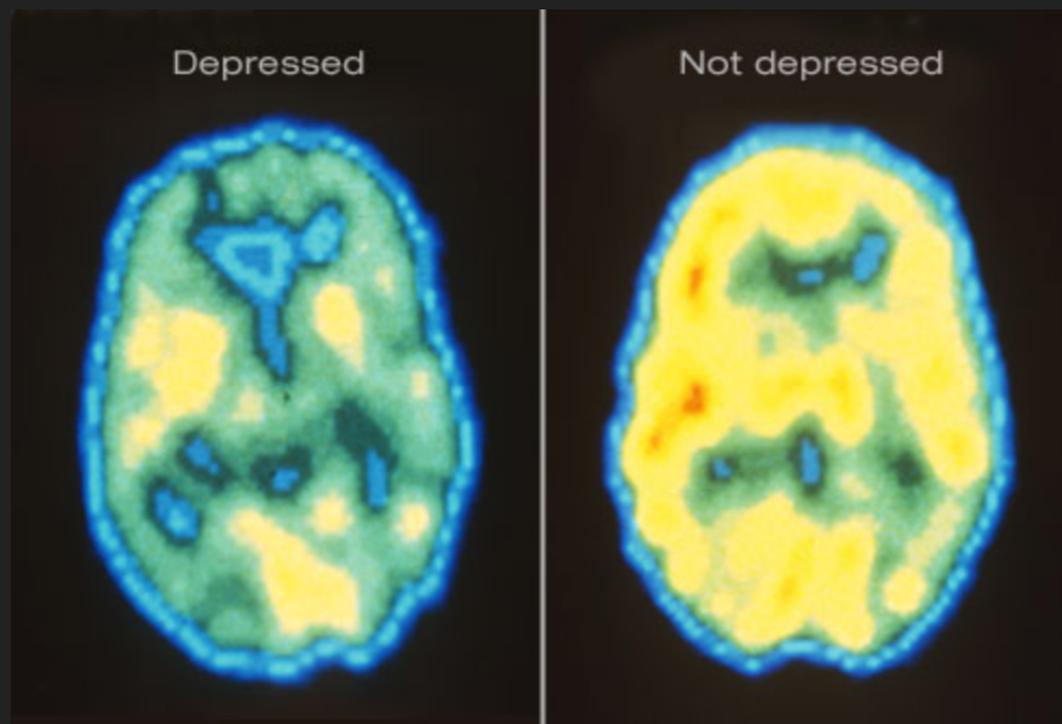
Another contributing factor is a person's life experiences, such as any type of trauma. Trauma is any situation in which a person experiences a life threatening event or is extremely emotionally disturbing.

Figure 1



Examples of this include, abusive or violent situations, witnessing crimes or having crimes committed against you, accidents, injuries, loss of loved ones, war experiences, and childhood abuse. For instance, PTSD, or Post Traumatic Stress Disorder, is an anxiety disorder that can happen after any sort of traumatic event. Approximately 4.4% of Americans suffer from PTSD and it affects their daily lives with common symptoms ranging from panic attacks to constantly reliving trauma and experiencing feelings of mistrust. All of these symptoms can lead to other mental health disorders such as major depression. Even though there is scientific proof that mental health disorders exist and actually alter the brain, there is still a stigma about whether or not mental health is a "real issue."

Figure 2



### Societal Views

The following factors likely contribute the negative attitude towards people with mental health disorders; however, there is no single reason for it, which is what makes it such a difficult problem to solve.

- ▶ **Historical Origins** - Throughout history, mentally ill individuals were often abused or locked up, because people had less of an understanding about mental illnesses at the time.
- ▶ **Medical Model** - People with mental health issues are defined as patients and so are often assumed to be different from normally functioning people.

- ▶ **Media Impact** - Although an extremely miniscule amount of mentally ill people prove to be violent or dangerous, these isolated cases are extensively covered by the media, which sometimes causes people to overgeneralize this behavior to all mentally ill people.
- ▶ **Societal Definitions** - In some cases, mentally ill individuals are defined as being less capable of contributing to society in valuable ways that other individuals, based on what societal views dictate as important.
- ▶ **Human Nature** - People tend to be suspicious of anyone different from themselves. This can be difficult to overcome especially if people do not take the time to get to know someone with a mental illness.

Often times individuals with mental health disorders may feel ostracized and alone, and in many cases, people feel ashamed because of their mental illness. This can negatively affect treatment and discourage people from getting help. Although about one in four primary care patients suffer from depression, only about one third of these are identified by their primary care doctor (American Psychological Organization). Alarmingly, 57% of all adults believed that people are caring and sympathetic towards people with mental health illnesses, but only 25% of adults with mental health symptoms considered this to be true (CDC).

Furthermore, many insurance companies are significantly less willing to support mental health treatment than treatment for other conditions, making it extremely difficult for many individuals to afford help.



# IMPROVING ACCESS TO CARE

Figure 3

**Gopal and Hyewon**

**CHANGE IN STRUCTURE TO MEDICARE AND MEDICAID SYSTEMS COULD DRAMATICALLY HELP MENTAL HEALTH PATIENTS SEEKING CARE IN HOSPITALS.**

Sources suggest that people with mental illnesses and disabilities receive disproportionately small care and funding when they do receive care. Patrick Kennedy, a former congressman, claims that Congress seeks to provide low levels of funding for mental health patients out of a desire to emphasize rehabilitation. While an emphasis on rehabilitation is important, it often means that patients do not have enough money to receive adequate care. In addition to the Medicaid policies in general, current private insurance policies create barriers to patient access and encourage providers to offer “reductionist” mental health care services, and often promote shorter hospital visits rather than visits better for the treatment. Solutions to this likely have to be on a large scale, since many of the problems are systemic, coming from government or societal stances on mental health.

Reasons to many individuals’ impediments to fair access are the inadequate coverage of mental health services under Medicare. Under Medicare, there is no other specialty inpatient service that assigns lifetime limits except for inpatient psychiatric facilities, in which the time the beneficiaries have to receive care is limited to only 190 days in a lifetime. This specified restriction is discriminatory against patients with grave mental disorders. Even without the chronic diseases, IPFs patients, who tend to be younger and poorer than other Medicare recipients.

Over the years, the demand for mental health services have skyrocketed, as the percentage of Medicare beneficiaries experiencing any type of mental disorders recently hit 26%.

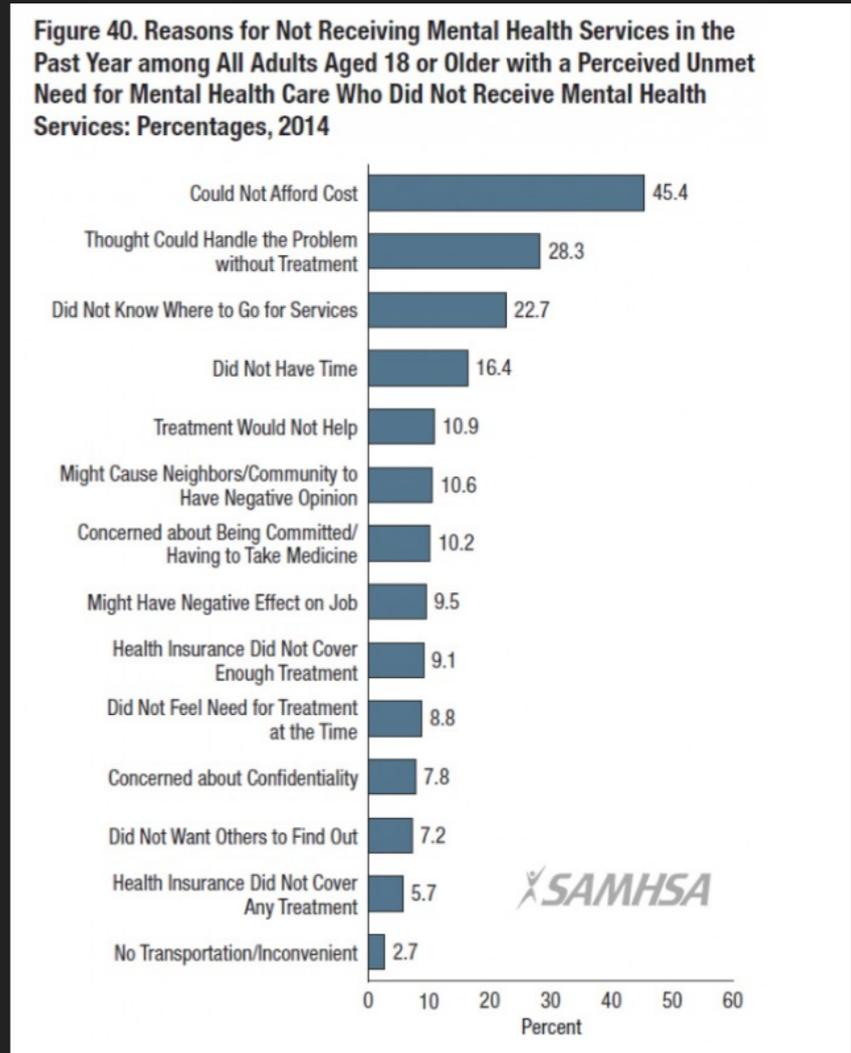


Figure 4

Psychologists, the major providers of mental and behavioral health services, however, are currently barred from practicing independent of physician oversight under Medicare, even while the assigned physicians lack significant training in psychological treatments. Allowing psychologists to perform freely can provide Medicare recipients better access to mental health care without the need for physician supervisions, which often only hinder the process of care provision.

## CHANGE IN STRUCTURE TO MEDICARE AND MEDICAID SYSTEMS COULD DRAMATICALLY HELP MENTAL HEALTH PATIENTS SEEKING CARE IN HOSPITALS.

In addition to systemic funding problems in Medicare and Medicaid, access to proper healthcare for mental health patients is impeded by other kinds of stigma. Often, these patients shy away from receiving any care in the first place out of fear of judgement. The National Institute for Mental Health reported that, on average, mental health patients wait ten years before getting treatment. This problem is further exacerbated by the fact that Congress doesn't apportion much money to hospitals for patients with mental disabilities because they want to rehabilitate patients, but this means that mental health programs are often underfunded.

In Centre County, there are a large number of resources available. The Centre County Community Support Program has listed dozens of pages of resources and support groups, and many of them are subsidized or free. This is not necessarily representative of the situation nationwide, but it should be known that drawing on evidence from just State College may not be accurate in other places

To add further to the complexion of this complex issue, mental health is sometimes overtreated. Editors of PLOS, a widely accredited medical journal, assert that mental health is plagued by "over-treatment and under-recognition". Mental health is obviously not recognized well, but is sometimes overdiagnosed in some groups, particularly children. The CDC estimates that 6.4 million children from age 4 to 17 have been diagnosed with ADHD in the last ten years, and two thirds of those children are on medication for it. It is highly likely that many children who do not actually have this condition are being diagnosed for ADHD, with disastrous consequences. Similar levels overdiagnosis happen in the wider population with conditions such as bipolar disorder and autism spectrum disorders. An incorrect diagnosis will negatively impact the quality of life of the treated individual while simultaneously restricting resources and access for people with the conditions who currently do not have access to the help they need. As such, a key element of giving care to mental health patients is eliminating access to care by the wrong patients.



# LEGAL COMPLICATIONS

**Nick and Lauren**

**REMOVING LEGAL DIFFERENCES AND RESTRICTIONS REGARDING PERSONS WITH MENTAL HEALTH DISORDERS MAY CAUSE MORE PEOPLE TO ADMIT THEY HAVE A PROBLEM AND PURSUE TREATMENT.**

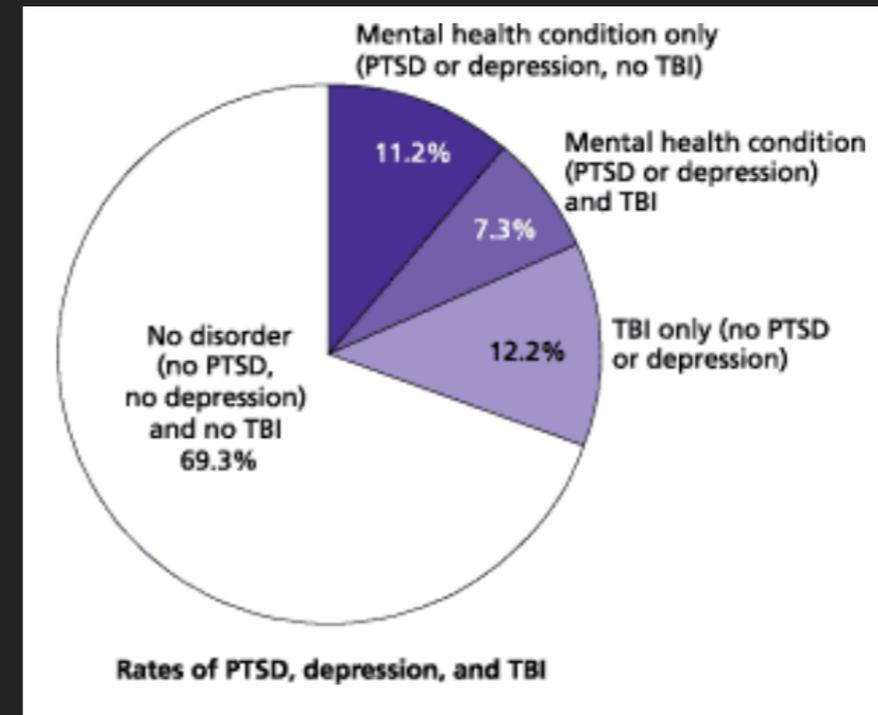
A prominent example of where admitting that you have a mental health condition may cause problems is in the military. Patient-Doctor confidentiality does not exist in the military, if a doctor discovers a condition that could prevent a soldier from effectively carrying out their job, then the soldier could be removed from that position, at their request or their superiors'. The military represents a group with one of the highest rates of mental health problems likely due to the strenuous and taxing work that many members have to carry out.

While the military field is a more extreme example of mental health intersecting with job opportunities, it occurs throughout the civilian workforce as well.

Though employers are not allowed to ask their employees about mental health conditions (per the Americans with Disabilities Act), there can still be major consequences for people with mental health conditions. The unemployment rate is between three to five percent higher, and sixty-one percent of working age adults with mental health disabilities are outside of the labor force, compared with only twenty percent of working-age adults in the general population. Lack of a job becomes more prevalent the more serious the disorder. According to the Fair Labor Standards Act (FLSA) Section 14(c), once employers receive a certificate from the Department of Labor they may pay subminimum wages based on a worker's productivity compared to employees who do not have disabilities doing the same type of work. It is recommended that employees should wait six months to a year before revealing a history of mental health to their boss. Many times employers are able to help and provide more flexible working hours or simple accommodations. However, there are also instances of workers not being promoted or even being fired after their mental health disorder is revealed. While there can be legal action taken in these instances, there is not a good track record as 90% of ADA prosecutors lose, that is if the case makes it into the court room at all.

Since 1968, Federal Law states that it is unlawful for any person to sell or otherwise dispose of any firearm or ammunition to any person knowing or having reasonable cause to believe that such person "has been adjudicated as a mental defective or has been committed to any mental institution". There are also additional restrictions across the majority of states that prevent access to firearms if someone is mentally ill. The rationale for these laws likely stems from the idea that mass shootings are committed by mentally ill persons. For example, a New York State law requires mental health professionals to report anyone who "is likely to engage in conduct that would result in serious harm to self or others". There are studies that suggest up to 60% of mass shooters in the United States since 1970 displayed symptoms of having mental health disorders. This could contribute to the idea that the mentally ill are inherently more dangerous, but other studies show that less than three to five percent of crimes involve those with mental illness, and gun crimes for the mentally ill are lower than the national average.

Figure 6: Returning troops from Iraq and Afghanistan.



There can also be a legal difference that arises in the court room. People who lack mental capacity often can void contracts, except those for necessities, and therefore pose a higher risk to any endeavor that requires contractual approval. Mental illnesses can cause greater difficulty in being admitted as a valid witness in court, and they may not be admitted at all in extreme cases. The outcome of a case can also be determined based on mental health concerns. Most infamously is the insanity plea, also known as the M'Naghten Rule, where the defendant did not understand what they were doing at the time of the crime.

Changing the laws regarding the treatment of people with mental health problems could lead to a greater openness and acceptance because there is no longer a legal difference for the mentally ill.

Schools are the only place that the limitations of people with mental illnesses do not have a negative impact. Schools do not have the ability to kick students out due to mental illness, if anything they are more responsible when a student with a mental illness steps forward. If the student is over the age of 18, the school cannot reveal to any family member, any information without consent of the student. While they cannot discuss the problems with family, they can help them through other means. Many schools can help find counseling or programs that help those specific medical concerns. In the

# ADDRESSING THE STIGMA



Figure 7

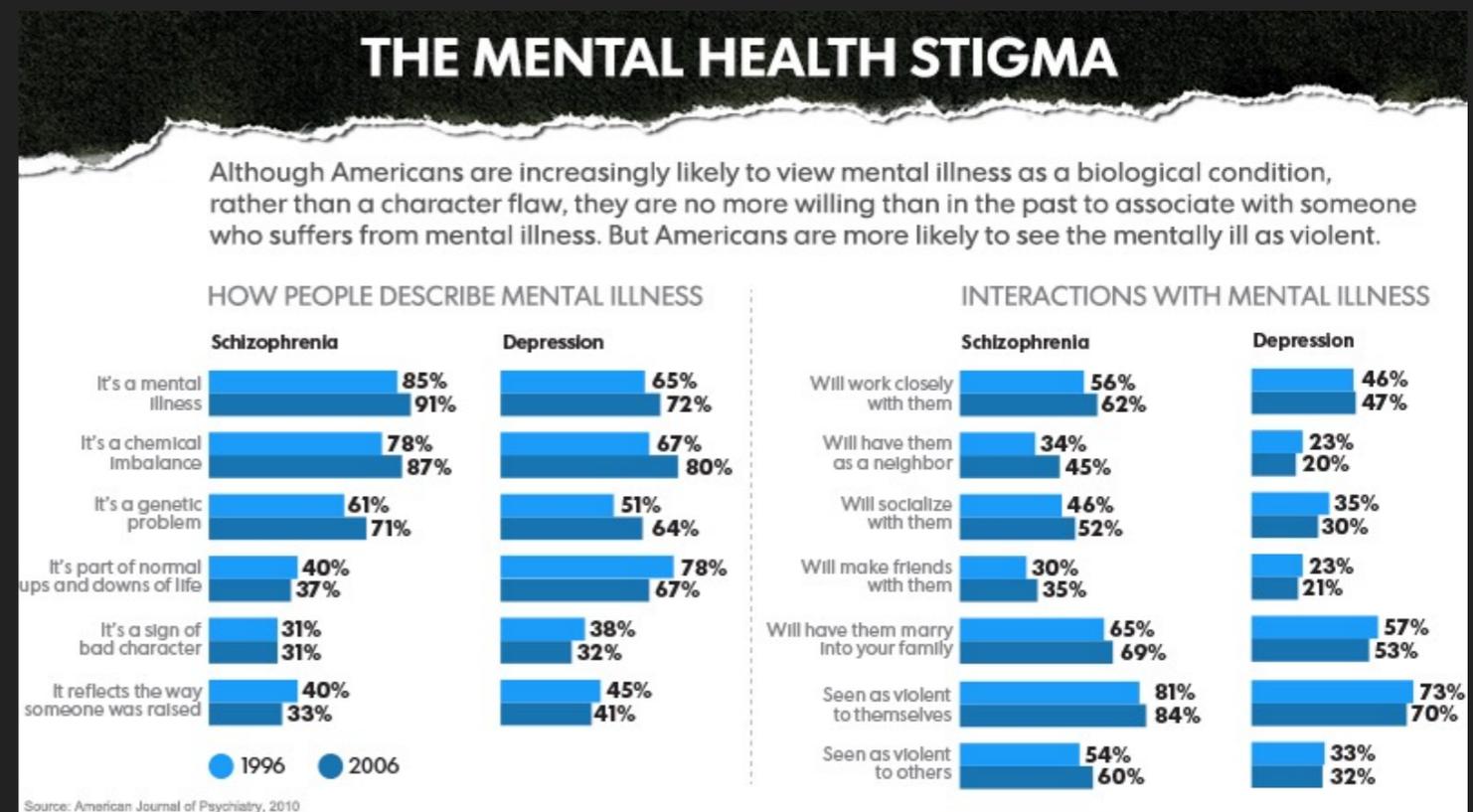
**Lexi and Emily**

**IF THE NEGATIVE PORTRAYAL OF MENTAL ILLNESS IN THE MEDIA IS CORRECTED, THEN THOSE WHO SUFFER FROM THESE CONDITIONS MAY BE MORE LIKELY TO SEEK TREATMENT.**

Despite the fact that mental health has recently become a more prevalent discussion, there is still a significant number of people who suffer from these issues that never seek treatment. The findings of a World Health Organization report state that anywhere between 30 and 80 percent of those affected by mental health concerns do not get the appropriate care (Susman 1). The lack of action taken by those who suffer from psychological conditions is largely due to the negative stigma that surrounds mental health. Some have even labeled this stigma as outright discrimination, stating that the stereotypes do more than just shame those with mental illness. So, this begs the questions, why do people suffering from mental health issues not seek treatment from medical professionals, where did the negative stigma come from, and how can the public play a better role in supporting these people?

Research shows that there are a number of ways the stigma surrounding mental health have negative implications for people who suffer from it. Some feel fearful of being labeled "crazy" or "mentally ill", which leads to their refusal of treatment. Awareness of such labels starts at a young age and ultimately results in the view that people with mental health issues are dangerous and should be feared. Additionally, they are afraid of how some psychological therapy could affect their personal as well as professional relationships, in the event that friends or coworkers find out they are seeking help.

Another effect of negative stigma, and possibly the most obvious, is the social distancing of those deemed "mentally ill" from society. This distancing leads to loneliness and ultimately worsening of the psychological stress. Being isolated and discriminated against leave patients with fewer resources for help. Clinical psychologist Michael Friedman Ph.D. even goes so far as to say, "The stigma of mental illness is perhaps the greatest barrier to care." People living with mental illness then fall into a downward spiral of isolation and lack of help. One tragic result of this downward spiral is the development of a "self-stigma."



IF WE CAN ELIMINATE THE NEGATIVE STIGMA SURROUNDING MENTAL HEALTH, AS WELL AS IMPROVE PUBLIC EDUCATION ON THE ISSUE, THEN THOSE WHO SUFFER FROM PSYCHOLOGICAL CONDITIONS MAY BE MORE INCLINED TO SEEK TREATMENT.

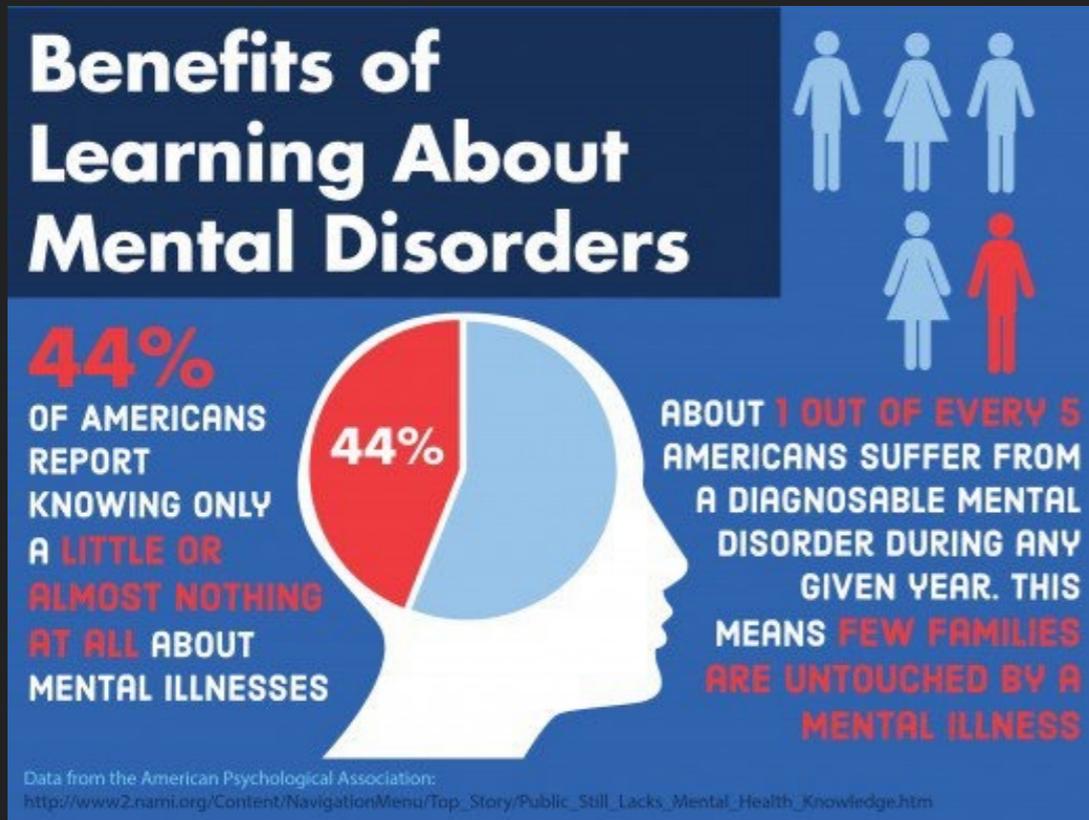


Figure 8

A self-stigma is a person’s own negative view of their psychological symptoms. These feelings make one less likely to acknowledge their symptoms and seek help because they view their condition as undesirable and embarrassing. According to the U.S. Department of Health and Human Services, “Embarrassment associated with accessing mental health services is one of the many barriers that cause people to hide their symptoms and to prevent them from getting necessary treatment for their mental illness symptoms.” People may instead try to avoid, separate themselves from, or repress their symptoms (Friedman). If an individual does in fact take action to try and “solve the problem,” they may try to treat the symptoms on their own. This self-treatment approach often leads to detrimental behaviors including smoking, excessive alcohol drinking, taking drugs, or developing eating disorders.



Figure 9

We can see that the effects of the stigma lead to nothing but further pain for people with mental illnesses. In order to find a solution for stigma, we must look for its cause.

The media as a whole, and specifically pop culture are likely the main causes in the perpetuation of stigma. News stories about “mentally ill” criminals committing violent crimes generalizes the broad spectrum of mental diseases to the single term: mentally ill. Therefore, the general public learns to associate the broad term “mental illness” with violence and danger, ultimately creating the stigma that people with mental illnesses are dangerous. Society’s fear of mental illness marks the root of stigma.

Eliminating the stigma of mental illness could prevent all of these negative responses. Adjusting how media portrays mental illness is a key step in the fight to eliminate the stigma surrounding mental illness. If mental illnesses were treated like any ordinary physical illness, people developing symptoms would not feel the pressure to hide their condition. Rather than repress their feelings or turn to harmful behaviors, they could seek professional help and experience relief.

- ▶ "Accommodating Mental Illness." SHRM, 15 Sept. 2014, Web. 16 Feb. 2017.
- ▶ "Attitudes Toward Mental Illness --- 35 States, District of Columbia, and Puerto Rico, 2007." Morbidity and Mortality Weekly Report. Centers for Disease Control and Prevention, 28 May 2010. Web. 20 Feb. 2017.
- ▶ "Causes of Mental Illness." WebMD. WebMD, 2005. Web. 16 Feb. 2017.
- ▶ Centers for Disease Control and Prevention, Substance Abuse and Mental Health Services Administration, National Association of County Behavioral Health & Developmental Disability Directors, National Institute of Mental Health, The Carter Center Mental Health Program. Attitudes Toward Mental Illness: Results from the Behavioral Risk Factor Surveillance System. Atlanta (GA); Centers for Disease Control and Prevention; 2012.
- ▶ "Data on behavioral health in the United States." American Psychological Association. N.p., n.d. Web. 20 Feb. 2017.
- ▶ Davey, Graham C.L. "Mental Health & Stigma." Psychology Today. N.p., 20 Aug. 2013. Web. 20 Feb. 2017.
- ▶ Design copyright (c) 2017 by John Stephens | Content copyright (c) 2017 by the GI Rights Network unless otherwise cited. "Other Designated Physical and Mental Conditions Discharge." GI Rights Hotline. N.p., n.d. Web. 22 Feb. 2017.
- ▶ "Fair Labor Standards Act (FLSA) Section 14(c) Advisor." Elaws - employment laws assistance for workers and small businesses. United States Department of Labor, n.d. Web. 20 Feb. 2017.
- ▶ Fawcett, Kirstin. "How Mental Illness is Misrepresented in the Media." U.S. News & World Report. U.S. News & World Report, 16 Apr. 2015. Web. 22 Feb. 2017.
- ▶ Friedman, Michael. "The Stigma of Mental Illness Is Making Us Sicker." Psychology Today. N.p., 13 Mar. 2014. Web. 20 Feb. 2017.
- ▶ "Guns & Mental Health." Coalition to Stop Gun Violence. N.p., n.d. Web. 20 Feb. 2017.
- ▶ Hughes, Ingrid B. "How to Partner with a Loved One with Mental Illness." Psychology Today. N.p., 5 Feb. 2017. Web. 20 Feb. 2017.
- ▶ "Insanity Defense." Findlaw. N.p., n.d. Web. 22 Feb. 2017.
- ▶ Jacobson, Roni. "Should You Tell Your Boss about a Mental Illness?" Scientific American. N.p., 01 Sept. 2014. Web. 20 Feb. 2017.
- ▶ Lawrie, Stephen. "What causes stigma and what can we do about it?" Mental Health. N.p., 04 Aug. 2015. Web. 20 Feb. 2017.
- ▶ Legal, Inc. US. "USLegal." Mental Condition of Witness. N.p., n.d. Web. 22 Feb. 2017.
- ▶ Leigh, Melissa. "Untreated Mental Illness." Untreated Mental Illness | International Bipolar Foundation. International bipolar foundation, n.d. Web. 20 Feb. 2017.

- ▶ Lewin, Tamar. "Laws Limit Options When a Student Is Mentally Ill." *The New York Times*. The New York Times, 18 Apr. 2007. Web. 20 Feb. 2017.
- ▶ Meinert, Dori. "Accommodating Mental Illness." SHRM. N.p., 15 Sept. 2014. Web. 20 Feb. 2017.
- ▶ "Mental Condition of Witnesses." USLegal. N.p., n.d. Web. 22 Feb. 2017.
- ▶ "Mental Disorders Affect One in Four People." WHO. World Health Organization, 2001. Web. 16 Feb. 2017.
- ▶ "Mental Health & Stigma." *Psychology Today*. Web. 16 Feb. 2017.
- ▶ Metzl, Jonathan M., and Kenneth T. MacLeish. "Mental Illness, Mass Shootings, and the Politics of American Firearms." *American Journal of Public Health*. American Public Health Association, Feb. 2015. Web. 22 Feb. 2017.
- ▶ "Myths and Facts about Mental Illness." OneStops.info. Institute for Community Inclusion, n.d. Web. 20 Feb. 2017.
- ▶ "NAMI." NAMI: National Alliance on Mental Illness. NAMI, n.d. Web. 16 Feb. 2017.
- ▶ "Possessions of Firearms By People With Mental Illness." National Conference of State Legislatures. N.p., n.d. Web. 22 Feb. 2017.
- ▶ Stim , Attorney, Richard. "Who Lacks the Capacity to Contract?" NOLO. N.p., n.d. Web. 22 Feb. 2017.
- ▶ Stuart, Heather. "Medscape." *Mental Illness and Employment Discrimination* . Medscape, 2006. Web. 16 Feb. 2017.
- ▶ "The State of Mental Health in America." Mental Health America. N.p., 31 Oct. 2016. Web. 20 Feb. 2017.
- ▶ United States. National Center for Chronic Disease Prevention and Health Promotion. Division of Population Health. *Well-Being Concepts*. Atlanta: National Center for Chronic Disease Prevention and Health Promotion, 2016. Centers for Disease Control and Prevention. Web. 23 Feb. 2017.
- ▶ United States. U.S. Department of Health & Human Services. HHS. *Mental Health Myths and Facts*. Washington: U.S. Department of Health & Human Services, 2015. U.S. Department of Health & Human Services. Web. 23 Feb. 2017.

- ▶ Figure 1
  - ▶ Rhodes, Maura. "Mental Illness in America: Take the Stigmafree Pledge." SafeBee. N.p., 05 Oct. 2015. Web. 24 Feb. 2017.
- ▶ Figure 2
  - ▶ "Depression Overview Slideshow: Emotional Symptoms, Physical Signs, and More." WebMD. WebMD, n.d. Web. 24 Feb. 2017.
- ▶ Figure 3
  - ▶ "Home." *Vitalyst Health Foundation*. N.p., n.d. Web. 24 Feb. 2017.
- ▶ Figure 4
  - ▶ "Accelerating Access to Mental Health Treatment." SAMHSA Blog. N.p., n.d. Web. 24 Feb.
- ▶ Figure 5
  - ▶ Gavel Image. Digital image. *Redirect Notice*. N.p., n.d. Web. 24 Feb. 2017.
- ▶ Figure 6
  - ▶ "Cost of Not Caring: Stigma Set in Stone." USA Today. Gannett Satellite Information Network, 12 Jan. 2015. Web. 24 Feb. 2017.
- ▶ Figure 7
  - ▶ Alliance, Access. "The Effects of Stigma on Accessing Mental Health Care." *Newcomer Health Matters*. N.p., 23 Mar. 2016. Web. 24 Feb. 2017.
- ▶ Figure 8
  - ▶ Philippe, Raymond. "The Importance of Psychology." Owlcation. Owlcation, 06 June 2016. Web. 24 Feb. 2017.
- ▶ Figure 9
  - ▶ Health, Elements Behavioral. "How to Recognize the 10 Early Warning Signs of Dual Diagnosis." Clarity Way. N.p., 02 June 2015. Web. 24 Feb. 2017.