

The Stigma of Mental Illness in the U.S.A.

POLS 1100

Andre' Bettinson

The United States makes up roughly 5% of the world's population, and we as a country consume 75% of the world's prescription drugs. [1] About 8 million American adults seek treatment for PTSD during a given year. [2] In reports of mass shootings done over the last 30 years, 60% of perpetrators showed signs of mental illness prior to carrying out a mass shooting. [3] With statistics like these, mental health proves itself to be a colossal issue that is difficult to legislate around, spread awareness of, and dispel the natural evolutionary stigma that developed toward mental illness. Within this research paper I will be focusing on three pertinent branches from which mental illness stigma conflicts are perpetuated; substance abuse in the form of prescription drugs and treatment of those that develop dependencies, post-traumatic stress disorder as a diagnosis, and third I will be focusing on the hot topic of mental illness and how it relates to mass shootings.

When it comes to prescription drugs, and how readily a doctor of any sort is quick to hand them out. Concerning the state, I present to you a story that was reported in the *Boston Globe* about a gathering of groups that are lobbying over opiate prescription policies in Massachusetts. In the article, identities such as industry doctors and patients gathered together to not only raise awareness, but put their best foot forward in the fight against creating addicts and

making it more difficult to abuse prescription drugs such as opiates (pain pills). It is widely known in substance abuse treatment centers that many addicts are created from even a minor injury that the doctor felt warrants a prescription of pain pills, and once their supply of those run out and they are not willing to controllably come off those drugs, they move towards heroin, which is not as potent pharmacologically as prescription opiates, but the health risks from ingestion and many other factors lead towards death much quicker. The other side of identities that fought against the aforementioned groups possibly consisting much more of interests than various identities. Financial interests such as drug makers campaigned with a simple message in defense, "Don't punish millions of legitimate pain patients in the rush to reduce prescription opiate addiction [4] Rowland, Christopher." This type of defense in my opinion is a commonly uttered defense from those who are concerned about their customer-base. It is an industry's attempt at coming off as compassionate. Some people do often find use for using opiates for pain, but the vast majority of the reasons they are given out simply needs awareness to rise up. Patients, doctors, and the general public need to be aware that on most levels opiates do not even treat pain directly. Doctors need to understand how opiates create addiction and affect the brain chemically, tinkering with the rewards system of an inactive addict, or extending the addiction level of someone that is actively using. Actively using addicts frequently are known for mixing substances or taking substances in succession, exposing the body to all sorts of extremes. But even more prevalent now whether it be in addicts, or those that simply follow the doctors orders are being prescribed opiates for pain that will never satiate or resolve the underlying issue. In conjunction with those that drink alcohol or any 'downer' or tranquilizing type drug more commonly benzodiazepines that is one of the quickest ways that contributes to prescription pill deaths facing our country today.

Post-traumatic stress disorder or PTSD, is definitely one of the more commonly known disorders within the last 10 years. It has spread awareness most often from the combat-induced spectrum. There is debate on whether PTSD is an actual diagnosis rather than a pseudo-diagnosis that blankets over many different mental afflictions. Hypothetically blurring the line of what the real cause is. In terms of the state, the perceived over-diagnosis of has plenty to do with the Veterans Association's benefits program with claiming PTSD as means for disability in earning federal compensation. The identities are of course more commonly those that serve the country, whether they see 'action' or not. The interests on this subject are of course psychologists, the armed forces, tax payers, and families that have someone that is in service. According to an article debating this topic, published by NBC news one of the people on the defense for those who claim to have PTSD, Jean Teichroew says, *"It comes back down to the stigma of mental illness... Military members also are afraid to speak out because it's seen as a weakness. The VA has programs to try to combat that, too. But when you have a sergeant who doesn't think you should be afraid of a bomb going off near you or seeing a dead body, that's another issue"*[5] "NBC News". It is true that a given squad that undergoes the same potentially traumatizing events it will affect each individual differently. Some have the possibility to be traumatized from certain events, and some will be able to push right on through it without hesitation or needed reflection. Those same people may also be the vocal minority that denies the prevalence of PTSD. The diagnosis of PTSD may be common, but it is a distinction in my mind that a problem does exist, whether it be substance abuse, depression, or socially feeling unable to integrate back into society, or simple reflections of problems earlier in life before resorting to service.

Mass shootings and mental illness, is mental illness the root of the issue, or just one of the branches? Is mental illness the leading identifier to predict possible violent behavior? In this wonderful article I found through Pacific Standard, they hold a conversation that answers such

questions in a moderate, and non-biased way. Through some of the timely Republican Party debates in this 2016 election season, the main consensus when asked about mass shootings and gun violence, presidential hopefuls responded with looking at treatment of mental illness and treating that much more than making more gun policy to prevent gun violence; a seemingly great alternative to approach the issue with rather than the daft retorts about ‘Obama wanting to take away our guns.’ Mental illness and how we treat our mentally ill, with the overarching stigma and mob mentality that bring out the pitchforks in discussion about those with serious mental illness, it is only muddying up a portrait of what it really means to be empathetic and informed in society. The state in this issue is definitely gun policies in question and of course the system in how we treat our mentally ill. The identities are mentally ill, those who know victims of shootings, and overall most Americans because the issue of shootings is such a heavy topic. The interests are groups like the N.R.A. and many more independent interests in policy that were once possibly linked to victims of recent mass shootings that mobilized. In the article Dr. Jeffery Swanson is asked, *“You talk a lot about the tension between the way the media portrays mental health and violence, and the reality of the problem. If "mental health" isn't the key to violence in America, what is?”* Swanson replies, *“We need to think of violence itself as a communicable disease. We have kids growing up exposed to terrible trauma. We did a study some years ago, looking at [violence risk] among people with serious mental illness. The three risk factors we found were most important: first, a history of violent victimization early in life; second, substance abuse; and the third is exposure to violence in the environment around you. People who had none of those risk factors—even with bipolar disorder and schizophrenia—had very low rates of violent behavior. Abuse, violence in the environment around you—those are the kinds of things you're not going to solve by having someone take a mood stabilizer.’* After

hearing such a point you still may wonder, why the statistic is thrown out about mental illness characteristics found in shooters, surely a small percentage may be directly diagnosed with a disorder and some disorders do have more of a chance to be acted out violently. On the topic Dr. Swanson also concedes, *“People with serious mental illness are three to four times more likely to be violent than those who aren't. But the vast majority of people with mental illness are not violent and never will be. Most violence in society is caused by other things. Even if we had a perfect mental healthcare system, that is not going to solve our gun violence problem. If we were able to magically cure schizophrenia, bipolar disorder, and major depression, that would be wonderful, but overall violence would go down by only about four percent.”* [6] (Beckett, Lois)

There is no doubt that mental illness treatment is something that the United States currently lacks awareness in, whether it be budget cuts or the criminal justice system being a system that lacks focus on rehab, and distinction between criminals, addicts, or the mentally ill. Often times when a mentally ill person is having an episode the police are called, and many police are of course in survival mode. There definitely needs to be that willingness and awareness on both sides, but a policeman that would rather reach for his gun rather than a taser or any other incapacitation tool is just a recipe for a heartbreaking end to a misunderstanding. However there are some police departments that recognize this and are creating special units that are experts in ‘crisis intervention training.’ This is a great step when an incident occurs. There are many factors and signs of what could lead to a mass shooting and we as a country have done well to beef up awareness of such signs. But in the end, even if the mental illness system was perfect in every way, that would only result in less than a 5% reduction in mass shootings. Mental illness is not the root cause of mass shootings in this country.

In my findings above I am happy to have found many articles on issues tied to mental health in which stigma is paramount, that present moderate and balanced sides of each issue. Through my research I learned a lot more and even refined or changed my current viewpoints on such topics, realizing that in some ways I was blind and non-empathetic, just as most people that aren't informed, and don't show pause to look at issues from other sides for whatever reason. I believe the only way to combat the stigma of mental illness is to shine light on the basic connections that we all have, realize that we shouldn't be quick to judge socially as our reptilian brains judge in terms of fight or flight. Those instincts are there and allowed us to survive on a personal level, but in terms of living coexisting socially and being an informed member of society, we need to realize which way of thinking should be properly applied when, where, and how.

In closing, the current issues I presented that are prevalent in our political system and daily life with news reportings, events, and even what topics you might input your two cents in on a friend's facebook post, all of these connect into one main issue that I hope to pronounce awareness of, and that issue is the stigma of mental illness. No matter what sides you have fallen on, regarding the more minor issues I presented, or possibly what new lenses you've become aware of through realizing that this stigma exists. I hope that this research made you think and assess a situation based on what is not simply a knee-jerk reaction that the majority of people out there respond with. Seeing through the lens of compassion, understanding, and empathy is one that knows how stigma exists and is perpetuated without thought. Naturally it is difficult to see through the eyes of someone whose brain functions differently than our own. Whether it be with disorders or nurture and life experience, we all have potential for different views and ways of thinking. But where the problem starts is when you put labels on those that act in ways you

cannot understand, it only devolves the conversation to a point where nothing meaningful is expressed, no connections are made, no ideas considered, no understanding is made, and no progress on a social level is evident.

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