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GOING MENTAL ON STIGMA

By Christina Schulthoff
Medill News Service

WASHINGTON -- One day Anna thinks she's on top of the world. She can fly. She can do anything. She's almighty. Nothing is too difficult for her. Nobody can defeat her. Then, suddenly, she comes crashing down. She becomes desperate and lonely. Nobody seems to know what she's going through. When Anna wakes up in the morning, she puts on her "happy face." Everyone thinks she's a nice girl but inside she's tormented. All she can think of is suicide.

Anna – not her real name – has bipolar disorder, one of more than 300 mental illnesses listed in the Diagnostic and Statistical Manual of Mental Disorders.

Up to 50 million Americans suffer from a clearly diagnosable mental illness, according to the American Psychiatric Association. Yet despite those overwhelming numbers, mental health advocates say Americans should realize that mental illness is a serious national problem. Instead, they say, people choose to ignore it.

Suicide is the third leading cause of death in 15 to 24 year-olds – every day 14 people in this age group take their own lives. More than 15 million adults and almost 5 million adolescents experience alcohol-related problems and another 12.5 million suffer from drug abuse or dependence. Many of them start using these drugs because of mental illnesses that go untreated, says the association.

Because even those suffering from the most severe mental illnesses actually are in touch with reality as often as they are disabled by their illnesses, people choose to look at them as healthy, say mental health advocates. If they can be ok sometimes, they can be ok all the time. "Pull yourself together," "just have more faith" and "snap out of it," are phrases that many people with mental illnesses hear often.

If only it were that easy. Mental health advocates say the ignorance and misunderstanding of mental illnesses in American society leads many of the sick to suffer alone. According to the American Psychiatric Foundation, only one in five sufferers seek treatment, mainly due to feelings of shame and embarrassment.

Mental health advocates emphasize that many suicides and much suffering could be prevented if those with mental illnesses received help.

"Each and every person can play a role in taking away the stigma," says Ross Szabo, Youth Spokesperson of the National

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Mental Health Awareness Campaign. Szabo, who was diagnosed with bipolar disorder when he was 16, tours the country's high schools and colleges to talk about mental illnesses. He has spoken to more than 11,000 students and has received 2,700 thank-you letters from them.

For more information on mental health discrimination, check out these sites:

National Mental Health Awareness Campaign

American Psychological Association

American Psychiatric Association

American Psychiatric Foundation

Department of Justice

World Health Organization

Kaiser Permanente

UC Berkeley

Szabo says 80 percent of young people who suffer from mental illnesses don't seek help. Instead, they continue to suffer and resort to alcohol, drugs and sometimes even taking guns to school. He says we should not observe that teens use drugs, but instead try to figure out why they do.

Szabo says that we should be as open about our feelings as we were right after the events of Sept. 11.

"Many people felt comfortable talking about their feelings and about how depressed they were," he says. "People don't only have this national tragedy in common, we have everyday things in common, too."

According to the American Psychiatric Association, about 27 percent of those who seek a doctor's help for physical problems actually are suffering from troubled emotions. The Department of Justice reports that almost 20 percent of youths in juvenile facilities have a serious emotional disturbance and most have a diagnosable disorder. On top of that, the World Health Organization says that depression is the leading cause of disability in the United States.

Acknowledging the seriousness of mental health problems and taking action could also decrease levels of homelessness, unemployment and crime. According to the Federal Task Force on Homelessness and Severe Mental Illnesses, one-third of the homeless have some type of mental disorder. Furthermore, a 1998 report from the Department of Justice claimed that mentally ill people were four times more likely to have been incarcerated than to have been admitted into state mental hospitals.

Not seeking treatment and a lack of understanding are not the only problems the mentally ill encounter. Because our society tends not to accept mental illnesses as we do other physical disorders, insurance policies are often discriminatory as well.

According to psychiatrist Marc Graff, insurance companies often limit the number of days patients can get treatment, which often leads to premature discharges from centers.

"If you need more time to get better, you're on your own nickel," he says. "If you had a heart problem, nobody would ever say that you can only see your cardiologist five times a year."

Graff claims some insurance companies may only pay for a social worker and not a psychologist, because it is cheaper. Another problem is that many people don't even know whether and how far they are covered for mental illnesses under their health insurance. If it isn't a problem for them when they purchase health insurance, many people don't even think about checking for coverage.

Coverage is important because a lot of psychiatric medication

and treatment is very expensive. According to Graff, the coverage of mental illnesses is just as important as the coverage of any other illness because treatment is just as critical.

"Anyone who has ever had serious depression would give their right arm for treatment," says Graff, who works in Reseda, Calif. for Kaiser Permanente, a not-for-profit health maintenance organization.

But there is hope for change. Last year the Senate passed the Mental Health Equitable Treatment Act. The bill seeks to add mental health issues, including all mental illnesses listed in the Diagnostic and Statistical Manual of Mental Disorders, to standard health insurance coverage. So far, 35 states have passed some kind of legislation for mental illness coverage, but many state parity laws only cover a limited number of severe mental illnesses, such as bipolar disorder and schizophrenia.

Many people who are fighting for the passage of the parity bill are outraged at the unequal coverage of mental illnesses.

"My friend who suffered from anorexia was lucky that she could receive treatment," wrote University of Pennsylvania student Elizabeth Hepp in a letter to Rep. Curt Weldon (R-PA). "Luck should not be the basis for someone's treatment for a deadly disease."

According to Jane Fleming, executive director of the Renfrew Center Foundation, eating disorders often get left out when state and federal governments talk about parity.

"When people think eating disorders, they think sororities and Hollywood actresses," she says. Fleming explains that eating disorders, just like other mental illnesses, can affect anyone.

Although Congress is working on a parity bill, mental health advocates say they still have a lot to fight for. According to the National Mental Health Association, President Bush's budget for 2003 proposes cutting \$17 million in current funding for community mental health. The administration's budget also proposes stagnant funding for nearly all federal-run mental health programs.

"We've got a situation where we've lost a lot of momentum with the current administration," says Stephen Hinshaw, professor of psychology at the University of California, Berkeley. "The current administration is going sort of horizontally."

Hinshaw says during the Clinton administration, the mental health advocacy movement made great progress, but the Bush administration supports only a limited parity bill.

"We have made tremendous progress with discrimination against minorities in the past few decades," Hinshaw says. "We still have a lot farther to go with mental illness."

