

Norcross MD Advocacy

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Breaking the Stigma surrounding Mental Health: Where does that start?

Addressing the Problem

All around the world in various cultures and societies, the stigma surrounding mental health looms large in how we deal with these problems, or rather how we don't. Mental health has been ignored for so long. For too long. Now we've hit a generation of young scholars and thinkers who have already taken aim at bringing down this stigma once and for all. But why is this important to address? That's what we're here to talk about.



In this month's newsletter, we're getting into topics related to mental health and more so the stigma surrounding it. To have healthy conversations about something that was so taboo¹ and continues in some capacities to be so, it requires a level of openness from all parties. **Being vulnerable is crucial in being able to talk about it**, but being vulnerable is important to be thought of as a **strength and sign of courage, not a sign of weakness**. This month's newsletter is aimed at that piece specifically. Such a stigma cannot be overcome without getting past that notion first, something that has been long misrepresented in cultures, media, and politics.

This newsletter serves as showing you how to take that step forward in your own life and to influence those around you to take that first step to breaking the stigma surrounding mental health.

¹ O'Hara, M. (2009, February 20). *Mental health is strongest taboo, says research*. The Guardian. <https://www.theguardian.com/society/2009/feb/20/mental-health-taboo>



Why is this important to talk about?

For a long, long time, the topic of mental health was a collection of uncomfortable, frowned upon, and even simply not allowed to discuss. As our world and social climate is constantly changing, so is the discussion on mental health.

Mental health affects every aspect of life. It affects every job done by humans. It affects every system maintained by humans. It affects every connection you have in your life. It affects every decision, every interaction, every little thing in which humans are involved in, as long as we're focused on the mental health crisis among humans and not snails of course. But as the numbers² tell us, the problem has become too big to ignore.

- **1 in 5** adults experience a mental illness every year, **25%** of those being a **serious** mental illness like PTSD, extreme depression, or bipolar disorder
- **1 in 6** youths from 6-17 years of age experience a mental illness every year
- Suicide has risen to the **third leading cause of death** among teens behind unintentional injuries and homicide

A major problem with these numbers is that many of the problems that come with mental illness do not just account for suicide rates. Crime rates are also greatly influenced by mental illness.³ According to psychiatric research done at UCLA, people who do not get adequate treatment plans for severe mental illnesses are statistically more prone to committing violent crimes. But the important concept to understand here is that **this does not and should not create ignorance to those with mental illness or to place them lower in social stature than others. The important thing, on the contrary, is to give them more attention and give them adequate treatment plans for their mental illness.** There is this idea that people with mental illnesses should be ignored or not given opportunities because they are bad people, they are not. These unfortunate results of mental illness being untreated is exactly why we need to be giving them more opportunities, attention, and resources.

² *Mental health by the numbers*. NAMI. (2024, September 17).

<https://www.nami.org/about-mental-illness/mental-health-by-the-numbers/#:~:text=1%20in%205%20U.S.%20adults,among%20people%20aged%2010%2D14>

³ Ghiasi, N. (2023, March 30). *Psychiatric illness and criminality*. StatPearls [Internet].

<https://www.ncbi.nlm.nih.gov/books/NBK537064/#:~:text=Certain%20psychiatric%20conditions%20do%20increase,or%20have%20long%2Dstanding%20paranoia>.

History of the Mental Illness Epidemic in the U.S.

The Lanterman-Petris-Short Act of 1967⁴

Signed into law in 1967 by Governor Ronald Reagan in California, the Lanterman-Petris-Short Act aimed at giving civil liberties to those with severe mental illness by ending indefinite confinement of mentally ill individuals in state hospitals. It also made it illegal to bring individuals to state mental hospitals without their consent. At least according to Reagan and other politicians who brought it to law, it aimed at **providing proper care to patients in the least restrictive environments and to protect those civil liberties to patients.**

First and foremost, it did provide some benefits to society in California. Some of these benefits were that it did **give civil liberties** to those struggling with severe mental illness as it gave them rights to **education** and **to participate in community events/systems**. However this comes with much fineprint in how it actually has been implemented into society.

It came with many more setbacks than it did benefits to California society. Because it was now much harder to put people with severe mental illness into state hospitals, these people were brought back into society with little help addressing these problems they were fighting. **Homelessness spiked massively, incarceration spiked massively, and the decrease in adequate mental health programs and treatment centers for people who really needed it.**

People who really needed help with their mental health, many in severe cases, had mental illnesses that made it almost impossible to function in living conditions of the average American citizen. It made it a lot harder for these individuals to own homes, get stable jobs, and because of this, the homeless crisis in California became increasingly problematic.

Incarceration rates also went up more and more as many of these people, since they were denied or unable to get proper mental illness assistance, were left to fight severe mental illnesses on their own. Many who were then deemed fit for what used to be state-funded hospitals were now placed in prison with criminals and in dangerous and violent environments that tore their lives apart.

This is where one of the big problems with the stigma surrounding mental health began: that people with mental illnesses were seen as dangerous or violent or dysfunctional people. Many of these people just need medical attention but instead were placed in the same groups and institutions as criminals which only furthered this stigma. Available care systems for mental health began to diminish quickly.

⁴ *Understanding the Lanterman-Petris-Short (LPS) act.* Understanding the Lanterman-Petris-Short (LPS) Act | Disability Rights California. (2018, January 8). <https://www.disabilityrightsca.org/publications/understanding-the-lanterman-petris-short-lps-act#:~:text=Petris%20and%20Alan%20Short%2C%20the,protections%20for%20mental%20health%20clients>.



The Omnibus Budget Reconciliation Act of 1981⁵

In 1981, now as the president of the United States, Ronald Reagan signed the Omnibus Budget Reconciliation Act of 1981. The aim for this act was to re-evaluate where the national budget is distributed in society. In terms of the economy, while it did **lower inflation** and **unemployment rates**, it also **increased national debt** and **income inequality** as it provided **tax cuts for businesses and the wealthiest Americans**. But what we're focused on is its impact on mental health, and it was drastic.



One of the big changes that this act made to the U.S. economy was that it took away hundreds of millions of dollars from federal funding for mental health institutions. Instead of receiving federal funding, institutions were now required to get grants approved for funding. It was largely hard to come by any sort of meaningful sized grants to keep these institutions open so the majority of them had to close down.

As a result, hundreds of thousands of patients across the country had to be released from their institutions. It had very similar effects to the Lanterman-Petris-Short Act of 1967. When these patients were released and denied proper care from hospitals for mental illness, many of them became homeless or incarcerated, leading to the crises we have now regarding those areas.

The even more unfortunate thing about this act is that it directly followed the Mental Health Systems Act of 1980, signed into law by President Jimmy Carter. It brought about proper funding and protections to clients needing mental health treatment. The act signed by President Reagan undid the hard work that President Carter and the first lady, Rosalynn Carter, did to break the stigma surrounding mental health. The Carters made it a big point of their administration to provide proper funding and attention to the problem of mental illness in the U.S., but the Reagan administration promptly undid much of the work the Carters did to do this. In recent years, new legislation has been placed to provide solutions to these problems, such as Proposition 1 in California signed into law by Governor Gavin Newsome to provide \$6.38 billion to mental health services and housing for the homeless.

But one can only imagine where these problems would be if not for the Reagan administration.

⁵ H.R.3982 - 97th Congress (1981-1982): Omnibus budget reconciliation act of 1981 | congress.gov | library of Congress. (n.d.). <https://www.congress.gov/bill/97th-congress/house-bill/3982>



Culture for and against Mental Health

For a long time, the stigma surrounding mental health was also furthered by cultural traditions and religious beliefs. In countries all over the world, such as the U.S., India, Japan, Nigeria, etc., the dominant religions of the world, traditionally, have placed negative connotations around mental health for centuries.

During the Middle Ages⁶ and for millennia before, mental health was often seen as a sign

of demonic possession, psychological abnormalities, treatments for mental illness back then was less about any therapy or medication that was not developed yet, but rather included kinds of exorcisms instead.

In more recent times, more traditionalist religious thinkers believe mental illness is a sign of weakness or sin. In some religions, it is thought of as bad karma or a sign of curses, leading individuals to seek religious help over medical help for these problems. In others, it has been thought of as a “loss of face”⁷ and discourages individuals from opening up and instead forces them to close off or blame themselves for their disorders. But while many cultures, religions, and family traditions have barred the acceptance and discussion of progressive ideas surrounding mental health, modern forms of religion have mixed with the movement towards a positive future of mental health.

Many people nowadays use their faith to find peace, belonging, and guidance when dealing with mental illness. Religion offers many benefits to the individual mind as it can motivate you to find more beneficial solutions, it can help you feel a purpose in life, or to simply not feel alone as religion can provide a sense of community. Many religions practice the importance of acceptance and hope, all of it being a starting point to a better mental state for many people of faith. These days, many religious organizations also offer services that can attend to mental health. All of this leads to a more progressive future away from more traditionalist thinking that holds back those with mental illness.

⁶ Brain Spa. (2023, October 17). *Understanding mental health: A historical perspective from different time periods.* <https://brainspallc.com/blog/understanding-mental-health-from-historical-perspective/#:~:text=Our%20journey%20begins%20in%20ancient,a%20consequence%20of%20supernatural%20influences>.

⁷ Cambridge University Press. (n.d.). *Unpacking cultural influences on stigma of people with mental illness between group-oriented and individual-oriented cultures (chapter 13) - the cambridge handbook of stigma and mental health.* Cambridge Core. <https://www.cambridge.org/core/books/abs/cambridge-handbook-of-stigma-and-mental-health/unpacking-cultural-influences-on-stigma-of-people-with-mental-illness-between-group-oriented-and-individual-oriented-cultures/0B3191E60F0FD12D922E5338BCAC030D>

Social Media and Mental Health

From adults in your life, you have probably often heard about the evils of social media on the young minds of our society. These claims don't come from nowhere. Countless studies⁸ have pointed towards a relationship between the increasing use of social media and the declining state of mental health in our world. But where does this come from?

One of the big problems with social media is that people are able to use it as a protector from responsibility. People are able to say anything they want from the safety of their bedroom, not having to ever face the people they can say anything to. There are obscene things all over social media that people do not have to take responsibility for because they can hide behind the safety of their phones. Statistically, there has been an increase in the numbers of social media use and suicide rates among the same demographics over the same period of time.⁹



Something that leads to the increase of stigma against mental health is how social media has promoted misuse of proper terms related to mental health.

Terms like **“anxiety”**, **“depression”**, **“bipolar”**, **“gaslighting”**, or **“OCD”**

are all constantly thrown around in casual conversation and over social media. More often than not, all of these terms, along with many more, are used incorrectly or insensitively, used often to describe very typical and natural feelings that invalidates the experiences of those who really do struggle with these very real problems. When you carelessly replace “nervous or anxious” with “anxiety”, it invalidates the experiences of those with actual diagnosed anxiety. When you carelessly say “depressed or depression” when you had a bad day or you're feeling sad, you lose sight of what those terms actually mean.

All of these terms are very real problems that many people deal with every day. When we confuse real mental illness with negative emotions, we take away from the seriousness of these problems. When

⁸ Karim, F., Oyewande, A. A., Abdalla, L. F., Chaudhry Ehsanullah, R., & Khan, S. (2020, June 15). *Social media use and its connection to Mental Health: A Systematic Review*. Cureus.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC7364393/>

⁹

<https://pmc.ncbi.nlm.nih.gov/articles/PMC6278213/#:~:text=Social%20media%20use%20by%20minors,social%20support%20from%20other%20users.>

we confuse these terms, we lose sight of the very real problem that impacts the lives of so many people. But the problem with this is that it has a counter that makes the problem even worse.

It is also, on the flip side, to take these problems seriously when you truly feel like you could be dealing with something very real. You cannot dismiss what you feel because people either call you dramatic, you cannot brush them off when you hear others talking about their anxiety and depression that they do not understand the meaning of, you should still take your feelings very seriously. A good way to handle this is to **validate your feelings early on, then go see a professional about your feelings to get a professional opinion about what you're feeling.** It is important to not fall into the trap of how mental health is thrown around so casually in conversation and to let it invalidate what you might be feeling. While many people do not understand the true severity of what the problem is or do not understand the difference between bad feelings or emotions and actual mental illness, it is important to not compare what you might be feeling to someone else. Everyone's experience with mental health is different and to compare yourself to someone else is to take away from the experience of them and yourself.

On social media, it is easy to compare ourselves to others. In a previous newsletter, we discussed the evils of social media on the mental health of young adults and teenagers with developing minds. When comparing our experiences and feelings to those of others we see on social media, we often get wrong interpretations of what their experiences and feelings are. It is always safer to focus on what we are feeling and talk to a professional about it instead of assuming what others feel and validating or invalidating our own feelings because of what we assume from others.

While we need to be cautious of what we see and read on social media from what others can throw around with no feeling of consequence or responsibility, it is equally as important to watch what we say online. It is easy to not think before we type but what we say is read and heard by real people out there. If someone shares their experience with something they're having a hard time dealing with, it is important that you never call them dramatic, call them overreacting, or anything that invalidates what they're feeling¹⁰. When someone opens up to share something about their personal life, they are more vulnerable to things that come back to them. **Do your part in making sure that what you send back to them is supportive, encouraging, and validating.**

Mental health is such a big part of our world nowadays. What makes it even more dangerous is that we often cannot see it until it has gotten to an extreme level in someone. People are much better at hiding what is going on inside their heads as you might think. People can seem totally happy and okay on the outside when they're struggling with something very serious. Do your part in making yourself available to those struggling with mental health issues. Even if you don't know they are struggling, make yourself available and welcoming and people might open up to you. Do your part in **breaking the stigma surrounding mental health** and help lead our world to a **happier and more honest future.**

¹⁰ *What not to say to someone with a complex mental health issue.* SANE. (2020a, October 6). <https://www.sane.org/information-and-resources/the-sane-blog/mental-illness/what-not-to-say-to-someone-with-a-mental-illness>

Further Resource Links:

Tesch, D. (2023, December 6). *7 terms to avoid when talking about mental illnesses*. HealthPartners Blog.

<https://www.healthpartners.com/blog/mental-illnesses-terms-to-use-terms-to-avoid/>

Reducing stigma. Tennessee State Government - TN.gov. (n.d.).

<https://www.tn.gov/behavioral-health/stigma.html>

For friends and family members. SAMHSA. (n.d.).

<https://www.samhsa.gov/mental-health/how-to-talk/friends-and-family-members>