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Mental Illness in America

 Social stigmas and stereotypes surrounding a group of people are often cause for how they are treated in society. This sort of label occurs for people with mental illnesses. Oftentimes there are misconceptions and preconceived notions that follow the concept of a mental illness. In America, these issues are prevalent and are beginning to be discussed more and more. Affects of these diseases are widespread and can have a lasting influence on people suffering from them. The understanding and acceptance of people with mental illnesses is important in the attempt to create a fair and just country. The lack of resources and other necessities for people with mental illness relates strongly to the overall message of this course.

 According to the National Alliance on Mental Illness website, “A mental illness is a medical condition that disrupts a person's thinking, feeling, mood, ability to relate to others and daily functioning” (NAMI). There are many different types of mental illnesses, ranging in severity. Some of these include Bipolar Disorder, Posttraumatic Stress Disorder and Schizophrenia. These are all diseases that, much like any other ailment, affect the body and patients daily life. Just as diseases such as Diabetes have methods of treatment; mental disorders also have ways to be treated. Although they can be treated, mental illnesses oftentimes go undiagnosed because of the stereotypes and other hardships that follow having a mental illness.

 The social stigma and other factors that come with having a mental illness are not just an issue for adults, but also for children. Often it is assumed that adults are the only ones who suffer from these diseases. According to a National Alliance on Mental Illness fact sheet published in a 2013 newsletter, about one in four adults are currently suffering from some sort of mental illness. On the other hand, twenty percent of children between the ages of thirteen and eighteen suffer from a severe mental illness. In both categories a staggering fifty percent do not receive treatment for their illness. Several reasons are suggested for why such large populations of people with these diseases do not receive treatment (Duckworth). Without treatment and quality care, these diseases can cause immense harm to ones livelihood.

 According to the NAMI factsheet, there are numerous effects untreated mental illnesses have on people in the United States. Many Americans living with mental illnesses have an increased rate of having chronic medical issues and on average die about twenty five years earlier than their peers. Many of the diseases and complications they die from are ones that can be treated. When it comes to children, fifty percent of children ages fourteen and older drop out of school before they graduate. Out of any disability group, the students with mental illnesses have the highest dropout rate. The fact sheet goes on to explain that suicide is one of the top ten leading causes of death in America. Ninety percent of suicide cases involve a person with one or more mental illnesses. These cases are completely preventable and with the help of mental health care facilities or other forms of help, these unnecessary deaths could be avoided (Duckworth).

 Throughout the nation, many organizations are working to provide social acceptance and other resources for people with mental disorders. One of these organizations is the National Alliance on Mental Illness or NAMI. NAMI is considered one of the most well known groups associated with mental disorders in the United States. Founded in 1979, NAMI works towards the betterment of lives for people with mental disorders. According to their website, “NAMI advocates for access to services, treatment, supports and research and is steadfast in its commitment to raise awareness and build a community for hope for all of those in need” (NAMI). This organization has hundreds of state and local communities working toward the same goal.

 According to page nineteen of the Church and Social Justice course pack, advocacy is “the form of social ministry that goes beyond the direct handout to give voice to the needy in terms of changing public policy and legislation” (Course Pack). NAMI centers its practices around the idea of advocacy. Their main talking point is the idea that cutting mental health programs in each state will be detrimental to the overall wellbeing of the nation and its citizens. The NAMI website explains that if treatment is available for these people, it is often very successful. With states cutting expenditure for mental health care facilities, these treatment centers will not be available for patients. Because of this, more people are likely to be hospitalized, homeless, in jail or even dead. NAMI believes that without the advocacy they provide for people with mental illness, change would not come and patients would be left without any sort of treatment. The organization works hard to influence public leaders to take into account the desperate need for public mental health care facilities in each state (NAMI).

Another project NAMI works on is public awareness and acceptance for those with mental disorders. They plan events and activities like Mental Illness Awareness Week, fundraising walks and other events to encourage understanding of these diseases. Another way NAMI promotes the acceptance of these illnesses is by making sure the media and news organizations portray mental illness as it should be, without harsh words or signs of prejudice. The most recent of these awareness events was the Mental Illness Awareness Week which took place from October sixth through the twelfth 2013. Each state and local NAMI group was able to plan events and activities throughout the week to raise money and awareness for the cause (NAMI).

Often one of the most prevalent reasons people do not receive treatment for their illness is the lack of funding available to them or their families. Most people get insurance through their employer and because of this have some way of getting treatment. However, this treatment can be extremely expensive, especially when most treatment plans require more than just a dose of medication. Oftentimes, people with mental disorders need to stay in a facility that can offer them round the clock care thus making treatment more expensive. If insurance is not available to them, they are unable to receive the help they need and the disease can become increasingly worse.

On November eighth, the New York Times published an article about a recent change in a 2008 Mental Health Parity and Addiction Equity Act. This is a law NAMI took great interest in. When first created, it was supposed to prevent discrimination faced by mental health patients. President Obama and administration issued new regulations for the law that explain how it will be administered. It is now requiring all health insurance companies to cover mental illness and substances abuse just like they would any other disease. Although it will cover patients who have insurance through their employer, those who are considered low income will not yet be covered completely (Rules to Require Equal Coverage for Mental Illnesses). NAMI took this as a large victory as they had been fighting the untouched act since it was written. Although it was triumphant in some aspects, the people who do not have insurance from an employer are still suffering. Another article on the ABC news website quoted NAMI’s executive director, Michael Fitzpatrick, saying, “Some of our most vulnerable people are still being left behind” (Freking).

One of the principles of Catholic Social teaching is the option for the poor and vulnerable. According to our course pack the option for the poor and vulnerable is the idea that society has an obligation to look out for the poor and downtrodden in the community. Special attention for those who are not able to take care of themselves is oftentimes needed. The option for the poor and vulnerable cares specifically for those who lack actual nutrition, housing, education and health care.

Those who have mental health issues are also included in the poor and vulnerable. One who has a mental illness is absolutely in a vulnerable state and should be given attention in some way. A TIME magazine article entitled “America’s Failing Mental Health System: Families Struggle to Find Quality Care” discusses a parent’s need for his son to get treatment for his mental illness. He explains that he had very few options when it came to finding help for his son. Because of budget cuts there are not many places to take an adolescent who is having problems with mental health. The article explains that many times, treatment facilities are available for patients over the age of eighteen and younger patients have no place to go (Szalavitz).

The idea of option for the poor and vulnerable is necessary when dealing with the state of the mental health care system in America. States are cutting budgets at these treatment places and in turn severely damaging the lives of those with mental disorders. As a society, measures need to be taken to make sure help is available to those in a vulnerable state. NAMI recognizes this and although the exact words are not found, the organization believes that people with mental illnesses are of the most fragile of society and deserve to be taken care of.

In 1981Pope Leo the XIII wrote Rerum Novarum, which outlined the necessity of rights for workers. It was determined that workers should not be exploited in any way and should have certain rights that cannot be infringed upon (Course Pack). Today, these rights have come to include quality insurance for all full time workers. For most people, this is covers basically any illness they could contract. For patients suffering from mental illness this is another story. According to an article from an Alliance for Health Reform newsletter, copayments can be high and services limited for people with mental illnesses. Because of this “Some Americans struggle for years without the benefit of effective treatment, and others to decline treatment until a crisis occurs” (Chapter 11: Mental Health). This is another area NAMI strives to defend. Recently, it was decided that all insurance companies have to provide insurance for patients with mental illness just as they would with any other disease. As workers, people with mental illness’ rights to helpful insurance will now be fulfilled.

According to the course pack, common good refers to the idea that everyone must contribute to the community as a whole to create the common good. Everyone in society has the right to reach their highest potential. To do so fully, they must be healthy and able to take care of themselves. A person with a mental illness is most likely not able to aptly care for themselves. If one is not able to hold a job and support his or herself, it is not possible for them to live the decent life they deserve. Treatment is often needed to correct these disorders and if it is not available to the patient, the issue will continue untreated. This goes against what the idea of the common good suggests. All people deserve a decent life and without proper health care that is not possible for some.

Continuing on the idea of the common good, all people are also born with inherent human dignity. Human dignity is the foundation of Catholic Social teaching and the concept that all people are made in God’s likeness and image and because of this every human has intrinsic worth and dignity. Oftentimes, people with mental illnesses are confronted with social stigmas and stereotypes, which put a strain on the dignity and worth they feel as a human being. According to an article in the World Psychiatry Journal, there are two types of stigmas that may play into the way people with mental disorders are treated. These include public stigma and self stigma. Some of the public misconceptions about mental illness include the idea that people with severe disorders are irresponsible so other people should make all decisions for them, they are childlike and need to be cared for and they should be feared and kept out of most communities. All of these are stereotypes developed by people with no knowledge of the actual diseases. This severely damages the dignity of those with mental illnesses. Low self esteem is often a common self stigma related to mental illness. This is often caused by the stigmas provided by the public. Al of these stigmas infringe upon the dignity each human deserves just for being alive (Corrigan, Watson).

As stated previously, NAMI is one of a few groups that actively advocates for mental illness and attempts to raise awareness through legislative and public action. Advocacy is extremely important for people with mental illness as sometimes they are unable to speak for themselves when it comes to issues regarding their care. Although not one of the principles of Catholic Social Teaching it is important for these people to feel taken care of. They need advocates that will work to increase their rights as people with mental disorders. Advocacy is a way to recognize a group of people and bring attention to what these people need. NAMI does this by publicly raising awareness for these people. The idea of advocacy can also relate back to the principle of rights and responsibilities. Society has a responsibility to advocate for and take care of those who cannot take care of themselves.

The issue of the mental health care system in America effects the lives of many who suffer from these illnesses. Although it is slowly improving, for an extended period of time the rights and dignity of these patients were not just. The labels these people are given also cause harm to the patients who are already experiencing difficulties from their illness. Groups like NAMI work to change the appearance and image of mental illness in society so that stigmas that affect these people no longer exist. The issue of mental illness can be closely linked to the themes and principles of Catholic Social Teaching. These teachings allow ideas for the creation of a more just and fair mental health care system.

Works Cited

"Chapter 11: Mental Health." *Covering Health Issues: A Sourcebook for Journalists*. Washington, D.C.: Alliance for Health Reform, 2006. 151-56. Print.

Corrigan, Patrick W., and Amy C. Watson. "Understanding the Impact of Stigma on People with Mental Illness." *World Psychiatry* (2002): n. pag. Web.

Duckworth, Ken. "Mental Illness: Facts and Numbers." *NAMI Voice* n.d.: n. pag. *Mental Illness: Facts and Numbers*. Web.

Freking, Kevin. "New Rule Demands Parity for Mental Health Coverage." *ABC News*. ABC News Network, 8 Nov. 2013. Web. 8 Nov. 2013.

"NAMI - The National Alliance on Mental Illness." *NAMI*. N.p., 2013. Web. 2 Nov. 2013.

"Rules to Require Equal Coverage for Mental Ills." *New York Times*. N.p., 8 Nov. 2013. Web. 2 Nov. 2013.

Szalavitz, Maia. "America’s Failing Mental Health System: Families Struggle to Find Quality Care." *Time*. Time, 20 Dec. 2012. Web. 8 Nov. 2013.