

Commentary

Busting Mental Health Myths and Stigma

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INTRODUCTION

With every new generation, society tends to adapt evolved norms and experiment with old-fashioned beliefs passed onto them. However, a significant proportion of the population continues to function through traditional mindsets, depicting age-old perceptions, rules or feared beliefs, especially for matters less known to inquisitive minds. This stereotyped attitude clearly applies to how mental illnesses are perceived or understood in our society. A reflex behaviour of isolation, discrimination and judgment towards the mentally ill is commonly encountered even today, irrespective of the education, religion, culture or socio-economic stratum that someone belongs to.

Most of the assumptions made about mental health or illnesses are obsolete and need to be busted by means of proper psycho-education. The more informed we are, the lesser we can fall prey to any imposing stigmata or allow myths to colour our perceptions and misunderstandings of the mentally ill. Here is an excerpt on common mental health myths and parallel facts shedding light on the truth behind them.

MYTHS ABOUT PREVALENCE:

a) Denial is known to be the most primitive psychological defence mechanism in mankind. Simply rejecting the very existence of a problem makes a naïve mind feel falsely safe and comforted. Very often, the denial of a legitimate mental health problem has been seen to force people into prolonged periods of silent suffering.

Myth – Mental illness is not real, people fake it.

Fact – As real as the burn on your skin or a common cold, mental illness is a tangible manifestation of

neuro-chemical imbalance. It needs just as much attention, recognition and treatment.

b) A common misconception people harbour regarding mental health conditions is, that they are immune to it. Based on their logical reasoning and an apparent successful coping of life stresses so far, they feel invincible in the face of emotional distress.

Myth – Mental health problems are rare and cannot affect me.

Fact – Mental health problems are common and can potentially affect everyone!

Suppression or isolation of painful emotions allows us to feel a false sense of power over life's challenges and deny the evident human vulnerability. Statistics however, speak otherwise. According to WHO, mental illness affects 1 in every 4 individuals across the world and depression by itself is seen as a leading cause of global disease burden as per 2020 estimate.

c) Understandably, it is more difficult to accept the presence of mental or emotional health problems in children. As parents, we may feel responsible or confused about mental health symptoms presenting in our offspring and might defensively dismiss, minimize or ignore these concerns, waiting expectantly for them to fade away over time.

Myth – Children don't experience real mental health problems.

Fact – Mental health is as real in childhood as in adulthood or beyond.

There is considerable evidence that identifies roots of various mental health disorders presenting themselves right from childhood, as early warning signs which can negatively impact the child's learning, intellectual or social development and interpersonal functioning. A

rather healthy approach towards such signs would be to take the onus of promoting positive psychology and preventing psychological distress in children through mindful parenting and humble acceptance of our own shortcomings as parents, capable of betterment.

MYTHS ABOUT AETIOLOGY:

d) In times of adversity, one often finds something to blame or hold responsible. Being diagnosed with a mental illness can be stressful, making our minds look for answers to 'why me?' and make sense of the difficult reality we are confronted with. Very often, the blame goes onto faulty genes or hopeless labels of 'this is who I am or s/he is'

Myth – People are born with abnormal mental health.

Fact – While most mental disorders are known to run in families, most of them are a result of multiple factors acting in confluence over time.

Having a positive family history of psychiatric diagnosis does not make a person doomed to suffer; just as anyone without such family history can also potentially develop a mental illness. This gap can be explained by the additive roles played by life events, traumatic experiences, psychoactive substance use and even concurrent physical health conditions.

e) Indian religious belief system overrides the biological model of aetiology behind mental disorders. It harbours a deeply conditioned overvalued idea of karmic deeds, departed souls or the 'devil' causing an infliction of behavioral symptoms in a person.

Myth – Mental illness happens when the departed enter our bodies.

Fact – The combined effect of nature and nurture is an established causative element for precipitating mental illnesses.

Blind belief in the role of supernatural powers speaks of the feared mindsets that govern certain cultures. This delays the process of early diagnosis and timely interventions in many psychiatric disorders, as a lot of time and money is lost at the doors of faith healers. On the other hand, it also opens a window of opportunity to liaise with the faith healer community and propagate appropriate referrals to mental healthcare settings whenever feasible.

f) It can be quite tempting to blame our mental health symptoms on certain character flaws, personality traits or plain bad parental upbringing. But there is more to it than what meets the eye. While one's environment and temperament have a role to play in defining the unique presentation of psychological symptoms in a person, it is not fair to blame someone solely for causing significant psychological distress. Just as the origins of mental health conditions are not easy to understand; similarly, one cannot just snap out of them by simply trying hard enough or denying or ignoring red flags.

Myth – Weakness of character causes mental disorders, and one should snap out of such things.

Fact – Mental fitness or illness has got nothing to do with the weakness or strength of our minds.

From genetics to biology and life experiences to family history, mental health manifests from a multifactorial dynamic which often needs formal treatment and continued support towards recovery. In fact, living with a mental illness and facing the struggle of overcoming it is nothing but a sign of great mental strength and endurance.

MYTHS ABOUT GENERAL PERCEPTION:

g) One of the most feared perceptions about the mentally ill is their unpredictable violent behaviours, portrayed quite dramatically in cinema or social media.

Myth – The mentally ill are violent, unpredictable and should be feared.

Fact – Less than 5% of violent acts in the community can be attributed to mental illnesses and people suffering from these disorders are about 10 times more likely to be victims of violence instead.

h) We may not realize it because people may not feel safe talking about their emotional problems, but a vast majority of persons experiencing mental health problems continue to live amidst us in the mundane; with intact functioning, smiling faces and phenomenal tolerance to subtle abuse – emotional, social, economic or at times physical. This brings us to the most argued perception of people with mental illness being incapable of holding down steady jobs or relationships.

Myth – People with mental illness cannot take the stress of holding a steady job or a long-term relationship.

Fact – People with mental illness can be as productive as their fellow employees or social acquaintances, sometimes even more.

It questions our first logic, but more often than not, people with mental illnesses like anxiety or obsessive-compulsive disorder may end up being more productive, reliable and cost-effective at their workplaces than others. This is identified as 'high-functioning anxiety' which can often push the sufferer to question or dismiss his/her own psychological distress.

People with certain personality or mood disorders are known to experience intense love and hate both in their intimate lives, but may not necessarily amount to bad relationships for a lifetime. Effective treatments can potentially help them bring out the best in themselves and their loved ones and improve the quality of their lives eventually.

i) As friends, family or immediate caregivers of the mentally ill, we may feel helpless and victimised ourselves, and confused about then exact role to play in the treatment plan for our loved one.

Myth – I cannot do anything of my own for someone with a mental health condition.

Fact – Friends and family are the major connecting link between the sufferer and the treatment for mental illness.

Even though their role seems small, it has a huge impact on how the person with mental illness feels about him/herself and how early can s/he receive help. As a caregiver, we can always help with treating the concerned person respectfully, being available in times of crises and creating awareness amongst others about mental health and facts.

MYTHS ABOUT SPECIFIC DISORDERS:

j) There are certain psychiatric disorders which have peculiar misconceptions attached with them, especially in the minds of those experiencing their symptoms. For example, experiencing a panic attack can feel as real or uncontrollable as a heart attack, making the person and an observer believe in the apparent lethality of it.

Myth – Panic attacks are fatal.

Fact – Panic attacks are not fatal by themselves. They can only affect one's sense of control and feel extremely unpleasant, thus affecting a person's immediate behaviour and surroundings.

In such circumstances, finding a 'safe space' can help mitigate the severity of perceived distress to begin with. Specific therapeutic interventions can also help develop healthy attitudes and perceptions towards panic attacks and learn how to deal with them effectively.

k) Another rampant issue in community is the social complications of addictions, better known as substance use disorders. Even the most aware and educated amongst us look at addiction as a habit or plain lack of motivation to quit and take over life's responsibilities, in contrast to the proposed view of a medical model.

Myth – Addiction is equal to lack of willpower.

Fact – It is not a simple lack of willpower that makes an addict difficult to quit his/her addiction.

It is rather the continued efforts of the person, his/ her treating doctor, therapist, family and friends together, in modulating his environment consistently, and working jointly towards maintaining the motivation that s/he finds within to want to sustain the abstinence.

l) You must have read or heard of this particular belief ample times, that schizophrenia is simply 'split personality'. Understandably, the 'splitting of the mind' seems to have gotten conceived as a notion of split persona, albeit completely obscuring the meaning in the process.

Myth – Schizophrenia is the same as a split personality.

Fact – Schizophrenia is characterised by symptoms of delusions, hallucinations and disorganized thinking or

behaviour, which is a result of the mind's fragmentation or 'splitting'.

It is entirely different from a split personality, also known as Dissociative Identity Disorder, which is rather less common and presents with multiple identities in one person's personality.

m) A common entity of the western and urban population is the Eating Disorders, which are largely influenced by the contemporary social norms and beauty standards. But they are mistakenly perceived to be only found in women.

Myth – Eating Disorders affect females only.

Fact – Eating Disorders largely affect, but are not confined to females.

While they are 9 times more common in young females of higher socio-economic status, a rising prevalence is now observed in men, from lower social strata and around the fourth decade of life, more so in the fashion or modeling industry or those with homosexual preferences.

n) Nowadays we may hear youngsters label themselves causally with terms like 'bipolar' or 'borderline'. While they are perhaps referring to the impulsivity or mood swings that they experience, a lot more needs to be considered before making a diagnosis of Bipolar Disorder.

Myth – Bipolar Disorder is same as being overly moody.

Fact – Being moody does not make someone a case of Bipolar Disorder.

Bipolar Disorder is a serious mental health condition that can present with prominent mood changes lasting for weeks to months, and affecting a person's thinking and behaviour radically, in turn affecting their professional and personal lives, sometimes irreversibly. It is prudent to refrain from using any derogatory labels prematurely towards someone experiencing mood swings.

o) Have you heard of PTSD or Post Traumatic Stress Disorder? Perhaps in the context of war veterans who have shared experiencing life threatening and agonizing trauma in combat.

Myth – PTSD is a disorder of the military man.

Fact – Anyone can have PTSD.

From a rape victim, to survivor of a road traffic accident, or a victim of domestic abuse to the natural calamity survivor, PTSD can happen to anyone who has experienced substantial stress or even witnessed someone else who did.

MYTHS ABOUT TREATMENT:

p) Mental illness is commonly perceived to be permanent. Does that mean once mentally ill, always mentally ill? Perhaps not. It is rather the social stigmata and labeling against mental illnesses that eventually leaves a negative residual impact on a

person's mental health.

Myth – One never really recovers from a mental illness.

Fact – Mental illnesses are treatable, not always permanent.

Timely, adequate and holistic Psychiatric (pharmacological as well as non- pharmacological) treatment is seen to bring a person back on the road to recovery and resume normal working and living standards while enjoying the perks of satisfactory and close relationships. Sooner or later, people experience varying improvements in their mental health conditions. The key lies in accepting symptoms and available help as early as possible in the course of the illness and adhering to the recommended treatment modalities with patience and trust in the mental healthcare system and professionals.

q) A lot of people in India follow the medical model of treatments and equate consuming pills to good enough treatment. They may not fathom the value that a non-judgmental therapy conversation has to offer. Let alone accepting the cost of counseling/ therapy work as a health investment, they are conditioned to dismiss the time and words invested by a therapist as mere 'small talk' not as good as medicines.

Myth – Therapy, counseling and self help are just a waste of money and time and don't really make a difference.

Fact – As subtle as the magic of a gentle touch, an understanding eye or a patient listening, therapy has the potential to release the emotional pain which no medicine can help cure. Medicines and therapy are known to enhance each other's benefits when taken together.

r) There is another set of people who are biased against the use of any psychiatric medications and are only willing to try talking therapies as a mode of treatment.

Myth – Psychiatric medications are bad. They have serious side effects which make you a zombie and damage your kidneys. They are addictive.

Fact – Psychiatric medications may be as essential for treating mental disorders as insulin for diabetes.

With the advent of research trials, a lot of safe and effective medications have been launched in the field of psychotropics, which help remarkably with reducing symptom severity, preventing relapses and improving quality of life for patients suffering from mental health problems. There is no definitive evidence for the feared side effects of these medicines, when taken under expert guidance and supervision.

s) The resistance for acknowledging presence of mental illnesses and allowing their treatment is so deeply ingrained in our minds since generations, that we seldom realize its detrimental impressions on our daily lives. We often hear people say 'try harder' or 'keep a positive mind' or 'if I could do it, why can't you?'

Myth – A positive mindset can help these symptoms go away.

Fact – Fighting mental health symptoms is not a matter of willpower.

It cannot be emphasized enough that mental health symptoms need as much attention as any physical ailment, like surgery for a bleeding ulcer or ointments for a psoriatic patch. We just cannot 'shake it off' by trying hard or staying strong enough.

CONCLUSION

Just like ageism, racism or sexism, the stigma against mental illness continues to exist amidst us as a form of overt discrimination, and any wrong or incomplete information about mental health and illnesses only feeds into its stubborn claws. Hence, it is up to us as informed health professionals and educated socialites to bust the myths and misconceptions about mental health in the community and allay the anxieties towards mental illness that we encounter in our day-to-day lives.