



October 1, 2005

Stresslines: Treatment is key to mental health recovery and justice

By Angela D. Vickers

Mental illnesses affect a person's thoughts, feelings, and behaviors. When a person's actions and moods change noticeably over a period of time, people should know enough about common brain illnesses to consider the likelihood there might be a mental illness. With the mood disorders of depression and bipolar, the changed behaviors must occur for a period of over two weeks. Checklists are used to teach us when to see a doctor about a suspicious mole or skin problem. Checklists help people recognize a stroke or the beginning of a heart attack. A checklist of the most common symptoms of mental illness could alert a person to the need to see a professional.

Choosing the proper mental health professional is often where the real delay begins. What professional is right for recognizing a mental illness problem? Most families would think first of encouraging their loved one to see a "counselor" of some type. Most people consider a psychiatrist to be someone who sees only those "severely ill or crazy people." The general public presumes that anyone might need to "talk with someone" every now and then. It is not viewed as being as threatening or as stigmatizing to talk with a social worker, a pastoral counselor, a family therapist, a school psychologist, or a clinical psychologist.

However, too many people dangerously delay needed medical treatment, while trying to "talk away" biochemical problems found in common mental illnesses through counseling sessions. Missed diagnoses are often the result of people avoiding an assessment by a psychiatrist. Some avoid this medical doctor out of shame. People fear the discrimination, including a possible loss of employment, that comes from being labeled as a "mental patient."

Many citizens simply cannot afford to visit a specialist like a psychiatrist. Due to a lack of parity, health insurance policies often do not cover mental health treatment the way other illnesses are covered. Insurance companies may have restrictions and barriers to easy access to a psychiatrist. Many policies exclude mental health coverage. Most people cannot afford to pay for a psychiatric evaluation, the often expensive daily medications, and their follow-up doctor visits.

Many seeking treatment for their behavioral issues are receiving ineffective nonmedical treatment. Many lay counselors working in churches lack the training to recognize mental illness symptoms. They are untrained about the possible deadly consequences, through suicide, of not referring a person to a needed medical professional. Untreated, or improperly treated, mental illness gets worse. The faith community encourages medical help for cancer and heart disease. Many faith communities associate the symptoms of mental illness with a person's relationship with God. Symptoms are viewed as sin. The illnesses worsen without proper medical treatment.

Talk therapies, without more, are often not sufficient to correct biochemical problems in the brain. Sure, the person may feel better after an office visit. Therapist and patient often discuss the patient's past and find someone to "blame" for the patient's problems. The person's confidence is often boosted by having

someone special with whom to talk on a regular basis. However, recovery for some people with mental illnesses requires more.

Peer support groups like the Depression and Bipolar Support Alliance — www.dbsalliance.org — have been successful for years in helping people recover. Participants all see their individual psychiatrists and take medications for their brain illnesses. The peer support groups are not professionally led. Group leaders have received training in facilitating and are knowledgeable about mental illnesses. Some counselors in substance abuse treatment and anger management programs are not knowledgeable about mental disorders. Many providers with mental health training never studied psychiatry and the medical model of understanding behavior. Peer groups offer a sense of compassion, accountability, and encouragement. A big plus is that they are free and confidential.

The report of President George W. Bush's New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America*, 2003, noted that much mental health treatment in America is 15 to 20 years behind the latest medical research and medical knowledge. A delay in receiving needed medical care can decrease a person's chances of recovery. By delaying recovery, improper treatment can put a patient at risk of substance abuse, acts of bad judgment, and even suicide. In conditions like schizophrenia, bipolar, major depression, and many anxiety disorders, it is well accepted that "best practices" show that medications are routinely needed to restore, and maintain, proper chemical levels in the brain.

Trying to discipline away, punish away, or even reward and praise away symptoms of major mental illness is ineffective and inappropriate. If these treatments had been effective, we would not have a mental health crisis. The added stress of improper treatment can make brain illness symptoms worse.

Many in the legal community and the media do not seem to understand the vast difference in education and in treatment styles between a psychologist and a psychiatrist. Most talk therapists and psychologists are liberal arts majors in college. After college, therapists study for an additional two or four years, depending upon which type of degree they were pursuing. These nonmedical mental health providers did not study the biochemistry of the brain. They did not study genetics. They studied behavior changes, when using therapies such as behavior modification. They based their treatment on the studies and teachings of others in the field.

Psychiatrists are scientists and medical doctors who understand how behaviors, energy levels, sleep, and eating patterns are often tied to brain chemistry changes. The way a cardiologist looks at a person's heart and how it affects health, a psychiatrist looks at the brain and how it affects behavioral health.

A psychiatrist first receives a college degree as a science major, studying chemistry and biology. Then he or she goes to medical school for four years of graduate study. The person must receive a doctorate from the medical school before he or she can pursue a psychiatry residency. The studies include genetics, so they can track illnesses like mental illnesses, which are inherited, by noting symptoms in relatives. Information about suicides, suicide attempts, substance abuse, and violence in family members can assist physicians in diagnosing a patient.

Psychiatrists understand how the brain affects thoughts, feelings, and behaviors in those persons who have inherited certain brain illnesses. Psychiatrists observe the changes in the chemical levels in the

brain. Psychiatry understands how these changes affect a patient's behaviors, thoughts, and feelings. They adjust levels that are either too high, or too low, using medications. When the brain chemical levels return to normal, the brain is restored to health. When the brain is well, the psychiatrist observes that the thoughts, feelings, and behaviors of the patient return to normal.

The talk therapists and the medical doctors should have a complimentary role in patient recovery. After the psychiatrist has the patient stabilized and recovering, the therapist can help the person understand his or her behaviors, and to decrease stress which may trigger episodes of illness. Since psychotropic medications can take a month or longer to become effective, therapists can monitor and encourage the patient who is waiting for the medicines to kick in. Therapists can spend the time it takes to educate the person about mental illnesses. This instruction will help explain how mental illness symptoms were affecting the person's life. The therapist can also help their client understand how the behaviors and attitudes of others in their family might also be affected by symptoms of unrecognized brain illness. This type of knowledge helps a person develop proper coping skills. Forgiveness and acceptance is much easier when a person realizes that an undetected medical problem in the brain was the basis for much of the unacceptable behavior.

Angela D. Vickers is a mental health advocate and educator, and a member of the Bar's Quality of Life and Career Committee. This column is published under the sponsorship of the Quality of Life and Career Committee. The committee's Web site is at www.fla-lap.org/qlsm

© 2005 The Florida Bar

Source:

<http://www.floridabar.org/DIVCOM/JN/JNNews01.nsf/8c9f13012b96736985256aa900624829/d71e7160b75b1283852570880064ab11?OpenDocument>