

MENTAL ILLNESS MYTHS

Did you know?



Mental illness causes more disability than any other category of illness, including heart disease and cancer (*National Alliance on Mental Illness, Grading the States, 2006*). There are more than 200 mental disorders. Of these, anxiety disorders are the most common. By some estimates, a quarter of the population will experience an anxiety disorder sometime during their lives (*Healthy People 2010; www.healthypeople.gov*).

Less than a third of people with diagnosable mental illness receive help. They may be ashamed to admit they need help. They may lack insurance or a primary care provider. They may not be able to obtain an appointment soon enough to help (*National Alliance on Mental Illness, Grading the States, 2006*).

Up to 80% of people with depression can be treated effectively.

The following myths can prevent people with mental illness from getting the services they need. Confronting these myths will help you provide effective Medicare benefits counseling.

Myth: “A person with a mental illness will be violent.”

Truth: Overall, people discharged from a psychiatric hospital are no more likely to be violent than others in the community. **People with mental illness are, in fact, more commonly victims than perpetrators of violence.** Substance abuse greatly increases the risk of violent behavior for people with or without mental illnesses. Mental disorders—in sharp contrast to alcohol and drug abuse—account for a minuscule portion of the violence that afflicts American society.

Myth: “A person with a mental illness should be in an institution.”

Truth: **Most people with mental illnesses are treated and living productively in the community.**

Myth: “Older people who seem depressed don’t need treatment. They are just going through normal life changes.”

Truth: Depression is not a normal part of aging. **Almost a quarter of older Americans suffer from mental disorders that can be helped with appropriate treatment.**

Myth: “Mental illness is a sign of weakness. People with mental illnesses are second-class citizens.”

Truth: **People cannot “snap out of” mental illnesses any more than they can snap out of physical illnesses.** As with physical disorders, mental disorders can be helped by appropriate treatment.

Tip Sheet

💡 *Myth:* “If you get mental health services, you are crazy.”

Truth: **Seeking help for a mental illness is a sign of strength and is a way to take control of one’s life.**

People use mental health services to help them understand and deal with a variety of issues such as anger management, difficulties with relationships, and life changes.

💡 *Myth:* “If you have a great family and friends, you don’t need to talk to a mental health professional.”

Truth: Certainly family and friends provide valued social support. Talking to family and friends and participating in social events reduces isolation and stress. **Family and friends often cannot step back and be objective in the way that a professional can.** In addition, the education and experience of a mental health professional can be beneficial in getting to the root of the problem and coming up with effective solutions more quickly.

💡 *Myth:* Smart people solve their own problems.

Truth: Very intelligent people can experience mental illness, just as others do. **And, like anyone else, intelligent people can benefit from a mental health professional’s objectivity and experience.**

💡 *Myth:* People who start taking mental health medications will be taking them the rest of their lives.

Truth: **Many people benefit from brief courses of mental health medications.**

💡 *Myth:* Anyone can see a person’s mental health record.

Truth: **Recent laws have significantly strengthened the confidentiality of all medical records, including mental health records.** There are Federal and State controls on what information can be shared, either orally during a conversation or in written form.

To learn more about the facts on mental health see *Mental Health: A Report of the Surgeon General*, Rockville, MD. U.S. Department of Health and Human Services, 1999.
