**Having a Conversation about Mental Illness and Stigma**

**Words:** 749

**Purpose:** Op-Ed

**The Op-Ed**

*Op-eds are opinion pieces—not rants, but strongly worded articles that often express a unique point of view. Feel free to customize the article below on talking about mental health and stigma, and submit it to a local newspaper or magazine.*

*Here’s an excerpt of what* The New York Times *has to say about op-eds (at* [*http://www.nytimes.com/2013/10/14/opinion/op-ed-and-you.html?\_r=0*](http://www.nytimes.com/2013/10/14/opinion/op-ed-and-you.html?_r=0)*):*

*“We need a diversity of voices and opinions about a range of topics. Anything can be an Op-Ed. We’re not only interested in policy, politics or government. We’re interested in everything, if it’s opinionated and we believe our readers will find it worth reading. We are especially interested in finding points of view that are different from those expressed in Times editorials. …*

*“We get a flood of submissions, but there’s never too much good writing in the world. There is always room for more. … Most pieces we publish are between 400 and 1200 words. They can be longer when they arrive, but not so long that they’re traumatizing. Submissions that are reacting to news of the world are of great value to us, especially if they arrive very quickly. Write in your own voice. If you’re funny, be funny. Don’t write the way you think important people write, or the way you think important pieces should sound.*

*“And it’s best to focus very specifically on something; if you write about the general problem of prisons in the United States, the odds are that it will seem too familiar. But if you are a prisoner in California and you have just gone on a hunger strike and you want to tell us about it – now, that we would like to read. We are normal humans (relatively speaking). We like to read conversational English that pulls us along. That means that if an article is written with lots of jargon, we probably won’t like it. …*

*“… [W]e won’t run something that has appeared in another publication, either print or digital. We request that you disclose anything that might be seen as a conflict of interest, financial or otherwise: … Could you or an organization or company you represent benefit from the stance you take in an Op-Ed? We need to know. That doesn’t mean we’ll throw out your article on that basis — in most cases it just means disclosing the relationship to the reader. We also need all of the material that supports the facts in your story. That’s the biggest surprise to some people. Yes, we do fact check.”*

**Let’s Talk About Mental Illness and Stigma**

This article starts with a reminder of recent mass shootings, but it’s not about gun control. It’s about the erroneous presumptions our society makes about people with mental illness, and why we must why we must break the silence about mental illness and the stigma connected to it.

In 2012, a string of mass shootings shook America: Ian Lee Stawicki took four lives at Café Racer in Seattle and a fifth nearby; James Holmes opened fire in a crowded Colorado theater, killing 24 and wounding 140; and Adam Lanza killed 20 children and six adults in Newtown, Conn.

The media immediately questioned the mental health of each of these perpetrators, which led to a fervent call for better mental-health treatment.

Why have we seen no substantive improvement since then—even though we have seen more disturbing episodes? I believe it’s because we are discussing mental health mainly in the abstract sphere of politics. Meaningful change won’t occur until we discuss mental health in the intimate communities where we live—places like our homes, jobs, schools, faith communities, and social gatherings.

We must start talking about mental health issues more openly, in personal ways that raise awareness and foster advocacy. The specter of crazed, mentally ill mass shooters feeds a stereotype that scapegoats people with mental illness as disproportionately dangerous to others. This stigma causes those who are actually living with mental-health challenges to be wary of sharing their struggles, wisdom, and perspective—to the detriment of us all.

[INSERT a paragraph about one or two clients you have treated who delayed seeking help for their mental illness, and the impact treatment has had on their lives.]

The stories, front-line experiences, and insights of those who have struggled with mental illness are the key to a more holistic—and realistic—societal understanding. But they don’t speak because they reasonably fear losing respect, trust, and relationships. Who can blame them for not wanting to be seen as yet another mentally ill person who might go on a violent rampage?

Most people know very little about mental health, their impressions having been formed predominantly by popular media and gruesome news stories. Too many people see mental illness not as a disease of the brain—just as diabetes is a disease of the pancreas—but as a disease of character.

The language we use to describe people with mental illness perpetuates stigma. We refer to moody people as bipolar, people who are meticulous as OCD. We read the word “schizophrenia” most often combined with the words “violence,” “untreated,” and “risk to themselves and others.” We discourage transparency by being wary of those who choose to speak openly about their depression or anxiety.

For real change to occur in how we regard people with mental illness, our communities and we as individuals must push against the flood of bigotry and misunderstanding, fear, and labeling. We must welcome those living with mental-health challenges to share their stories of struggle and survival.

How might this happen?

* Religious leaders might consider devoting time in their services to educate their members about the prevalence of mental illness (one in five Americans) and calling their members to a compassionate response.
* Medical and nursing schools might consider providing more robust mental-health training that includes firsthand testimony from those who live with mental-health challenges.
* Business owners might make mental-health education a part of their new-hire orientation.
* School administrators might build mental-health education into the curriculum.
* Media outlets might run positive stories about mental health that expose readers and viewers to a more balanced and accurate picture of this issue.
* Those who live with a brain disease might share their stories, accepting invitations to discuss their condition and educate their audience.

Undoubtedly, we need better funding for mental-health treatment, but we also need to shift the basic way we talk and think about mental health.

This fundamental shift won’t take place in Washington, D.C., or in the state capitols. It will take place in our offices; our favorite restaurants; our churches, mosques, or temples; and at our family gatherings. Only we—collectively and individually—can make it happen.

Change begins with education and conversation. So let’s break the silence and start talking.

[As one of my clients has said, “ …”

INSERT a closing paragraph that quotes a client who has told you something reaffirming about how they think of themselves now compared to before they received counseling, or alternately, how discouraging it is to be seen as a threat to others.]

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