"Solving the Problems of Mentalism: Recognizing and Overcoming Treatment Induced Oppression, Discrimination and Trauma "

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Mentalism = Discrimination
(aka Sane-ism)

Similar "ism's" are:

Racism

Sexism

Ageism

Discrimination can be blatant but more often consists of:

Micro-aggressions*

1. Not powerful individually

2. hundreds, even thousands daily

3. cumulative effect over years

*** Dr. Chester Pierce, an African-American psychiatrist and author writing about racism in the book, "The Black 70's", termed the multiple small insults and indignities directed at people "micro-aggressions."**

Effects of Mentalism

- People internalize the negative attitudes
- People feel ashamed
- People blame themselves for their difficulties
- People feel worthless
- People feel hopeless about their future
- People lose confidence about their abilities
- People feel they must hide their histories
- People fear losing their job, their friends, their credibility
- People become demoralized
- People direct their anger and helplessness back upon themselves creating a worsening spiral downward

• Us vs. Them •

Power-up Group	Power-down Group
"normal"	**sick**
healthy	**disabled**
reliable	**crazy**
capable	**unpredictable**
	violent

This black-and-white style of thinking is referred to in psychodynamic literature as

"splitting."

• Mentalism in Language •

Behaviors of the power-down group are framed in pathological terms

The same behaviors are excused or even valued in members of the power-up group.

There is NO such thing as a "**side-effect**."

There are only "**effects**" from taking drugs. Some effects are desired and others are undesirable.

Calling an adverse effect a "**side-effect**" obscures and minimizes the resultant pain, suffering and misery that can be caused by psychoactive drugs. This discounts our experiences and perceptions and thus denies our reality.

Mentalist pessimistic prognostication leads clinicians to guide people into the "5 F's" of employment:

FOOD	**like fast food McDonalds or bakery**
FILTH	**is janitorial or cleaning service**
FLOWERS	**is gardening or landscaping**
FILING	**is low-level secretarial type work**
FASHION	**is low-level thrift store work**

The five "F's" are the sort of low level, dead end jobs that are generally thought of as "meaningful" employment for the "mentally ill."

A quiet client who causes no community disturbance is deemed "improved" no matter how miserable or incapacitated "**they**" may feel as a result of the "treatment."

"**They**" may be miserable but that's not the point.

"**Their**" misery doesn't matter. The only thing that matters is any inconvenience "**they**" may cause "**us**."

"Decompensating" is an us-them term

The demotion from
"us" to "them"
is a loss of one's designation
as a person.

A person with a diagnosis can become,

"a schizophrenic" or

"a bipolar" or

"a borderline,"

CMI, SMI, SPMI, ADHD, etc.

Typically, when treatments are ineffective or unacceptable, the recipient is blamed. He or she is

"treatment-resistant,"
“uncooperative,"
"non-compliant," or
"characterologic"

and has therefore failed the provider rather than the other way around.

If we are honest, we must admit…

We don't know why people have the experiences that are labeled "psychiatric"

We don't know whether these experiences are actually illnesses

We don't know how medications affect people

We don't know how neurochemistry relates to human feeling and behavior

We don't know how people recover and heal

Many long-term research studies have shown that a significant number of people having serious psychiatric concerns recover completely, irrespective of their diagnosis.

FACT

The APA (American Psychiatric Association) has repeatedly stated that they are unable to predict dangerousness with any degree of certainty.

We need to learn to ask,

"What happened to you?"

instead of diagnosing problems based upon people's thoughts, moods, feelings and emotions.

<u>Thoughts, moods, feelings and emotions are NOT an illness, disease or disorder!!</u>

We need to learn to listen to people's stories.

• Mentalism and Psychoactive Medications •

- Clinicians tend to gloss over problematic "side-effects" described by their clients without fully considering the impact upon people's lives.

- "Side-effects" are "dumbed down" so that people do not get an accurate view of the risks involved.

- Even in cases where some form of "informed" consent is sought, often no distinction is made between dangerous side effects and uncomfortable ones.

• Myth of Compliance •

Nowhere in medicine are physicians more preoccupied with enforcing "compliance" than psychiatry. Most non-psychiatric physicians have come to accept that compliance itself is a myth.

- Humans don't comply with anything (Studies of "compliance" with everything from diabetic diets to anti-hypertensive agents show that humans don't comply with anything. At least one third of people in these studies fail to follow their doctors' instructions and many studies have shown rates of "non-compliance" of over 50%.)

- Best results are obtained when people are well-informed and in control of their treatment

- Incarceration is used to contain the person who will not comply, though, because the incarceration occurs in a hospital, it is deemed to be "treatment"

- Imagine jailing a diabetic for having dessert or incarcerating a person having chronic bronchitis for lighting up a cigarette or forgetting his/her inhaler

The separation of the facilities (i.e., restrooms) for "staff" and "clients" mirrors the conditions in the Southeastern U.S. prior to the civil rights movement.

Client "public" restrooms often have a lower standard of maintenance and privacy.

There are even places where the stalls in the "client" restroom have no doors. This was justified as a "safety measure."

Mental Health's Traumatizing (and Retraumatizing) Effects

- Incarcerates citizens who have committed crimes against neither persons nor property through the involuntary commitment process.

- Imposes diagnostic labels on people; labels that are often perjorative, stigmatize and defame.

- Induces proven neurological damage by force and coercion with powerful psychotropic drugs.

- Stimulates violence and suicide with drugs promoted as able to control these activities.

- Destroys brain cells and memories with an increasing use of electroshock (also known as electro-convulsive therapy).

- Employs restraint and solitary confinement in preference to patience and understanding.

- Humiliates individuals already damaged by traumatizing assaults to their self-esteem.

- Teaches learned helplessness through the constant threat of the use of involuntary commitment, force and coercion.

- Lacks sensitivity to issues of trauma including being unaware or unwilling to address potential "triggers." (Hospitals/offices may have personnel, equipment, smells, procedures, pictures, etc. that might be vivid reminders of past abuse suffered by patients.)

- Mental health professionals often just don’t listen. They KNOW what's best for the person so they discount the person as being the best expert on their own life so they tune out or don't hear what the person is really saying.

Trauma Facts

In the United States, a child is reported abused or neglected every 10 seconds. (6 every minute = 360 every hour or 7.2 in each state = 8,640 every day or 172.8 in each state = 60,480 every week or 1,209.6 in each state = 3,153,600 every year or 63,072 in each state)

Up to 30% of girls and up to 20% of boys are sexually abused before they reach adulthood.

Approximately 1.5 million adult women and 835 thousand men are raped and physically assaulted by an intimate partner each year.

Roughly 4 – 6% of our elderly are abused, primarily by family members.

70% of women who are homeless were abused as children. Nearly 90% of women who are both homeless and have been diagnosed as having a mental illness experienced abuse both as children and adults.

80% of incarcerated women have been victims of physical and sexual abuse. The majority of murderers and sexual offenders, who tend to be male, have a history of childhood abuse, neglect, maltreatment and trauma.

The majority of both men and women in substance abuse programs report childhood abuse or neglect. Each year, more than a half-million women injured by their intimate partners require medical treatment.

Each year, 2,000 (40 in each state; almost one a week) children die from maltreatment: 90% are under the age of five.

43% of psychiatric inpatients reported physical and/or sexual assault history (Carmen, 1984)

42% of female inpatients of state hospital reported incest (Craine, 1988).

52% of consumers in an urban psychiatric emergency department reported incest

40-50% of male consumers were sexually abused in childhood.

Actual numbers are uncertain due to differences in how data were collected (chart review vs. interview)

Does not include post-traumatic effects associated with poverty, exposure to violence, homelessness, trauma within the mental health system, other life experiences (military), etc.

Mentalism can cause further difficulties for those who have a past history of trauma.

There is great negligence in obtaining trauma histories from people receiving mental health services even though available studies indicate that a huge number of people, between 50% - 80%, in the public mental health system are affected.

Selective inattention to a past history of abuse often causes clinicians to fail to diagnose the root cause of psychiatric disability.

It is important to understand that, due to the power differential between staff and recipients, many psychiatric interventions trigger or retraumatize the survivor.

Triggers and retraumatization can occur in both the physical and interpersonal environments.

Examples include spread-eagle restraint of a rape victim or disbelieving the history given by a survivor of incest.

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Because powerlessness is a core element of trauma, any treatment that does not support choice and self-determination will tend to trigger individuals having a history of abuse.

People may re-experience the helplessness, hopelessness, pain, despair, and rage that accompanied the trauma.

They also may experience intense self-loathing, shame, hopelessness, or guilt.

Mentalist thought tends to label these negative effects of treatment in pejorative terms that blame the survivor: "He's just acting out," "She's manipulating," "He's attention-seeking."

These labels are often communicated through the attitudes and language of staff, and become re-traumatizing in themselves.

Mentalism, like racism or sexism, is abuse.

Labeling, diagnosis and other practices tend to **decontextualize** people.

• Overcoming Mentalism (1) •

- Clients are trained to be "mentally ill" and not mentally healthy
- Efforts are focused on disability instead of strengths and abilities
- Dependency is maintained under the guise of good care
- The system creates a suffocating "safety net"
- Clients are not given the right to make mistakes (fail) without it being judged negatively
- The system is deaf, dumb and blind to research and ignores it's implications in practice
- The system is staff-oriented as opposed to client-oriented
- School based inculcation is so strong as to be nearly totally immutable
- Severe and persistent mental illness is perceived by staff to be an intractable condition for at least 75% of the clients

• Overcoming Mentalism (2) •

- Severe and persistent disabilities associated with mental illness are grounds for assuming clients are incapable of choice

- Pervasive belief that treatment (symptom control) must precede substantive rehabilitation efforts

- Belief that impairment in one life area affects all abilities

- There is confusion about mission and goals;
  What is the desired product?
  - Treatment hours
  - Tenure in the community
  - Quality of life
  - Normalization
  - Increased agency funding
  - Generating Billable Medicaid Units of Service

- Absence of clarity as to the product precludes evaluation and effective management

- Pay is too highly correlated with credentials which are not indicative of the skills required to do the job

- Public dollars continue to subsidize the education and preparation of practitioners for the private sector with no pay back to the public sector despite some fairly massive workforce shortages

• Overcoming Mentalism (3) •

- Notable major advances are accomplished by rebels yet the system rewards conformity and punishes non-conformity

- The system subcomponents are under-funded and non-integrated

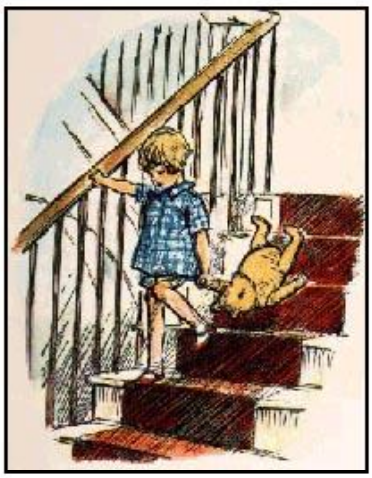
- The governor has minimal interest in mental health aside from cost-containment

- Legislators are naïve and pay more attention to providers' wants than to consumers' needs

- Provider boards of directors are inadequately trained to do their jobs. What little training they receive is generally done by staff within the agencies creating an inbreeding which is not beneficial

- People argue about causes and attempt to make clients "compliant" instead of teaching them coping skills irregardless of causes and in spite of them

The system's biological approach reduces human distress to a brain disease, and recovery to taking a pill. The focus on drugs obscures issues such as housing and income support, vocational training, rehabilitation, and empowerment, all of which play a role in recovery.



"Here's Edward Bear coming down stairs now, thump, thump, thump, on the back of his head behind Christopher Robin. It is, as far as he knows, the only way of coming down stairs but, sometimes he feels that there really is another way; if only he could stop thumping for a moment and think of it."

From "Winnie the Pooh" by A. A. Milne