



Supervisor NEWSLETTER

Employee Assistance Program
May 2022

The Stigma of Mental Illness and How We Can Help

By Jaime Carter-Seibert, MA, LMHC

Last month, our EAP Employee Newsletter shined a light on one of the most common mental illnesses in the U.S. - anxiety disorders - which affect 40 million Americans 18 and older, or 18.1% of the population every year. Anxiety and depression are often intertwined and impact every area of someone's life: family, relationships, work, financial wellbeing, education, opportunity, health, and lifespan. Diagnoses of major depression have increased an astonishing 33% since 2013, with the highest concentration in millennials (up 47%) and adolescents (up 47% for boys and 65% for girls.)

In support of Mental Health Awareness Month, this EAP Supervisor Newsletter will focus on the **stigma** attached to mental illness that keeps those suffering from reaching out for help. In fact, though 1 in 5 adults in the U.S. are diagnosed with a mental health condition, a staggering **60% of them go untreated**. It's hard to conceive that 60% of people diagnosed with diabetes or hypertension would not seek treatment, but sadly it isn't hard to see why someone with a mental illness wouldn't want to admit it and seek help.

Shame about mental illness is a painful and all too familiar barrier to getting treatment. It stems from others' misperceptions and resulting harsh judgements about it--as if the person struggling with mental illness

could prevent it. Comments such as "Just snap out of it," "You're being so dramatic—just deal with it," "Everyone feels like that sometimes," "It could be worse," or "Just try thinking happier thoughts," all contribute to the idea that someone's illness is their *fault*, or a kind of *character flaw*. Because of this, people often downplay or hide their illness for fear of being labeled, rejected, or considered unstable, which prevents them from getting treatment to recover.

Education and empathetic conversation are at the heart of changing the shame-based paradigm on mental illness, so that it is regarded like any other *medical condition*. And like medical conditions, the symptoms of mental illness can be treated. Knowing that mental illness is common and real can help dissipate the misperception that it's based on personality, exaggeration, or that someone brought it upon him or herself.

Organizations like NAMI (The National Alliance on Mental Health) provide education and advocacy to reduce stigma and shape public policy to improve resources for mentally ill people and their families. The website www.makeitok.org also offers education, conversation tips, and a platform for those with a mental illness to share their stories. Before we can end the stigma, we need to know what mental illness is and is not, and what causes it. Make It Ok provides these definitions as a starting point:

Mental illness is:

- **A medical condition** disrupting a person's thinking, feeling, mood, ability to relate to others, and daily functioning.
- **Common**. One in four people will develop a mental illness in their lifetime.
- **Treatable**. Most mental illnesses can be treated effectively with medication, therapy, diet, exercise, and support. Recovery is possible.

Continued on the next page.

 **First Choice Health**®



(800) 777-4114



www.FirstChoiceEAP.com

Your EAP service is free, confidential and available 24/7 to help you balance your work, family, and personal life.

Mental illness is not:

- **Imaginary.** Mental illnesses are very real and very common.
- **Something to “get over.”** Mental illnesses cannot be willed away.
- **A character flaw.** Mental illnesses are medical conditions that do not define us.

Mental illness can be caused by:

- **Trauma.** Sometimes traumatic events can play a role in triggering a mental illness.
- **Chemical imbalance.** Chemical or biochemical changes in the brain can be factors.
- **Genetics.** Some mental illnesses get passed along from one generation to the next.
- **Environment.** Exposure to toxins, illnesses, drugs, or alcohol can affect the developing brain in utero.

We don't need to share our life stories at work, but it can be really helpful to follow up with a colleague who may seem down, withdrawn, and out of character. Conveying that you notice something is different with the person and that you care can go a long way, and ultimately prompt someone to get help.

Here are a few things you can say:

- *"How are you feeling today?"*
- *"I'm sorry to hear that. It must be tough."*
- *"I can't imagine what you're going through."*
- *"Thanks for opening up to me."*

Not only is it kind to connect people with mental health treatment, it makes good business sense. One study links depression to 400 million lost days of work annually in the U.S.; another estimates that depression and anxiety cost \$1 trillion to the global economy each year, due to lost productivity.

We can all help improve the treatment of people with mental illness by learning to have compassionate conversations with them about it. Look to First Choice Health EAP for counseling referrals, consultation on mental health concerns, and 24/7 telephonic support available at 800-777-4114. We are here for you, your families, and your colleagues.

References:

<https://www.forbes.com/sites/carleysime/2019/04/17/the-cost-of-ignoring-mental-health-in-the-workplace/#4bec78ce3726>

<https://www.webmd.com/mental-health/news/20120731/mild-anxiety-may-shorten-persons-life>

<https://www.bcbs.com/the-health-of-america/reports/major-depression-the-impact-overall-health>

<https://adaa.org/about-adaa/press-room/facts-statistics>

<https://makeitok.org/>