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Sociology of Mental Health

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**Mental Health Matters\***

Last winter, I was diagnosed with Obsessive Compulsive Disorder, Attention Deficit Hyperactivity Disorder, and Generalized Anxiety Disorder and started medicine to treat it. My willingness to admit this doesn’t come from a place of searching for pity or trying to show my relation to the topic, but from a lack of shame surrounding it. These identities are a part of my personality, and a part of what makes me the person I am. It is a characteristic of myself just like my height, weight, or hair color. However, when I apply to jobs, I don’t disclose it. I don’t tell employers and rarely tell professors about it. I don’t consider it a negative part of myself, but I know that when I admit to it, it will become something tattooed onto the outside perception of myself.

Mental Health Matters. That’s one of the many bumper sticker slogans that has been plastered across the United States over the past few years. There has been a coordinated effort to alleviate the stigma and attempt to make it “okay to not be okay!”. From Ted Lasso giving a speech at the White House about mental health to the normalization of mental health days in classrooms, it has seemed like society has made progress in allowing people to be open about what’s ailing them. Emphasis on seemed like.

During the COVID-19 pandemic, there was a significant increase in reported mental health issues among adolescents. According to the National Institute for Mental Health, “adolescents assessed after the pandemic shutdowns reported more symptoms of anxiety and depression and greater internalizing problems.” This study didn’t just focus on adolescents during the midst of the pandemic, but the long term effects of it via brain imaging. They found a thinning of the cortex and smaller hippocampus and amygdala. Brain portions that play roles in things like self-control, memories, and regulating emotions. The post-pandemic brain was more similar to that of an elderly person or one who was under chronic childhood stress. The pandemic actively changed the brain chemistry of the young people who went through it.

Another group that was slammed by COVID-19 were healthcare workers. Few could forget the viral videos of New York City residents cheering their support for doctors and nurses or the signs of support plastered throughout communities. They were on the front lines, experiencing the suffering and death of patients on a daily basis. It undoubtedly took an intense toll on them. In general, according to the CDC, health care workers are at a disproportionately high risk of suicide as compared to other professions. A study by the NIMH found a higher prevalence of depression, PTSD related to COVID trauma, and anxiety among physicians with higher COVID-19 exposure. While doctors were labeled heroes at home, the mental health toll they take on is a constant (Adams, et al. 2023).

In April 2020, a New York City based physician named Lorna Breen took her own life. She was slammed with long hours, seeing severely ill COVID patients dying daily. Stressed and struggling, she attempted to seek help, but was terrified she would lose her position, and the situation ended in as terrible as one could. An NPR article explored this and the stigma often attached to mental health in healthcare workers. Focusing on a Massachusetts based policy change in which health insurers have sworn to no longer ask about mental health history and only focus on the present, an attempt to reduce the stigma surrounding health care worked mental health is necessary. Over two dozen states have put in similar statements, attempting to alleviate physician’s fears that they could lose their position for disclosing mental health (McCluskey, 2024).

This shift is incredibly necessary. A health care worker is in no way more or less qualified just because they’ve gone through struggles in their past or present. Society places a superhero expectation on doctors, and when they expose themselves as humans, it excommunicates them from the field. However, the issue with the policy is that it still perpetrates the negative stigma inherent with mental illness. Saying that a physician’s past mental health isn’t important, only today, still could make a physician hesitant to admit to struggles. It still assumes that a physician cannot perform their duties if they’re experiencing negative mental health, and perpetrates this stigma.

Even among those who do allow themselves to seek treatment and diagnoses, there is still a significant attempt made to separate themselves from the stigma of “mentally ill”. A study showed that 80% of clients at a community mental health center agreed that “My mental illness is only a small part of who I am” and 78% said “When I see how mental illness is portrayed in the media, I think ‘that’s not me” (Macrussen, et al. 2021). There’s an assumption of negativity with mental illness that is hard to seperate.

Similar stigmas have been found in other professions, and in general society has seemed to almost destigmatize mental health in the past few years. In 2022, the American Psychiatric Association conducted a poll in which they found that under half of workers (48%) feel they can discuss mental health “openly and honestly with their supervisor”. This is a decrease from the two previous years. While there was a decrease in worry about retaliation for time off, it still represents how much steam “Mental Health Matters” lost in the past couple of years (*Employees…)*.

Mental illness is a describing characteristic of who someone is. The desire to resist this stigma is only apparent because of the inherent negativity surrounding. It’s why, as society seems to move away from promoting mental health, it’s key that we bring it back to the path we were on years ago. This is still a key issue and the stigma is still apparent. Destigmatization has gone a long way, but not far enough. It’s not just saying “be open about your issues!”, it’s about equating mental and physical health. If a doctor breaks their wrist, no one is going to ask them to perform surgery. But, if they in the midst of an anxious or depressive episode, they’re expected to push it to the side and get back to their job. Mental health and physical health are one in the same. There must be an effort to equate them.

**Works Cited**

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