Shedding Light on Those Who Suffer in Silence

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Ostracized, dehumanized, and often abused, the mentally ill face several challenges associated with the lack of adequate healthcare. The minimal treatment standards that are currently in place simply cover up the symptoms without treating the cause of the disorders, which for the most part remain undiagnosed. They suffer in silence and void of an advocate willing to campaign for their rights to sufficient therapeutic remedies or medications. According to the National Institute of Mental Health, one in seventeen Americans lives with a serious mental illness ("Services for Mental Illness"). This statistic proves that mental health issues are relevant to the discussion about improving the health care system to provide coverage for all people despite their ailments and about upgrading the policies that govern the system. Throughout the years, the mental health care system has steadily improved its treatment of patients; however, the reduction of funding and the logistics involved in allowing mental illnesses to receive coverage under insurance policies cause the positive advances to be overshadowed by all the instances when patients are injured or killed while not under proper supervision.

The old system of treatment was based upon the belief that separating the mentally ill from the rest of the population was the best strategy for dealing with the symptoms of their illnesses. For centuries, patients were sent to overcrowded insane asylums and hospital wards specialized to assist "crazy" people. This separation stemmed from early ignorance of the causes of mental illness. During the Middle Ages, mental illness was believed to be linked to devil possession and witchcraft resulting in people being burned at the stake (Clark). People were unfamiliar with the reasons behind the development of mental illnesses, this unfamiliarity initiated feelings of fear towards the outcasts of society. As outcasts of the town, the families were left to bear the responsibility of caring for their relatives without help in most cases from the states. The perception in the nineteenth century was that "mental illness was caused by excessive emotional states brought on by thwarted ambition or disappointment in love" (Clark). This understanding established the existence of twenty-one asylums across the country and led to the creation of the American Psychiatric Association (Clark). Many people were ignorant of the intricacies associated with treating a mental illness. The development of the National Institute of Mental Health deinstitutionalized patients based on the creation of antipsychotic and antidepressant drugs and the training of psychiatrists, psychologists and social workers after World War II (Clark). Slowly, the system was morphing into a beneficial institution whose purpose was to treat and adequately care for patients suffering from serious mental illnesses and disorders. Despite the progress made by the advocates for the sufficient treatment of patients, many patients slip through the cracks within the system and end up harming themselves or others while not being treated properly.

There is a stigma attached to people who suffer from mental health issues, and many maintain reservations concerning the possibility of having these patients integrated into society, especially in their own neighborhoods. On top of not wanting to integrate the patients in their neighborhoods, most people do not want to have their taxes used to support services that aid in covering the costs for such persons to receive treatment. Many people believe, "Why should I pay when it won't affect me?" (Clark). The victims of the system feel quite the opposite because they want to have equal access to treatment options like people suffering from physical health problems. Insurance policies cover the majority of expenses for physical health problems, yet they reject the notion of offering the same services to mental health issues.

A number of state legislations have passed amendments to laws that extend the coverage amount of insurance policies to include mental health services, but this positive advancement is eclipsed by the reduction in the funding for mental health services in those states ("Services for Mental Illness"). Ohio, for example, cut one-hundred and ninety million dollars from the budget for the local mental health services ("Services for Mental Illness"). Cutting these important programs leaves the mentally ill to fend for themselves, and it costs the states even more money to invest in sending them to prisons and hospitals.

Overall, the new system has made strides in the care quality of the mentally ill yet only twenty percent receive professional medical care, a distressing statistic that undermines the advancements achieved from the old system of treatment (Clark). For those who cannot afford the expenses, the new system of treatment for mental illnesses has led to a life of

homelessness or incarceration in prisons and jails. Nearly one-third of the homeless population in America is afflicted with a serious mental illness ("Services for Mental Illness"). Prisons have evolved into the new alternative to "warehousing" a common practice in the late 1800s which placed mentally ill people into hospitals, asylums or almshouses (Clark). Nearly twenty-two percent of the population of incarcerated people has been diagnosed with a mental illness according to the U.S. Department of Justice ("Services for Mental Illness"). This method has affected the continuously increasing number of prisons and jails that are becoming overcrowded and understaffed, due to budget cuts and a rising crime rate. The mentally ill have not received the needed treatment; therefore, they resort to committing crimes and endangering the public during psychotic outbursts. These outbursts draw unwanted attention to states whose treatment policies are often outdated and not a priority in the eyes of the government administrators.

Unfortunately, the new system also restricts the use of medications solely on the basis of price; the drugs that treat the disorders most effectively come at a higher cost ("Services for Mental Illness"). Patients are often denied full coverage of the new drugs by health medical organizations due to the increased price tag as compared to their cheaper and less effective counterparts (Nelson). The "fail first" policy was adopted by various states in an effort to limit costs (Nelson). This policy requires patients to try one or multiple less expensive drugs before they are able to receive the desired more expensive and more effective medications (Nelson). Despite popular beliefs, restricting expensive drugs does not cut the costs of caring for patients because medicating the patients with cheaper and less effective medications results in more expenditures in the long term, explains Matthew Nelson, an assistant professor at the University of Maryland's School of Medicine. He further notes that patients experience "side effects, prolonged illness or repeated hospitalizations" that contribute to the price tag that the state is burdened to pay (Nelson). The psychiatrists and physicians should be advocating for their patients to receive the best possible treatment option no matter the expense.

These problems have been even greater for women. For centuries women's ailments have gone untreated and under researched because women are believed to be inferior in society compared to men. These inequalities present themselves in health care because women are often missed diagnosed or not taken seriously. Documenting the difficulties women face while navigating the mental health system, Maxine Harris wrote an article about women within the system. She notes that cultural values have shaped the diagnosis and treatment of women's mental health issues because women are seen as simply good mothers, pious servants and faithful wives, a True Woman (Harris). Labeling a woman insane was common practice after the nervous breakdowns that women would have during or after pregnancy, a problem the new system would label postpartum depression. During the early stages of mental healthcare, women were subjected to receiving "electrical stimulation of the uterus, clitoral cauterization and prescribed weight gain to prevent the ovaries from slipping out of place" (Harris). Submitting women to these horrible treatments further provides evidence to the notions that women were not seen as equal to men; therefore, they needed to be poked and prodded to fit the mold that men wanted them to fit. Mental health treatment became a form of social control. Women were declared insane in order to commit them to insane asylums if they held contradictory views on religion compared to their families, or if their husbands were not satisfied with their performance as wives, they could be placed in hospitals without a doctor's order (Harris). These victims of the system felt isolated and abused by the mechanisms set in place that was supposed to help them. Current improvements to the system have not done enough to solve these problems.

Alterations to the system are essential to improving the quality of life for the patients to give them hope for a better life despite their condition. One victim of the system was a man named Fred Williamson. Mr. Williamson was found dead in the pool of blood at a psychiatric hospital (Baker). The death caused several people to question the amount of supervision the mental health system provides its patients to prevent incidents involving a patient's death at their own hands. He was in the mental health system for over thirty-two years. A week prior to his demise Mr. Williamson was stabbed with a shard of glass by another patient in the hospital ward where he lived (Baker). Patients continue to suffer in silence without anyone willing to offer them the necessary security that their ailments require. Greg Oke, a former patient advocate, argues that there is a need for "more protection of rights and public scrutiny of conditions in prisons, better monitoring and more thorough investigations into suspicious deaths, suicides, critical accidents and assaults" of psychiatric patients (Baker).

After considering the different perspectives, I agree with the perspective of the victims. The patients are entitled to receive the necessary treatment required by their respective diagnoses at any cost. The mentally ill are discriminated against

in many aspects of their lives, but the health care system should not be biased; it should support every American. Every citizen has a right to medical care to be able to maintain a lifestyle that is in their best interest and allows them to prosper. A staggering eighty percent of mentally ill people claim that they do not receive treatment because of the expensive cost ("Services for Mental Illness"). Instead of finding a way to get these ailing people medical care, the government is trying to reduce the funding for the few services that are available to those who cannot afford insurance that already limits the amount of coverage that they are receiving. Mentally ill people pursue lives of crime and homelessness because they are trying to cope with severe disorders on their own using illegal drugs. The new system has made strides in improving the effectiveness of drugs and therapeutic options, but they are being wasted if the patients these solutions were designed to help cannot afford to take advantage of them. The voices of the patients need to be heard and appreciated; if not, the mental health care system will regress to the hard times of the old system thus making irrelevant the enhancements that should be actively effecting change in the lives of those who rely on its existence.

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