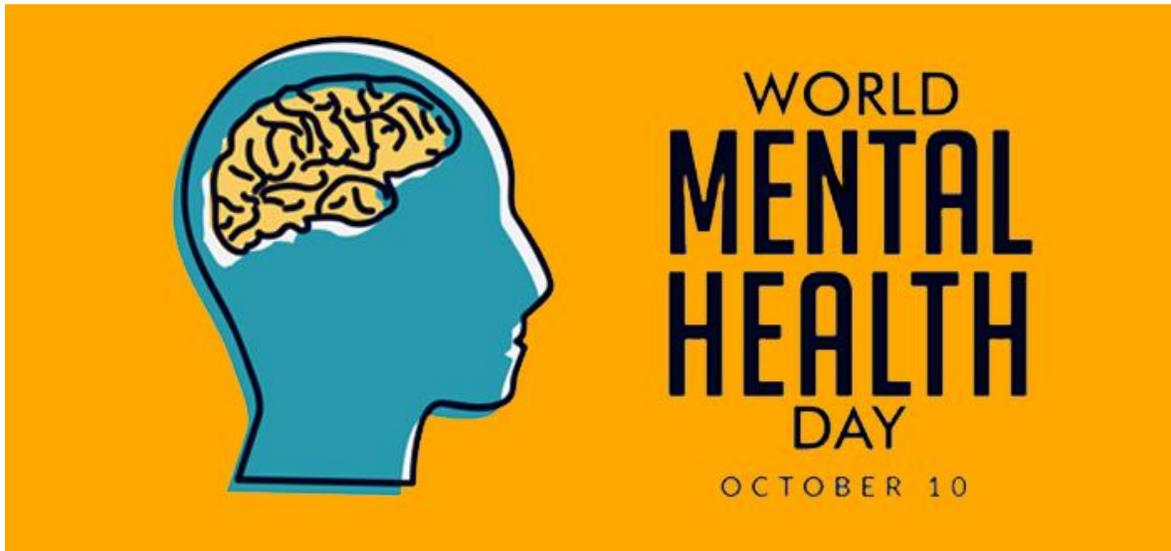


*Helping Us Live Mentally Healthier Lives Since 1933*



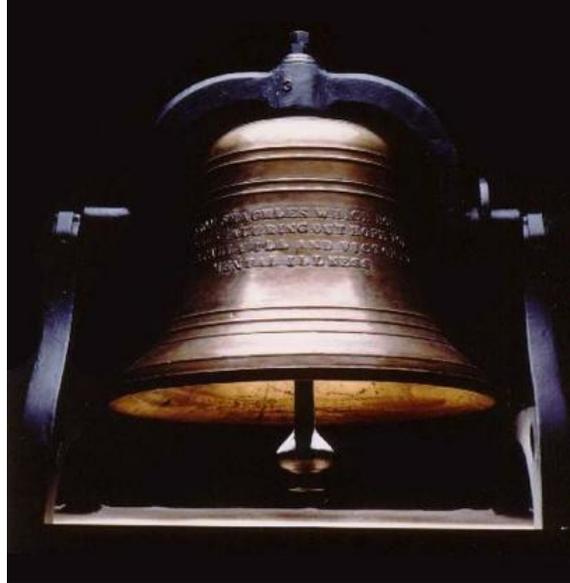
## **Mental Health Matters: A Monthly Blog from the Director**

### ***World Mental Health Day: A Time to Reflect on How Far We Have Come, Where We Need to Go***

On October 10, we observe World Mental Health Day. It is an opportunity to reflect on how far we have come with regards to mental health, but also a time to be reminded that much work remains to be done. Parity, stigma, criminalization of mental illness, suicide, access to care and the impacts of racialized trauma are all areas where we need to continue to focus our efforts.

At Mental Health America, the Mental Health Bell is a symbol of hope and represents the strides we have made over the years. During the early days of mental health treatment, asylums often used iron chains and shackles to restrain people who had mental illnesses. As treatments and understanding improved, this cruel practice eventually stopped. In the early 1950s, Mental Health America issued a call to asylums across the country for their discarded chains and shackles. In 1953, MHA had the McShane Bell Foundry in Baltimore, MD melt down these inhumane bindings and recast them into the

Mental Health Bell. The inscription on the bell reads:



*"Cast from shackles which bound them, this bell shall ring out hope for the mentally ill and victory over mental illness."*

We have certainly made a great deal of progress around mental health treatment, as well as how we talk about mental health, but there is no time for back patting or resting on our laurels. Let's look at those areas mentioned earlier:

### Parity

Writing in the **Psychiatric Times**, Ali Shana asks the question, *Are we living up to the ideals of the 2008 Mental Health Parity and Addiction Equity Act?* She notes that according to some recent reports and measures, the answer is no. "Mental health parity is a straightforward concept: insurance coverage for mental health conditions, including substance abuse disorder treatment, should be equal to coverage for any other medical conditions."

In late 2019, Milliman released a report card of sorts looking at the status of mental health parity based on insurance information. The report showed "continued and increased disparities between behavioral health care and physical health care coverage, indicating possible evidence of noncompliant insurance practices." As mental health advocates, we must continue to fight for parity by informing policymakers, the media, patient advocates, and others about the challenges that continue to exist, including higher co-pays for behavioral health, disparities in use of out-of-network for mental health vs. physical health, and reimbursement rates for in-office visits. It is important to note that in the Milliman rankings, North Carolina received an "F".

### Stigma

There has been significant progress in eliminating the stigma that surrounds mental health, but we know stigma continues to exist. Scientist and Psychiatrist Michael Bloomfield notes that this stigma "permeates through many aspects of our lives—the media, politics, hospitals, professionals and patients themselves."

We continue to see news stories where people suffering from severe illnesses are described as "psycho" or "crazy," and the urge to explain horrific acts of violence as the work of "wackos" and "nutters." Bloomfield writes, "We must not lull ourselves into a false sense of security about increasing societal openness to discussion around mental health—we must name stigma and discrimination when we see it." While attitudes are changing, one survey indicated that one in 10 people would not want to live next to someone who has ever had a mental illness.

Continuing to normalize the conversation around mental illness is important and continues to be a tenant of MHA's work, and our vision is not to simply reduce, but **eliminate stigma**.

### Criminalization of Mental Illness

In the United States, jails and prisons have become the nation's largest psychiatric facilities.

In 2018, the Bureau of Justice Statistics (BJS) reported that 14 percent of prisoners in state and federal facilities met the criteria for having serious mental health conditions.

In local jails, the number was 26 percent. Only five percent of the general population meets those criteria, according to the BJS. Mental illness also affects a higher percentage of female prisoners than males.



In a **Psychiatric News** article titled *The Criminalization of Mental Illness*, Dr. Octavio Martinez writes, “Due to the lack of outpatient resources, poor funding, stigma, discrimination, lack of understanding, poor planning, ineffectual policies and denial, the United States has returned to the conditions of the 1840s. We, as a society, have regressed to a time when individuals with mental illness were more likely to be incarcerated than receive appropriate medical treatment. By de facto, our prisons and jails have become ‘mental health facilities.’”

Dr. Martinez notes that the U.S. can save tax dollars and help restore people’s lives by treating mental illness as a health condition, not a crime.

## Suicide

It is difficult to determine why suicide rates go up or down because the causes of suicide can be complex. According to the American Psychological Association, however, the suicide rate increased 33% from 1999 through 2017. Suicide ranks as the fourth leading cause of death for people ages 35 to 54 and is the second for 10 to 34-year-olds.

Risk factors for suicide include health factors, such as depression, substance use problems, serious mental illness and serious physical health conditions. Environmental factors (access to lethal means and life events) and historical factors (previous suicide attempts, family history and child abuse or trauma) can also lead to suicide.

“At the individual level, there is never a single cause of suicide. There are always multiple risk factors,” says Christine Moutier, MD, chief medical officer of the American Foundation for Suicide Prevention. “That confluence of multiple risk factors makes it a trickier business to explain a population-level rise.” Moutier goes on to note that people who are struggling often fail to receive interventions that could save their lives. “There is a lack of accessible, affordable, effective mental health care. And the health-care system hasn’t been designed with suicide risk in mind,” Moutier says.

Improving early identification of mental health concerns and increasing access to care can help reduce suicides. MHA also believes that becoming a QPR Gatekeeper can help individuals help others who may be in crisis. [Register now for a free virtual QPR training with MHA.](#)

## Access to Care

In 2018, Cohen Veterans Network (CVN), a national not-for-profit philanthropic organization, and National Council for Behavioral Health, issued the inaugural America’s Mental Health 2018, a comprehensive study of access to mental health care. “The study, which assesses Americans’ current access to and attitudes towards mental health services, revealed American mental health services are insufficient, and despite high demand, the root of the problem is lack of access – or the ability to find care.”

“There is a mental health crisis in America. My experience establishing mental health clinics across the country, coupled with this study, shows that more needs to be done to give Americans much needed access to mental health services,” said Cohen Veterans Network President and Chief Executive Officer Dr. Anthony Hassan. “If we want to save lives, save families and save futures we must reimagine our behavioral health system and take concrete steps to improving consumers’ ability to find the care they need, when they need it, and on their terms.”

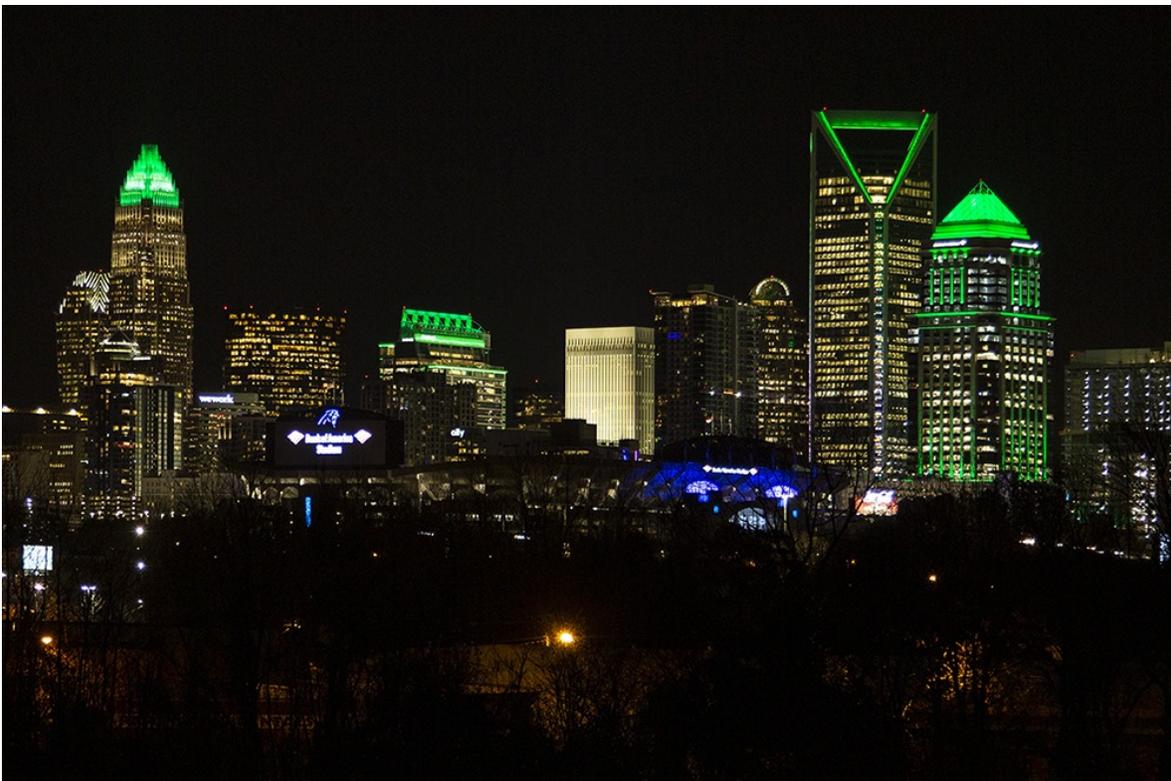
“This study confirmed what we hear from our members every day, that individuals and families continue to struggle to find the help they desperately need,” said Linda Rosenberg, President and CEO of National Council for Behavioral Health. “Mental health and addiction providers need adequate funding to hire skilled staff, employ evidence-based practices and adopt innovative technologies – all of which will help us meet demand.” Issues cited in the study included high costs and insufficient insurance coverage, limited options and long waits, and lack of awareness.

### The Effects of Racialized Trauma

People of color and all those whose lives have been marginalized by those in power, experience life differently from those whose lives have not been devalued. Mental Health America National writes, “They experience overt racism and bigotry far too often, which leads to a mental health burden that is deeper than what others may face. Racism is a mental health issue because racism causes trauma. And trauma paints a direct line to mental illnesses, which need to be taken seriously.” MHA states, “While past trauma is prominently mentioned as the reason many experience serious mental health conditions today, obvious forms of racism and bigotry are just the tip of the iceberg when it comes to racial trauma. Every day, people of color experience far more subtle traumas, including racial profiling; people who avoid them and their neighborhoods out of ignorance and fear; mass incarceration of their peers; school curricula that ignore or minimize their contributions to our shared history.”

MHA of Central Carolinas has created a working group to look at the mental health effects of racialized trauma and racism. Future listening sessions will help guide our work around this important issue.

If we look back to the days of patients being shackled and chained, we have much to celebrate about the progress that has been made around mental health. But, on this World Mental Health Day, let us also make sure we look with eyes wide open about the many who continue to suffer due to lack of care, racism, and stigma. There is much work to be done and our efforts cannot let up. Dorothea Dix who advocated on behalf of the mentally ill in the 19th Century, said, “In a world where there is so much to be done, I felt strongly impressed that there must be something for me to do.”

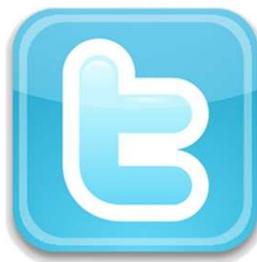


***For the first time ever, ALL the uptown buildings will be lit green tomorrow evening, October 10, in recognition of World Mental Health Day. Thanks to MHA's 2019 Advocacy Volunteer Award Winner Fonda Bryant for advocating for this honor.***

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Mental Health America of Central Carolinas is dedicated to providing help, offering hope and promoting mental wellness through advocacy, education and prevention in Mecklenburg and Cabarrus Counties.



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