

A National Call to Action: Reduce Barriers to Mental Health Care

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In the aftermath of the Tucson, Arizona shootings, much has been said about the role mental illness might have played in this tragedy. Such discourse is understandable, but unfortunately it has tended to reinforce, rather than challenge, misconceptions about mental illness.

One is that mental illness leads inexorably to violence. Outwardly directed violence is rare among the majority of people with a mental illness. In fact, individuals with a mental disorder are much more likely to harm themselves or be victims of violence. In only a small minority, such as those with an unstable psychotic disorder that is accompanied by paranoia and “command” auditory hallucinations, is violent behavior elevated.

Unwittingly, the media may be perpetuating another myth: that people with mental illness appear abnormal. The demonic smirk and haunting countenance of the alleged shooter are ubiquitous and, for many, may become the archetypal face of severe mental illness. However, mental illness is faceless—invisible, yet pervasive. It does not discriminate by gender, race, or socioeconomic status. In the vast majority of cases, it is no more recognizable on the surface than diabetes.

Finally, the spotlight on Tucson could deepen the already profound stigma associated with mental illness. Negative attitudes are felt by those with mental illness, their families, and the public alike. Stigma makes people more reluctant to seek help, or to offer it. The events in Tucson should not be allowed to magnify negative attitudes toward mental illness.

It is unfortunate that at this critical juncture, the gap between the need for mental health services and

resources to fund them is large and growing. As local and state governments struggle to balance budgets, mental health services are often first on the chopping block. One result of this reduction is the expanding number of people with mental illnesses who are incarcerated, rather than in treatment programs, for predominantly nonviolent crimes—situations that might have been prevented by better psychiatric management in the first place.

Given the prevalence and burden of mental illness, funding is both inadequate and disproportionately low compared to that for heart disease, stroke, and cancer. If this trend is not reversed, even those who do seek help may not be able to find or afford it—and those who would benefit from outreach may never be identified and treated. The Mental Health Parity and Addiction Equity Act, which lifted some restrictions and guaranteed coverage in certain circumstances, is a step in the right direction, but there are loopholes that will still leave

many uninsured.

Increased funding directed at research into risk factors—both behavioral and genetic—would also help us develop the tools that could detect mental illness early and accurately. As with other medical diseases, early intervention may change the trajectory of mental illness.

What happened in Tucson exposed fault lines in our mental health care system, but we must not let it lead to mixed or erroneous messages about mental illness. Instead we must use it as a call to action to strengthen our mental health system.

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