

The Huffington Post – Break the Silence: Discussion on Mental Health in America

FEATURED ATTORNEY



Carolyn Reinach Wolf

Executive Partner

By Carolyn Wolf

The silence is deafening. I actually began writing this blog before the D.C. Navy Yard shooting and used the same opening line. Even after this most recent tragedy the same opening line is quite pertinent. Let's take a look back for a moment: Columbine High School [13 killed, 24 injured], Virginia Tech [32 killed and 15-20 injured], Northern Illinois University [5 killed, 15-20 injured], Tucson shopping center parking lot [6 killed, at least 17 injured], Aurora Colorado movie theatre [12 killed, 58 injured], Newtown, Connecticut elementary school [26 young innocent children and teachers/staff, at least 1 injured], D.C. Navy Yard [12 killed, at least 8 injured], not to mention those other university and workplace violence tragedies that did not receive the national media attention.

Let's look at the immediate aftermath: local and national media trucks and reporters swarm the scene, there is talk about the victims and ultimately the shooter. What happened? Why did it happen? Motive? Last thoughts in the shooter's mind before killing and injuring? Then the big question: was the shooter mentally ill?

Then the endless discussions and coverage about mental illness, violence, video games, parenting, falling through the cracks, not connecting the dots, the mental health system failures. Then the endless silence; we move on to other stories, both national and local. The voices stop.

But what about the victims, their families, the campus, and the workplace? Those voices don't stop — they cannot stop — they are left with the fallout and they are left to face the system failures that likely caused the forever changes in their lives and communities.

So what about the question, was the shooter mentally ill? We must end the stigma and blame associated with the term “mentally ill.” Of course the individual who walks onto a campus or into a school, movie theatre, shopping center parking lot or workplace and shoots innocent people is not thinking or behaving in the realm of stable mental health. However, we need to change the conversation and the verbiage. We need to talk about mental health and mental stability versus instability — not a blanket discussion using the term “mentally ill.” The connotation is devastating for the vast majority of individuals who suffer from a serious mental illness, but who are now, and will not in the future, become violent. Statistically, those with serious mental illness are more often the victims of violence than the perpetrators of violence. Of course, this side of the story does not make the news.

However, simply changing the verbiage and discussion about these tragedies does not address the underlying issues and concerns in the first place. For those with mental health instability, in whatever form and whatever the label, our country has failed them and our mental health system remains broken. There is no repair in sight. The president holds a “conference” on mental health issues and then what? No follow up. There is much discussion about gun control which alludes to a mental health piece, but there is little to no discussion of the underlying issues. The laws need to change, specifically the confidentiality and involuntary commitment statutes, to include family members who want to get help for their loved ones and want to work with the treatment team towards stabilization, but are shut down and turned away. Last, but certainly not least, there is a need for increased funding of mental health services. There is little if none.

Let’s talk about funding, which of course goes hand-in-hand with early identification and prevention. After all, isn’t this where we really want to go? If we fund mental health programs, we can treat people who need help, early on, before it gets worse. We would be able to set up support systems to keep people stable and asymptomatic. Ultimately we would give people the opportunity to contribute to society. We would all benefit!

We know that mental illness or mental instability is treatable; people can recover. It is true that we cannot cure mental illness, just as we have yet to cure diabetes, cancer, heart disease, etc. However, with more support, assistance and partnership in working toward having insight, staying in treatment and decompensating less if not at all, we have the best chance of success. We need outpatient programs, more and better trained mental health professionals, psychiatric case managers and residential placements so that all services can be brought to bear in a thoughtful and comprehensive manner. Why is this so difficult to see? Why are those still suffering and their families with them still falling through the cracks? The silence remains deafening.

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