



Chronic Mental Illness: Facts and Myths

by Carolyn Koppentol

A 51 year old woman is brought to the Emergency Room in handcuffs by the police, screaming in terror because she believes aliens are crawling into her apartment through the floor boards, spraying extraterrestrial “fumes,” and soon she will no longer be able to breathe.

Sammy, a 6-year old boy, is in constant trouble at school and at home. Teachers say he is very bright but he bothers the other kids in class and won't do his work. His mother complains that everything is a fight with Sammy from the minute he gets up in the morning. She became very worried about his safety after he jumped off of the garage roof while playing and a few days later started a fire in the backyard as an “experiment.”

An attractive, intelligent young mother is in tears because she believes she is useless and bad for her husband and three young children. She is certain she would be doing everyone a favor if she took her own life.

Mental illnesses are biological brain disorders characterized by alterations in thinking, mood and/or behavior. Mental illness comes in all imaginable and sometimes unimaginable variations. There are some types of mental illness that are naturally short-lived (lasting for weeks or months) and some that resolve spontaneously but most, even when brief, are extremely disrupt-

ive for the individual. When mental illness becomes chronic, as it often does, it can be truly devastating for all involved friends and family as well as the one who has been identified as suffering with the illness.

Common chronic mental illnesses include schizophrenia, bipolar disorder, some types of depression, anxiety disorders (including post-

traumatic stress disorder), and most so-called personality disorders, such as borderline personality disorder.

There still is a great deal to be learned about chronic mental illness, but what we do know is that mental illness is caused by biological abnormalities in the brain that affect the way nerve cells inside of the brain communicate with each other. These abnormalities may be genetically inherited, and often one or more family members are also affected. Sometimes mental illnesses seem to be the result of certain traumas, either emotional or physical. Most of the time there is interplay between what is inherited and what is acquired.

There are age-old myths about mental illness and the people who struggle with these kinds of disorders, such as: “people with mental illness are dangerous;” “people with chronic mental illness are not able to be productive;” “they ought to just pull themselves out of it” or “mental illness could never happen in our family.” These and hundreds more false ideas persist despite consistent scientific evidence to the contrary and serve to stigmatize those with severe and persistent mental illness, adding to the already heavy burden with which they must deal.

Just as physical illness can affect people of all ages and in all walks of life, so mental illness can occur in people of every age from preschoolers to the very elderly. Mental illness cuts across all social and economic boundaries, affecting men as well as women, girls as well as boys. Some researchers estimate that one out of every four people in this country will be affected by mental illness at some point in their lifetime; as many as 7.5 million children have some form of mental illness. Sadly, mostly because of lack of information and the effect of stigma, only a small percentage of those with a diagnosable mental illness ever actually seek adequate treatment.

We know that, for chronic mental illnesses—psychiatric medications, tailored specifically to the needs of the individual—are an

essential element of treatment. However much more is usually required for treatment to be successful to the extent that the family can survive and the mentally ill individual can lead a fulfilling life within the community. Ideally, the individual and family will receive ongoing support and education about the illness and its treatment. We need to keep all the individuals and families struggling with these difficulties in our prayers, giving them our support, understanding and Christ-like care. In addition, the congregation and community will require education focusing on factual information, understanding and the countering of stigma with the long range goal of making people with mental illness, their families and friends an accepted, acceptable and productive part of their environment.

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