A Lack of Acceptance of Mental Illness is the Real Cause of the Arizona Shooting

The real cause of the tragedy in Arizona has not been named. Pundits, advocacy groups and journalists have missed something fundamental. When Jared Loughner’s behavior deviated from the norm, he was shunned and rejected by his college, local employers, acquaintances and friends. In short, his community did not care or did not know how to deal with him.

It is not known for certain if Loughner has schizophrenia, but signs point in that direction in addition to evidence that Loughner was using drugs that can aggravate symptoms of mental illnesses. The reaction in this Arizona community toward a person with a mental health problem is not unique. A lack of societal acceptance and awareness of mental illnesses is pervasive throughout our culture and is an important lesson from this tragedy that is not being discussed.

Recent research has found nearly 50 percent of the public is unwilling to work closely with someone on the job with depression. The percentage of people associating mental illness with violence has doubled since 1956 despite clear evidence that the vast majority of people with mental illnesses are never violent. A study of people living with mental illnesses found that 60 percent reported being shunned and avoided.

Is it any wonder then why people don’t want to accept mental illnesses and seek treatment for them when symptoms emerge?

This same lack of societal awareness and acceptance of mental health disorders contributes to the underfunding of mental health treatment systems and prevention efforts. In a society that accepted and understood mental health problems, we could expect college administrators and police officers to work hand-in-hand with a mental health system when crises emerge. For example, in this case, the college told Loughner he needed to get a mental health examination that said he was not a danger before he could return to class. There appears to have been no follow through by the college, any offer of mental health counseling by the college or any expression of empathy and understanding to Loughner at a time when he appears to have been suffering.

The reaction of Loughner’s community when his concerning behaviors began is the opposite of what should happen when someone is in crisis from a mental illness. Mental health crises can be mitigated with empathetic, holistic, around-the-clock community-based mental health services and with the support and understanding of family and friends. Peers who have similar experiences can help to break down the fear and denial and hold hope for those in crisis.

It would be impossible to suggest any sympathy or excuse for Loughner’s action. But, people with mental illnesses are often isolated, alienated, treated as other, and seen as the lowest of the low. These reactions occur even though people with mental disorders are not to blame for their illnesses. Somehow this needs to be acknowledged if any meaningful changes can come about from this tragedy.

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From some reporting, the public is left with the impression that underlying symptoms of an undiagnosed mental illness were the primary cause of this horrific event. The truth is symptoms of mental illnesses alone are not a trigger for violence. It’s the context in which experiences of mental illnesses occur that can contribute to rare events of violence.

The ultimate irony of the news coverage of the Arizona shooting is that it contributes to the very lack of societal awareness and acceptance that allows tragedies to unfold. Going forward, journalists can help minimize the damage by avoiding overt uses of sensationalism that are pervasive in many of the news accounts. For example, words used to describe Loughner or his behavior as “erratic,” “bizarre,” “crazed,” and “unhinged” are sensational and don’t convey anything but damage to people living with mental illnesses. The use of the term ‘paranoid schizophrenic’ dehumanizes all people living with mental illnesses. It is inaccurate and disrespectful to define people by a diagnosis (in this case, a diagnosis does not exist, but news reports have speculated Loughner has schizophrenia).

Journalists can also play a role in increasing societal awareness and acceptance of people with mental illnesses by doing more in-depth reporting on mental health not just as it pertains to this story, but to treatment and recovery in general. For instance, most people do not realize that after 10 years, the majority of people diagnosed with schizophrenia are much improved or recover completely. The onset of schizophrenia typically occurs in early adulthood and the earlier mental health intervention occurs the better the outcome. This is the kind of information that promotes societal acceptance and awareness of mental illnesses that can help mitigate future crises.

In a sense, we all bear some responsibility for the tragedy in Arizona. The question is, what will we do about it?

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Tips for Mental Health Reporting

On Violence

✓ Be careful when linking violent or criminal behavior to mental illness even if police or family sources do so. The Surgeon General concluded in 1999 that “the overall contribution of mental disorders to the overall level of violence in society is exceptionally small.”

✓ Violent events almost always have multiple causes. Symptoms of mental illness are rarely the only cause. Consider additional factors such as poverty, unemployment, homelessness, desperation and drug misuse, which often are major factors.

✓ Question the relevance to the news story of one’s “history of mental illness” even if that history is readily available.

✓ When writing news stories about the problem of untreated mental illnesses, consult with mental health ‘experts’ including mental health providers and persons in recovery.

✓ When possible, emphasize the statistical fact that mental illness contributes very little to the overall rate of violence in the general population.

On Language

✓ Always use ‘people first’ language, which does not identify someone first and foremost by a diagnosis or by a mental illness: e.g., say, “John Doe has schizophrenia,” not “John Doe the schizophrenic;” “people with mental illnesses,” not “the mentally ill.”

✓ Whenever possible, be specific about the diagnosis and the symptoms that are relevant to the news story. Mental illnesses have different symptoms and forms of treatment.

✓ In general, only the person living with a mental health diagnosis can accurately define how he or she is doing at present. Descriptions of people with mental illnesses as “struggling” or “tortured” should come directly from the person alleged to be feeling this way.

✓ Use unsensational descriptions of people with mental illnesses: e.g. “John Doe experiences symptoms of schizophrenia including paranoia and delusions that people are out to kill him,” not “John Doe acted in a schizophrenic rage.”

Recovery and Treatment

✓ Ask your news organization, whenever possible, to list community-based mental health resources in a sidebar and on the website.

✓ Effective treatment for mental illnesses can consist of psychosocial, alternative, spiritual, peer-to-peer and pharmacological interventions. All forms of evidence-based and promising treatments deserve attention by the news media.

✓ Mental illnesses have multiple causes, i.e. biological predisposition, psychological and environmental factors all play a role. Convey this complexity in news stories that describe a cause and avoid simplistic phrases like “mental illness is a brain disorder.”

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