Mental Illness and the Human Condition
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I. Mental Illness Affects Us All
   A. General Rates of Mental Illness – Several large, national, in depth scientific studies have been conducted to determine the rates of mental illness in the general population of the United States. So how common is mental illness?
      1. The National Comorbidity Survey (NCS) – Lifetime rates for any mental illness were 48%, while rates in the last 12 months were 30%.[1]
      2. NCS-R – Lifetime rate 57%, last 12 months, 32%.[2] [3]
      3. National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) – No total rates reported.[4]
      4. National Survey on Drug Use and Health (NSDUH) – No lifetime rates, 18% 12-month prevalence.[5]
      5. Note that these totals are *without* inclusion of disorders such as ADHD and personality disorders.
   B. Specific Disorders
      1. Mood disorders: The above studies reported lifetime rates of 19-21%, 12-month rates of 9-11%.
      2. Anxiety Disorders: Lifetime rates of 25-31%, 12-month rates of 11-19%.
      3. Substance Abuse: Lifetime 27-35%, 12-month 9-22%.
      4. Serious Mental Illness Rates (SMI: This means chronic, disabling versions of disorders such as schizophrenia, bipolar disorder, depression, post-traumatic stress disorder, borderline personality disorder and obsessive-compulsive disorder): 4.1% rate over the last 12 months, according to the NSDUH.
   C. Costs of Mental Illness
      1. Agency for Healthcare Research and Quality's (AHRQ's) Medical Expenditure Panel Survey (MEPS) – Mental Illness treatment tied for cancer as third most expensive category of illness, more expensive than all but heart disorders and trauma-related disorders. 57.5 billion was spent on mental illness treatment in 2006 (and this with under-treatment of mental illness).[6]
      2. Adding disability costs and lost wages to treatment costs, SMI (serious mental illness) alone is estimated at 317 Billion dollars a year.[7]
      3. According to one study, untreated depression alone is as costly as AIDS and heart disease.[8]

II. Mental Illness is Real
   A. Death Rates of Mental Illness
      1. Suicide was the 10th leading cause of death in the U.S. in 2009.[9]

2. Suicide is the third leading cause of death for those ages 10-24, and the fourth leading cause of death for adults ages 18-65.[10] And rates of suicide do not go down in old age – other causes of death simply become more common.

B. Disability due to Mental Illness
   1. According to the World Health Organization, Depression is now the leading cause of disability worldwide (in terms of total years lost to disability).[11]
   2. Also according to the WHO, Neuropsychiatric disorders are the #1 cause of years lost to disability overall, at 33% of all years lost to disability. Of neuropsychiatric disorders, mental illness/behavioral disorders account for 27% of all years lost to disability. The subclass of mental illness/behavioral disorders still constitutes the single largest cause of all years lost to disability in this country (U.S.).[12]

C. Lost years of life due to Mental Illness
   1. Public patients with severe mental illness (approximately 5% of the population) live *13-32 years less than average*.[13] Bipolar disorder shortens the average lifespan by 9 years,[14] and schizophrenia by 12-15 years.[15] Having schizophrenia increases one's risk of dying by 2-3 times in any given period of time.[16]
   2. Major Depression – Several hundred studies have shown that depression is associated with an increased risk of death, including in populations with cancer, diabetes, and heart disease. In general, depression conveys a 1.8 relative risk of mortality, meaning 80% higher than normal chance of dying within the same time period.[17] Patients with heart disease are twice as likely to die if they have depression,[18] and those who have had a heart attack have a 2 to 2.5 times higher risk of death. Researchers have suggested that depression may be as great a risk factor for heart disease as smoking. With stroke, the risk of death is approximately 50% higher for those with depression.[19]
   3. So is mental illness 'all in your head'?

D. Biological Evidence of Mental Illness
   1. In 1961, a psychiatrist named Thomas Szasz wrote a best-selling book called *The Myth of Mental Illness*,[20] in which he denied that mental illness was a type of medical illness, and asserted that 'mental illness' symptoms were behaviors for which people needed to take responsibility.
   2. Over fifty years later, there are still people arguing that Sasz was substantially correct. Unfortunately for them, and fortunately for the rest of us, science has long since left Szasz' hypothesis in the dust. Yet, you will still periodically come across a media story or even article by a university professor which asserts that the DSM is just an arbitrary political document and that mental illness is not real.

3. You can safely disregard such articles, because the debate has been settled for years, for reasons I have given above, plus some of the following examples of the biological reality of mental illness.

E. Genetics
   1. To take major depression as an example: 39% of Major Depression is due to genetics, less than for other major mental illness (such as schizophrenia, where about 80% of the risk is genetic). But even with depression, identical twins are about twice as likely to both have depression as fraternal twins.[21]
   2. If there were no biological element to mental illness, fraternal and identical twins would have the same rates. But to take another example, for schizophrenia identical twins have a 50% rate of concordance (both having the illness), compared to 17% of fraternal twins.[22]

F. Head scan studies:
   1. Head scan studies have shown clear and consistent abnormalities for all major mental illnesses. To stay with major depression, studies have shown a number of abnormalities, but a clear pattern of over-activity in the lower, 'emotional' part of the frontal lobes, and under-activity of the 'intellectual' upper frontal lobes. This corresponds emotionally with chronic negative reactivity and ruminations (in the overactive lower frontal lobes), while intellectually it corresponds with poor concentration and motivation (in the underactive upper frontal lobes).[23] Thus, we see not only clear changes in brain function with mental illness, but those changes match up with what we know about the normal function of the same areas, and those changes get better with successful treatment – whether the treatment is psychotherapy or medication.[24]
   2. The same could be said for other mental illnesses, including anxiety disorders, addiction, autistic spectrum disorders, eating disorders and bipolar disorder. For instance, there is a pattern of decreased activity level and size of the frontal lobes in schizophrenia.[25]

G. Biochemical Evidence
   1. Again we will stay with depression: There are a host of biochemical abnormalities in major depression. These include:
      a. Neurotransmitters: Decreased dopamine activity corresponding to lack of pleasure, and abnormal serotonin activity corresponding to stress reactivity and suicidality, and many others.[26]
      b. Hormones: Abnormally increased CRF (corticotropin releasing factor), the main mediator of stress in the body and brain. There is also significantly elevated cortisol in major depression.[27]
      c. Nerve growth factors: There is a decrease in nerve growth factors in depression, corresponding with atrophy (shrinking) of the

corresponding brain areas in depression. This gets better with recovery from depression.[28]

d. Inflammatory and immune function: There is a complex mix of abnormalities here, but overall, there is a general increase in bodily inflammation and decrease in immunity with major depression.[29]

2. Again, other such abnormalities have been documented in other mental illnesses.

H. Conclusion: So, obviously, mental illness effects the body and brain on every level – hormones, the immune system, inflammation, neurotransmitters, and the circulatory system are all effected (just to name a few). It is now impossible (or at least ignorant) to say that there is no such thing as mental illness, or that it is 'all in your head.' It profoundly effects the whole body.

III. Mental Illness is Nobody's Fault

A. We used to blame Mothers and families – Since the 1800's, psychiatry has generally understood schizophrenia as biological in origin. However, from the 1940's to the early 1970's, there were some (not all) mental health professionals who blamed mothers for the development of schizophrenia in children.[30]

B. Sometimes we have blamed doctors – Many people (especially those who post on the internet) blame psychiatrists for inventing or at least exaggerating mental illness, forcing people into psychiatric hospitals, or pushing a bunch of drugs on them that they do not need.[31]

C. Often patients get the blame – This was particularly common in in depression. Many patients were told, 'You are depressed because you want to be depressed. You are doing this to yourself.'

D. Well, do people who smoke 'deserve' cancer? Do people who eat too much 'deserve' diabetes? I think we would say 'no.' Even if you have bad habits which are risk factors for disease (like not exercising), it does not mean you are to blame if you get the disease. Why? *Because a disease is an <u>abnormal</u> physical reaction, not a <u>normal</u> consequence of bad choices.* Most people who smoke do not get lung cancer, and most people who have stress in life do not get depression. Something goes wrong in the bodies of those who do, something that is not their fault. Those that do get sick are not somehow 'worse' because their stress caused disease, while someone else's did not.

E. For example, stress is entirely normal and not a mental illness. Stress is an unavoidable part of life. When we are really stressed, we feel distracted, negative, down and pessimistic. High stress may make us sleep poorly, eat too much or too little, and drain our motivation. Almost all of us have experienced this. But stress is not depression. In depression, you get into a high stress state, and you cannot get out of it. All of the symptoms of stress become intense, constant, overwhelming and even disabling. So then the things that help normal stress don't

work in depression ('Just get up and get active, you will feel better.' 'Stop focusing on yourself and do something for other people.' 'Quit feeling sorry for yourself.') These may help normal stress, but they don't help depression. If you can just 'snap out of it' it is not depression. In depression, something in the body has temporarily broken. We are not able to function in the normal way, no matter how hard we try. We might as well try to run a marathon on a broken leg as function normally with depression or some other mental illness.

IV. Mental Illness is not a Spiritual Problem

A. From all of the above, it should be clear that mental illness is not caused by sin or a lack of faith, and neither is it cured by repentance or increased faith. In the past, some people have been told that they are depressed because they lack faith, or that they don't need mental health treatment, just to practice their faith. We now know that this is wrong, just as wrong as telling someone with a broken leg that they just need faith, and that they should not go to the doctor to get the leg treated.

B. Why have some people confused mental illness with spiritual problems? This is because of a belief called *dualism*, which says that all problems are either physical or mental (spiritual). If they are physical, go to a doctor, but if they are mental, then you just need faith or a new attitude to fix them.

C. However, this is not a belief that is consistent with Judeo-Christian scripture. In scripture, human beings are wholes. They are not going to die, shed their bodies, and live forever in heaven. Instead they are going to be resurrected with new bodies.

D. In the scriptures, people are an indivisible whole. If we are going to divide them, we should divide them into body, soul and spirit. Body is physical, spirit is non-physical, and soul (mind) is both physical and non-physical. In the soul, everything is both mental and physical at the same time – mind and brain are like two sides of the same coin there. So the soul has emotions and thoughts, and is also subject to biologically based mental illness. Out spirit is not.

E. That being said, it is true that mental illness affects people spiritually, and that spiritual/religious life effects mental illness. This is because people are whole beings, and what affects part of us affects all of us. However, the cause and nature of mental illness is ultimately physical. Something goes wrong in the brain and body, and we are not able to think, feel and function as our normal selves.[32]

V. Mental Illness is as Treatable as Other Types of Illness

A. Acute vs. Chronic Illness

1. The flu is an acute illness. You get it, you feel terrible, and then you recover. Many people think of all illness as acute – you get better or you die. But in fact, most of the illness out there is chronic illness. It does not kill you, at least not for a long time. And so you have to treat it and live with it the best you can: Diabetes, heart disease, high blood pressure, multiple sclerosis, lupus,

arthritis and many others are chronic illnesses. Most mental illnesses can be chronic as well. In this way, they are no different from most other kinds of illness.

2. We cannot cure most chronic illnesses. We have no cure for diabetes, high blood pressure, heart disease, arthritis, lupus, and multiple sclerosis. But we do have proven treatments of all of them, which help control and sometimes (for a while) eliminate the symptoms of the disease. It is the same way with mental illness: We do not generally have cures. Instead, we have treatments that help control and sometimes eliminate the symptoms.
3. Psychiatric treatments are generally as effective and well proven as treatments of other types of chronic medical illness.

B. Response rates of medical vs. psychiatric treatments
   1. Every few years there seems to be a new and breathless article in the popular press announcing that psychiatric treatments (especially psychiatric medications) 'don't work,' or 'are no better than placebo,' or 'are not scientifically justified.' These stories usually contain grave inaccuracies.[33]
   2. Years later, solid scientific studies appear refuting such claims. They are routinely ignored.[34]
   3. As it turns out, careful statistical comparison reveals that psychiatric medications (for example) are (on average) at the same level of effectiveness as medical treatments, including treatments for high blood pressure, stroke, heart disease, high cholesterol, migraines, asthma and many more.[35] The efficacy of a medical treatment is measured with a statistic called the 'effect size.' An effect size of 0.2 is low but real, 0.8 or above is high, and 0.4 is average. The average effect size for medicines treating 20 major medical illnesses was 0.49, while the average for psychiatric medications was 0.45 – statistically equal.
   4. Mental illness treatments do not work for many people. This is correct, precisely as correct as to say that medical treatments in general do not work for many people. We are far, far better at cancer treatment than 40 years ago, and we can prove it. However, and tragically, there are still many people who are beyond the help of cancer treatment today. The same is true for various mental illnesses. There are some people with depression, bipolar disorder, schizophrenia and addiction that our treatments simply cannot save. This is deeply saddening, but it is a current reality of all medical practice, and it is not usually the fault of the doctors, therapists, families or patients themselves if they should ultimately die of mental illness.
   5. Types of effective treatments – Much of the debate has focused on psychiatric medications, but there are many more well-proven treatments in psychiatry. Many types of psychotherapy have been proven effective for the major mental

illnesses, including major depression, panic attacks, and obsessive-compulsive disorder. But many people do not realize that psychotherapy has also been proven to help more 'biologically determined' illnesses such as bipolar disorder and schizophrenia.[36] There is evidence for many other treatments as well, including 12-step programs like alcoholics anonymous, exercise, meditation, and even religious activities.[37]

6. Mental health professionals used to debate one kind of treatment vs. another: Talk therapy vs. medications, hospitalization vs. outpatient treatment. Luckily, most of us have come to realize the obvious – we need all the help we can get. It now seems clear that treatments do not compete with each other – they help each other fight mental illness. So these days, most psychiatrists regularly recommend psychotherapy, and most psychotherapists regularly recommend medications, and both groups regularly recommend exercise, social support, and the rest.

VI. Mental Illness is our Teacher

A. I suspect that any decent mental health professional will tell you the following: People with mental illness have taught them most of the important truths they know about life. People with mental illness (and remember, that's about half of us over the course of a lifetime), if they can survive, are forced to learn the deep lessons of life.

B. What are these lessons? Here are a few:

1. I will never fulfill all of my 'potential.' I cannot do everything I ever wanted to do, though I can do some of the things I wanted to do.
2. I have my limits. If I try to push myself past a certain point, my health will give out. So I have to do my best but respect my limits.
3. I cannot control things. I cannot control other people. I cannot even completely control myself, though I can work on myself and grow in various ways.
4. Suffering and failure are part of life. No matter how 'perfectly,' I live my life, how much I do all the right things, I won't always succeed, and many things will still go wrong. However, my life will gradually be better if I do many of the 'right' things for my body, mind and spirit.
5. Accept the things I cannot change. Some things are wrong and should not be. But if I cannot change them, I need to stop beating my head against the wall and accept them. I need to adjust to the many realities of life, and cope with them rather than fighting them. This will make my life a lot easier.
6. I need help. I cannot master life completely on my own. I am uniquely responsible for my own life, but I need emotional support, teaching, friendship, and technical expertise to meet all the challenges of life.

C. Now I think these are profound truths, and there are many more that mental illness helps teach us. But they are not just about people who have mental illness. They are about all of us; they are about life. They are truths that all of us, if we are paying attention, will learn over the course of a lifetime.

D. So why do I say that mental illness teaches us these truths? Because normally, people can get away with their illusions about life well into middle age or old age. We start out young and optimistic, but usually with a lot of illusions: I can do anything I put my mind to, I can control my own life, I am the master of my fate, nobody is going to tell me what to do, etc. Usually, people can get away with ignoring their own limits during young adulthood and the first part of middle age. But eventually, time and life catch up with them. They begin to see the limits of what they can achieve in a career, of how much they can push their bodies, of how other people may just be smarter or prettier or just plain luckier.

E. With mental illness, people are forced to learn these truths at a younger age. This is because the age of onset for mental illnesses is, on average, 14 years old. This is not when they are diagnosed, but, looking back, this is when about half of them started. And ¾ of people with mental illness have it by age 24.[3] So people with mental illness 'hit the wall' of life much earlier than the rest of us. While other young teens and young adults are 'feeling their oats' and bursting with optimism, many people with mental illness are forced to face the deep truths of life. And so they are the ones who are forced to mature faster, and they are the ones who go through adulthood having integrated these deep truths within themselves. And if we listen carefully, they are the ones who will teach us those truths with the greatest clarity, subtlety and humility.

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