



The 14 Worst Myths about Recovered Mental Patients

Myth No.1 “A person who is mentally ill can never be normal.”

Fact: Mental illness is often temporary in nature. A previously well-adjusted individual may have an episode of illness lasting weeks or months, and then may go for years- even a lifetime- without further difficulty. To label such a recovered patient “abnormal” is both unfair and **unrealistic**.

Myth No.2 “Even if some mentally ill people return to normal, chronically mentally ill people remain different.”

Fact: Individuals who have been disturbed for a long time and continue to have symptoms are called chronically mentally ill. Usually, these people have spent a considerable amount of time in hospitals and, even after discharge, must continue to take medication. The combination of illness and side effects of medication often causes them to look or act in strange ways. But, the longer they are in the community and able to interact with other people, the more nearly normal their behavior is likely to become.

Myth No.3 “If people who recover from other illnesses can cope on their own, recovered mental patients should be able to do so, too.”

Fact: Actually most people who have been through a disabling illness need help or rehabilitation to return to normal functioning. Physical therapy often fills this role. There are many reasons why this is so. In the case of people with chronic mental illness, the “differences” we have mentioned makes it difficult for many of them to get back into society without help. Also, they often first become mentally ill in their teens or early twenties. Their education is interrupted. It is more difficult for them to earn a living later. In addition, “fitting in” is particularly important during these early years. Since mentally disturbed young people have difficulty fitting-in, their social connections may be disrupted and their self esteem seriously, and often permanently, damaged. For all these reasons, recovered mental patients typically need substantial support to reenter their communities successfully.

Myth No. 4 “People with mental illness are unpredictable.”

Fact: Some are impulsive and their actions unpredictable when they are actively ill. But, once they have recovered, most of them are consistent in their behavior and are likely to present few surprises to those who know them.

Myth No. 5 “But those with schizophrenia or other severe mental disorders must be really crazy.”

Fact: People with *schizophrenia*, when they are ill, may have confused thoughts. They may also suffer from delusions (false beliefs) or hallucinations. Appropriate medication will often control or eliminate these symptoms and an accompanying unpredictability. With appropriate treatment, people with other serious mental disorders also tend to be calm and reliable.

Myth No. 6 “Mentally ill people are dangerous.”

Fact: Patients who have come through mental illness and have returned to the community are apt, if anything, to be anxious, timid and passive. Of a sample of some 20,000 former mental patients monitored for 18 months after their release from hospitals, only 33 were arrested for crimes involving violence. It is true that even this low ratio is somewhat higher than would be expected in the general population. But a closer look shows that the excess comes from those who had arrest records prior to their hospitalization. In the great majority of cases, the image of the former mental patient as a homicidal maniac in need of restraint is far from the truth.

Myth No.7 “But recovered mental patients are surely potentially dangerous. They could go berserk at any time.”

Fact: Most people who have been mentally ill never went “berserk” in the first place. Mental patients are more likely to be depressed and withdrawn than wild and aggressive. Also, according to experts, most relapses develop gradually; and if physicians, friends, family or the patient is alert and knowledgeable enough to recognize early symptoms, recurrences can usually be detected and dealt with before they become too severe. Fear that a recovered patient may “go wild” rarely has any basis in fact. It is almost never a valid reason for denying a former patient employment, housing or friendship.

Myth No. 8 “Anyone who has had shock treatment must really be in a bad way.”

Fact: Shock Treatment (electroshock or electroconvulsive therapy) is an effective way of dealing with certain cases of serious depression that are resistant to drugs and “talk” therapy. Some patients make dramatic recovery following shock treatment and remain well for years. There is no reason to assume that someone who receives this kind of therapy must be sicker than other patients, or to view such people with added suspicion once they have recovered.

Myth No. 9 “When you learn a person has been mentally ill, you have learned the most important thing about his or her personality.”

Fact: Since mental illness afflicts that most nearly unique aspect of any human – the mind - every type of disturbance is different in every patient. For this reason, a recovered patient needs to be viewed as an individual rather than an anonymous member of a stereotyped group. To understand someone who has been mentally ill, you must do with them what you would do with anyone else: spend time with and talk with them and learn about his or her past and present situations. In this special case, it may also be important to learn about the nature and quality of the individual’s care, since a former patient who is receiving good psychiatric supervision is likely to make a better employee and neighbor than one who is not receiving adequate treatment.

Myth No. 10 “You can’t talk to someone who has been mentally ill.”

Fact: Most recovered mental patients are rational and intelligent and it is certainly possible to talk with them. Even individuals who are actively and mentally ill are likely to be rational in many ways. They may suffer from certain delusions or act disturbed at times, but in their calmer moments they will probably be able to discuss many things reasonably and sensibly.

Myth No. 11 “If a former mental patient has a really bad history there isn’t much hope.”

Fact: That person’s history is important in predicting his or her chances for recovery. But some may be ill for many years before they finally receive effective treatment or their condition improves for other reasons. Once the turn around occurs, these individuals may remain well for the rest of their lives.

Myth No.12 “A former mental patient is bound to make a second-rate employee.”

Fact: Many recovered mental patients make excellent employees. In fact, employers frequently report that former patients outperform other workers in such areas as attendance and punctuality and are about equal in motivation, quality of work and job tenure. However, some are subject to relapses, which may cause them to lose time from their jobs. These individuals should work in flexible situations that can accommodate such interruptions. When they are working, they may perform extremely well.

Myth No.13 “Perhaps recovered mental patients can work successfully at low-level jobs. But they aren’t suited for really important or responsible positions.”

Fact: Recovered mental patients are individuals. As such, their career potentials depend on their particular talents, abilities, experience and motivation, as well as their current state of physical and mental health. As mentioned earlier, a number of political leaders, artists, musicians and others have achieved greatness despite the handicap of mental illness. Few of us can hope to match the accomplishments of these men and women. But, with modern treatment, former mental patients can reasonably expect to work at responsible jobs and continue to contribute to society, if society does not arbitrarily bar their ways.

Myth No.14 “Recovered mental patients have a tough row to hoe. But there’s not much to be done about it.”

Fact: The way we act toward former mental patients can make all the difference in their lives. Effective treatment, hard work and good motivation are of limited value when functioning, hardworking, well motivated former patients are refused employment, housing or other opportunities because of false beliefs and stereotypes. Everyone’s help is needed. Here are some things you can do:

- ❑ Respond to recovered mental patients as individuals. Learn about the person and deal with him or her on the basis of your knowledge.
- ❑ Do what you can to help former mental patients reenter society. Support their efforts to obtain housing and jobs.
- ❑ Don’t let false statements about mental illness or mentally ill people go unchallenged. Many people have wrong and damaging ideas on the subject but honestly believe their notions to be true. Correct information may help change their minds.
- ❑ Spread the word. Tell others what you have learned and urge that recovered mental patients be treated fairly. Help give them what they need most—a chance.