

Blue M. Q.

Los Angeles, California

Blue Tinted Glasses

Acrylic paint, paint pens

This painting series visually represents some aspects of my experience with mental health struggles. I began this project with a very different vision that evolved into this final product. I was originally going to create pieces with a more melancholy, dark feeling, but I shifted the main purpose of this series to being a therapeutic, reflective, and smooth process for me instead of just focusing on the outcome. My biggest obstacle was the time consuming graphic line art. Although I genuinely enjoyed the calming repetitive process of using paint pens on the canvases to create various shapes, I had to remind myself to not be too rigid with it. I wanted these paintings to be therapeutic and a part of my healing, so being too strict with the lines would ruin the purpose of creating these pieces.

I am pleased with the way each piece turned out because they all achieved my goal of wanting to evoke specific energies and emotions. I reached that goal by using harsh borders between the vibrant colors and black. I purposely tried to create paintings that seem somewhat disconnected and different, while simultaneously keeping a visual connection between the pieces by using contrast in every piece.

Myths of Mental Health:

#Depression



Blue M. Q.

The Oxbow School

OS47

Writer's Note: In this paper, I write about my past experiences with mental health stigmas and multiple research studies conducted on societal stigmas of mental illnesses. As someone who tells my story as a form of empowerment, I loved writing this paper to defeat any lingering form of shame that I have surrounding my own mental health struggles and to hopefully inspire the reader to try and defeat their own internal stereotypical beliefs of mental struggles that they carry.

In the past, my thoughts have told me that I'm just "faking" my mental illnesses or being "overdramatic," even though I know I have been diagnosed and have real struggles with my mental health. Social media has convinced many, including me, that being physically hurt is the only way to show mental pain. I was practically taught that if I were to cry and just talk about my mental health struggles, I would be considered "too sensitive."

Occasionally, when confronted with stereotypes, I feel ashamed. I have grown up in a society where there are many people who strongly believe in mental health stigmas. Those stigmas are often internalized by those like me who are experiencing mental illness(es). The framework for how mental illness is portrayed is inaccurate and, unfortunately, many people trust the stigmas surrounding mental health struggles to the point that they will make unfair assumptions that affect the way they perceive anyone with an unfamiliar mental struggle. When my brother was questioned about how he feels about stigmas, he stated, "[Stereotypes] make me feel as though I need to act more like a socially acceptable person."

On the other hand, some people, especially on social media, aestheticize and romanticize the idea of mental illnesses. On Instagram, over 12.1 million posts are in the search results of #depressed. This is very aggravating to me because being depressed should never be considered an "aesthetic." The phrase "seasonal depression" comes up often when looking through the recent

posts of #depression. This is an ignorant way to talk about depression, as it makes it seem like a normal human experience. “Seasonal depression” makes it seem as though everybody experiences depression. It also makes it seem as though there’s a timeline for when depression becomes a more significant issue in one’s life. Depression isn’t a timed experience. It’s a serious mental illness that should never be considered a “quirky personality trait.” Another phrase that I’ve heard many times before is people on social media saying that without their mental illness(es), they would not be an interesting or funny person. Trauma and/or depression don’t make someone funny. In fact, trauma and depression do quite the opposite according to societal standards. There are many people who make light of mental illnesses and use the term “depression” as a way to describe their aesthetic. Depression isn’t something that a person gets to choose to have or not have. There are also many people who consider people with mental illnesses “too sensitive” or “overdramatic.” Both groups of people are uneducated about mental health struggles.

There is a large range of people who have influenced my own mental health. I like to think of this range as a Punnett square. Below is a visual grid showing the way I visualize the range of people who have influenced my mental health in a Punnett Square.

| | Unintentionally Hurtful Comments: | Intentionally Hurtful Comments: |
|-------------------|--|--|
| Family & Friends: | Examples: “You ate so fast!” “I’m skipping that song. It’s so gay” | Examples: “You’re a liar.” |
| Strangers: | Examples: Assuming my pronouns | Examples: “Show me your wrists *laughs*” “You look like you want to die” |

The biggest categories of stereotypes are peril, aesthetics, controllability, pity, concealability, stability, disruptiveness. The stigma category “peril” considers the fact that so many people ignorantly believe that all people with mental disorders are “dangerous.” The “aesthetics” category points out what I was writing about early on in this essay. Ignorance can lead to either believing that people with mental struggles are just trying to be “aesthetic” or minimizing mental disorders by making them an “aesthetic” like #depression. Additionally, many people believe that mental disorders are something that a person can control and/or conceal for the purpose of being “socially acceptable.” Pity is another big category of stereotypes because there are a lot of people who believe that people struggling with mental disorders who are reaching out for help are “attention seekers” or are just “searching for pity.” Another major category of mental health stigmas is the idea that all people with mental struggles are completely unstable. To fight against the instability stigma, I talk about my experience having depression and it shows people that mental illness usually isn’t all about being completely unstable.

There are three levels of stigma that act as barriers to people engaging in getting treatment or any form of help. There is social stigma which is the majority of society’s ideas about mental illness. Social stigma is an overall theme that can be used to describe how the majority of society views mental illness. The second form of stigma is self-stigma. This level of stigma covers any stigma that is a conscious or unconscious personal belief that affects the way you view your own mental illnesses. The last level of mental health stigma is health professional stigma, which includes the idea that mental health professionals carry stereotypical beliefs towards their patients. A quote from an article titled “Mental Health Stigma: Society, Individuals, and the Profession” states that “Individuals with mental illnesses may not even receive equivalent care (compared to

non-mentally ill patients) in general health settings once health professionals become aware of their mental health conditions.”

The Surgeon General wrote an article regarding the stigmas and stereotypes of mental illnesses. A section of the article titled “Significance of Mental Illnesses” lists multiple statistics. The first statistic listed is about the prevalence of mental disorders, and it states, “About one in five Americans experiences a mental disorder in the course of a year.” This contributes to defeating the stigma that “mental health isn’t common.” A lot of people struggle with mental health issues, whether they know it or not, but many people who aren’t struggling with mental disorders are ignorant and only think of the extremes when thinking of mental health issues.

Another statistic states that “Approximately 15 percent of all adults who have a mental disorder in one year also experience a co-occurring substance (alcohol or other drug) use disorder, which complicates treatment.” One of the major myths of mental illnesses is that people with mental health struggles are just “crazy people” who do drugs. This statistic fights that myth by showing the fact that only 15 percent of all adults with a mental disorder have experienced a substance use disorder.

A third statistic is that “Untreated mental disorders can lead to lost productivity, unsuccessful relationships, and significant distress and dysfunction. Mental illness in adults can have a significant and continuing effect on children in their care.” There's an issue with the perceptions of mental health and how people either think of extreme situations or completely minimize a person’s struggles. This statistic shows that mental health struggles, such as depression, can affect anyone’s life drastically. Depression isn’t just being sad.

The last statistic states, “In fact, schizophrenia, mood disorders such as major depression and bipolar illness, and anxiety often are devastating conditions.” I’ve met people who say they

are “so depressed” very loosely in a light-hearted, casual conversation and it’s unfortunate that some people think it’s okay to talk about depression as if it’s an umbrella term for sadness. Although some people minimize mental illness, others believe that people with mental struggles are “dangerous.” To fight the stigma of mentally ill people being “dangerous,” the contribution of mental disorders to the total level of violence in society is exceptionally small. This statistic shows that mental health disorders don’t make all people who struggle with them “dangerous.”

The section after the one regarding the significance of mental illness is titled “Effectiveness of Diagnosis and Treatment.” The first fact stated in this section is that “There exists a constellation of several treatments of documented efficacy for most mental disorders.”

The second fact is about the lack of treatment for the severely ill. It states “Nearly half of all Americans who have a severe mental illness do not seek treatment.”

The third and last statement in this section states, “On the strength of these findings, the single explicit recommendation of the report is to seek help if you have a mental health problem or think you have symptoms of a mental disorder.” A lot of negative perceptions of depression are still prevalent. To help fix this, educating people to give them a better understanding of depression and other mental illnesses may lead to more effective outreach and support.

The next section of this article is about the lack of mental health treatment accessibility and its causes. This section states, “Even more than other areas of health and medicine, the mental health field is plagued by disparities in the availability of and access to its services. The U.S. mental health system is not well equipped to meet the needs of racial and ethnic minority populations. Racial and ethnic minority groups are generally considered to be underserved by the mental health services system. Repeated surveys have shown that concerns about the cost of care are among the foremost reasons why people do not seek care. Equality between mental health

coverage and other health coverage, a concept known as parity, is an affordable and effective objective.”

The concluding paragraph of this article is powerful because it shows improvement in society’s view of mental illnesses. The concluding paragraph states, “This Surgeon General’s Report on Mental Health celebrates the scientific advances in a field once shrouded in mystery. These advances have yielded unparalleled understanding of mental illness and the services needed for prevention, treatment, and rehabilitation. This final chapter is not an endpoint but a point of departure. The journey ahead must firmly establish mental health as a cornerstone of health; place mental illness treatment in the mainstream of health care services; and ensure consumers of mental health services access to respectful, evidence-based, and reimbursable care.” Stigmas must no longer be tolerated for our nation to move forward in decreasing negative mental health perceptions. Stereotypes not only lead to discrimination and prejudice of people with mental health struggles, but they also prevent people from acknowledging their own mental health problems. To acknowledge some good that has come out of the past decade, there have been major changes surrounding mental health stigmas, but there’s still a long way to go. I look forward to being a part of changing the negative stigmas of mental disorders.

Works Cited

Ahmedani, Brian K. "Mental Health Stigma: Society, Individuals, and the Profession."

Journal of Social Work Values and Ethics, U.S. National Library of Medicine, 2011,

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3248273/>.

Simmons, Laura, et al. "REDUCING MENTAL HEALTH STIGMA: The Relationship Between Knowledge and Attitude Change."

ejmh_2017_1_simmons_jones_bradley_25_40.pdf, 18 Mar. 2016,

semmelweis.hu/ejmh/files/2018/09/ejmh_2017_1_simmons_jones_bradley_25_40.pdf.

Friday, et al. *ISSUE BRIEF Dispelling the Myths and Stigma of Mental Illness: The Surgeon General's Report on Mental Health Washington, DC a Discussion Featuring with Introductory Remarks By*. 2000.

Clement S, Lassman F, Barley E, Evans Lacko S, Williams P, Yamaguchi S, Slade M, Rüsçh N, Thornicroft G. Mass media interventions for reducing mental health related stigma. *Cochrane Database of Systematic Reviews* 2013, Issue 7. Art. No.: CD009453. DOI: 10.1002/14651858.CD009453.pub2. Accessed 27 November 2022.

Blumner, Kate H., and Steven C. Marcus. "Changing Perceptions of Depression: Ten-Year Trends from the General Social Survey." *Psychiatric Services*, vol. 60, no. 3, Mar. 2009, pp. 306–312, ps.psychiatryonline.org/doi/full/10.1176/ps.2009.60.3.306, 10.1176/ps.2009.60.3.306. Accessed 27 Nov. 2022.