

Oversimplification Stigma in Mental Illness: Written by Jack

Ten years ago, almost to the day, I tried to kill myself. I was suffering from severe depression, and lots had gone wrong. It was the first of two such occasions; both in the same eight months. Despite subsequent reoccurrences of depression, I have never come close to ending my life again.

I still have depression, it has moderately acute and dormant periods, that sometimes depend on the season or levels of activity (oddly, not usually stress in the conventional sense). I am medicated at a low level, and that works very well for me. Why mention this now, and why here?

Previously, I wrote in the *Whisperer* that we needed as a profession to decide how we were going to make use of our own experiences, and how we bridged or (re)defined the gap between practitioner and service user. Now I want to go further. Mental illness, in its myriad forms, is on the rise in UK society. The popular statistic of 1 in 4 people having some experience of it is, from my perspective and that of many others, a gross underestimation. Even those who are not diagnosed, or who do not have medium or long term conditions, deal with increasing and visible levels of stress, worry, uncertainty and loss.

There are still large chunks of society, including in the professions, who medicalise questions of mental health. Their good intent is not in doubt, and medical intervention is an invaluable tool in helping people manage and improve their psychological well-being. But an overly medical approach, without meaning to, stigmatises and categorises; the well, and the sick, the functioning and the broken. This discourse, stigmatising in its oversimplicity, does not recognise the fluctuating nature of mental health, and makes people identify as either a

working, reliable member of society, or a patient, a victim, a dependent. It cannot rationalise a dual truth; that mental illness is serious, can be debilitating and potentially fatal, and can be treated, managed, worked with and recovered from. In the past I've had my condition belittled to 'he gets a bit stressed', and amplified to 'if you have depression you shouldn't be doing this job'. I wish I'd stood up to both extremes of attitude. I didn't.

I live with my condition. I'll say that again, I live with it. I've not been seriously unwell for over nine years, I'm now at a mild, occasionally moderate, changeable level, and I have a handle on what helps. Most days it has either no effect, or a minimal one. But even though I'm long past the most recent super-acute period of my condition, I'm not 'cured'. I am managing, as one does diabetes, asthma, or back pain, none of which we make judgements about in such stark absolutes.

Two things should be made irreducibly clear. Firstly, in writing this I am not setting myself as an expert, or as a special resource for students who experience these issues. I am here, per my role, for all my guidance tutees who experience any kind of personal issue, and will support them and refer them to the appropriate services, as would my colleagues. Secondly, this short piece is not to set a precedent for any other university staff to feel they have to make disclosures of this sort. This was a personal decision, and I speak exclusively for myself. I might however add that I have never hidden my condition from colleagues, and have found nothing but understanding and supportiveness.

We still don't have parity between how we think about mental and physical illness in society. But as much as this applies to when either becomes severe, we also have a lack of understanding that mental health problems are something that millions of people, with support when needed, live with and alongside. And you can do a job, or work

in a field, that is stressful and challenging, and function very well. Even when it doesn't leave completely, even when it's there for the long-term, it does get better, but only when the stigma and shame is reduced, when the 'X or Y' assumptions are addressed, and when the knowledge is there. In the 21st century, we still aren't there yet.