

Example of research paper on oppression of the mentally ill

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People with mental illness face oppression in several ways: by others, by the policies of places which they may visit, and by policies of both the government and health care. Part of the reason is simple. People in society criticize others who are different from themselves. Of course, this does not make oppression right, it just offers an explanation. Another part is more complex. It is human nature to fear what is not understood. Part of how society demonstrates fear of others is through oppression. In this way, fear is a sign of ignorance. Ignorance is a lack of understanding. That is why it is important for society to become better informed about basic concepts of mental illness. In this paper, how mental illness is oppressive by how people treat each other, how governmental policies affect the mentally ill, and how insurance companies oppress the mentally ill will be discussed.

Unfortunately, referring to someone as “crazy” and proceeding to laugh about it has become a common and accepted practice in society today. People too often no longer see the person as the same person who has a mental illness but instead as a psychiatric case rather than a person. Oppression begins from this point. A person who is mentally ill is still a person first, just a person who needs treatment for a medical condition, like a diabetic needs insulin.

Too often, the general public treats a person who has a mental illness as a leper, isolating them or excluding them from just about everything, although this is often not necessary. Most people with a mental illness would benefit from the inclusion of others, but their self-esteem is so damaged from the diagnosis, they are too fragile to initiate it. There is too great a risk, it seems,

to a person with mental illness to be visible. For this reason, a person often hides their diagnosis for as long as possible, shares little, and gradually becomes less involved with others.

The government does offer protection of the mentally ill under the American Disabilities Act (ADA) of 1990. The main protection for people with mental illness under ADA is for employment, in which reasonable accommodations must be made for a person to perform their job. These accommodations can include time off for therapy appointments and some extra time to complete assignments to reduce stress. Similar protections are also made when people with mental illness are seeking employment. These protections are worth-while, since mental illness and related reasons are a top twenty reason that people miss work (Hebert, 2009).

Just because these protections are offered does not mean that people who are working and have a mental illness do not suffer from oppression from their employers or co-workers. Sensitivity training and supervisors who are on-task in monitoring employees interactions with the employees who have mental illness have shown promise in enabling people who have some mental illness to be successful in the work environment. Additionally, utilization of employee assistance programs improves such success. The biggest factor, however, appears to be ending peoples' ignorance through education of all workers about what mental illness is and the ability of those with mental illness to also contribute in the workplace (Tomlinson & Lund, 2012).

Even insurance companies oppress the mentally ill. It is easier to get an insurance company to pay for a broken arm, because an x-ray can be used as documentation, than a mental illness, because there is often no hard-evidence, such as an x-ray, to support a diagnosis. Hebert (2009) reports that “ the American Psychological Association (APA) reports that 25% of the population does not have adequate access to mental health care and that 44% does not have insurance for mental health care or is not informed about their mental health coverage” (p. 28).

It is important for a person to know about their mental health coverage if they do have a mental health condition, but even with Health Information Portability and Protection Act (1996), guaranteeing peoples' privacy, because of the stigma of being mentally ill, fear of stereotyping or loosing ones' job still persists. This oppression inhibits the ability of workers with minor mental health issues, who can still work, from receiving treatment. Lessening the stigma of treatment, it is also becoming more common for those with “ less severe mental disorders and mental health problems, to be treated in general medical settings, in the workplace or school, or just about anywhere in the community” (Goldman, 2006).

People with mental illness also suffer from pervasive social stigma (Arboleda-Florez & Stuart, 2012), oppression from the government, and a double standard from insurance companies. There are links between being stereotyped and suffering from prejudice and discrimination. Unfortunately, people with mental illness do suffer. They are oppressed, have unshakeable stigmas, and much of this is out of the control of the oppressed. People who

suffer from mental illness are not to blame for their condition, yet, they are often treated as if it is their fault.

These ill people suffer. They cannot cure themselves simply by the desire to do so. In most cases, they are not dangerous and pose no risk of harm to themselves or others, yet many are treated as if they do. Too often, people with mental illness are not only victims of their illness, but of societies' treatment of them, the governments' not making them a priority, and the insurance companies treating them as second class members. Because stigma, stereotype, and ignorance continue, the mentally ill continue to suffer.

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