

Mental health and disability psychology essay



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Disability is a vague term for any condition that has affected a person's capacity to function and carry out normal daily life activities for a period of more than twelve months (Thomas, 2010). Therefore disability encompasses many conditions and it can be subdivided into further four subgroups, which are physical, psychological, cognitive and social disorders (Thomas, 2010). Consequently it is important to understand the social aspects that are brought about by disability, since the vast number of patients that doctors congregate would be suffering from some kind of disability. The difficulties that disabled people face upon their daily life does not arise solely from them being labelled as abnormal, but rather from the misunderstanding of what abnormality really is and how it can be correctly explained and what policies can be implemented in order to improve the lives of disabled people.

Misunderstanding and wrong beliefs about what disability really is can lead to taboo and stigma, which is especially wide spread among mental health. Some mental illnesses such as depression can hinder an individual's day to

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day functioning and therefore can be regarded as a disability. Mental illness can be defined as any condition that induces impairment in an individual's normal cognitive or behavioural function.

The evolution of movement

Historically disability was elucidated through the use of the medical model of disability, which indicates that disability related problems lie intrinsically in the individual himself and the root of the problem arises due to a functional impairment and the psychological problems that emanate from the disability (Oliver, 1990).

Society has the conception that the disability related problems emanate due to the physical impairment rather than the society's failure to address the daily needs of these individuals by advocating assistance, social acceptance and increasing accessibility to services (French 2004). There is also a wrong belief circulating through the society which culminates the wrong idea that disabled people want to be "normal", however in fact many disabled people perceive their disability as a part of themselves, which constitutes a part of their identity and are very happy with the way they are (Mason, 2000, French 2004). The society also has the idea that disabled people should enter the social role of being disabled and fulfil their expectations of how a disabled person should behave. Disabled people are expected by the society to adapt and become more "normal", to be self reliant, similar to everyone else and accept their unfortunate events, because it comes as part of their disability (French 2004). However, the sadness that encompasses disabled people arises predominantly from those expectations by the society, rather than from the disability itself (French 1994).

Clearly the medical model of disability does not give us a competent explanation for disability; therefore a new competing concept known as the social model of disability has come to the fore (Oliver, 1990). This new model locates the problems that arise due to disability not within the individual, but rather within the society. The disability related problems are not considered to be due to the impairments or limitations that the disability has brought about, which can be overcome by daily adaptations, rather the bulk of the problem lies within the society as the society fails to administer services for the disabled people and make sure that the needs of the disabled people are met (Oliver, 1990). Consistent failure of the society to tackle these few issues leads to isolation, institutionalisation and therefore is the primary instrument which causes people to become disabled. Therefore it is the society that needs to undergo a change and become more accepting of disabled people, rather than disabled people undergoing surgical treatments no matter how agonizing that experience is for those individuals, in order to fit within the ideology of so called being "normal".

The disability discrimination act

Those changes in the understanding of disability from medical to social model have led to the introduction of new policies and legislations. However, the problem with the policies introduced by the government is that it usually lacks in the area of usefulness, since the policies introduced are by non disabled people. In order to insure that disabled people are not discriminated against and are given as much opportunities as possible in order to succeed and reach their potential in every aspects of society, the Disability Discrimination Act was introduced in the year 1995, which tries to implement

these ideas. The DDA increases the number of services and opportunities that are available for the disposal of disabled people (Directgov, 2010).

The DDA tackles discrimination towards disabled people in the areas of:

” Recruitment and employment

Access to goods facilities and services

The management, buying or renting of land property”(Directgov, 2010)

Also the introduction of Special Educational Needs and Disability Act 2001, which makes it illegal for educational services and other similar services to discriminate against disabled people.

Therefore businesses are required to make reasonable adjustments to their practices or policies in order to avoid the administration of indirect discrimination (Directgov, 2010).

Mental illness as a form of disability

Mental disorders have been found to be very common among people, with as many as one in three people having enough symptoms to be given a diagnosis of a mental illness (Who, 2000). There are many different categories of mental disorders, and many different facets of human behaviour and personality that can become disordered. Some of these mental disorders such as depression or schizophrenia, which last for an extensive period of time, can be classified as a disability.

However, the decision of what is a mental illness and what is normal is not as simple as it appears to be at the first sight. Since another individual

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behaving or thinking in a completely different manner, does not necessarily make that person mentally ill, this is usually the primary assumption that arises within society. Also who decides what is normal and what is abnormal and how do you decide the optimal psychological functioning, since every behaviour and cognitive function has its strengths and weaknesses?

There are certain social roles that exist, which we are expected to obey and we constantly traverse from one social role into another and the roles that we engage in more frequently help to shape our identity. For example, a patient entering the social role of a patient and behaving in a manner that they think is expected from that role. Mental illness can be considered to arise when a minority of individuals behaving in a completely different manner that does not constitute the " norm", they engage in unfamiliar social roles.

However, misdiagnosing is very common in the field of mental health and it could have major detrimental effects.

Different cultures have differing points of view of what comprises an ideal pathological or biological functioning. They prioritise differently from us the importance of happiness, friendship and relationships. Similarly behaviour or thinking style that is appraised or considered normal or desirable in one culture would not necessarily mean that these desired traits can be considered as the maximal psychological functioning.

Every culture have a set of desired behaviours which are the most common and are considered normal within that particular culture, but there are also some behaviours which are considered outlandish and undesirable within

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that same culture. However, what a certain culture considers as outlandish or undesirable is based on their own beliefs and values (Heinimaa, 2002). For this very reason behaviour or thinking style that is undesirable and considered as a mental illness in one society, would not necessarily be considered as a mental illness in another.

Religious and spiritual concepts are not considered to be a constituent of mental disorders, but it can be argued from an Atheist's point of view that these beliefs meet all the criteria for delusional and psychotic disorders (Pierre, 2001; Johnson, 2008). It had also been noted that a vast number of people labelled as mentally ill are found to be religious, which could be due to the fact that they are neglected from the society and seek new ways to adapt to their isolation. In the near future being religious might even be considered as a mental illness in some countries.

Stigma and mental illness

Social stigma is extreme denial and refusal of particular personal characteristics, views and behaviour that are considered to be against the social norm (Blume, 2002). Social stigma is very common in every parts of the world. People believe that once a person is mentally ill than they could never be cured, however this is not the case and many people recover. It is also believed within the society that mentally ill people are accountable and deserve to acquire the difficulties and problems that emanate due to the mental illness (CAMH, 2004). However, mentally ill people have not committed any crime to deserve this hostile treatment from the society, in fact people who had very hard and cruel life are often the victims of a mental illness. People wouldn't discriminate against and result to violence towards

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people who have Cardiovascular Disease or cancer, but why would they behave in such a barbaric manner towards someone who has an illness of the brain, a mental illness, is there really such a big difference between those two groups of people? The main bulk of the problems that sufferers face don't originate from mental illness itself, but rather again it is the society. The taboo and stigma lead to isolation and discrimination towards mentally ill people such as schizophrenics and this is the primary instrument which causes deleterious effects towards mentally ill. It therefore can be seen as a positive feedback loop, where a mental illness such as schizophrenia is not accepted by the society and discrimination, isolation and taboo arise towards that individual, which can lead to further mental health problems such as anxiety, depression and other problems. Even when you are cured from the mental illness the society does not want to accept that and your normal behaviour is perceived as abnormal and part of your mental illness. (Rosenhan, 1973).

Media and the general public

The primary approach taken for the portrayal of mental illnesses by the media consists of mostly negative representations; negative behaviours are shown and highlighted such as violence and criminal behaviour, while the positive news such as success and accomplishments by mentally ill people are not covered (Coverdate, 2001; Diefenbach, 1998).

For example, for every instance of crime or violence, which is committed by a mentally ill person, the media would create an association by always revealing that the person is suffering from a mental illness, even though his illness got no causal relationship with the crime. However, when someone

suffering from an illness such as Kidney failure commits a crime, the illness is not reported during the media coverage, therefore an idea has eradicated within the society that there is a cause and effect relationship between mental illness and violent crimes.

Due to these negative representations, it has been found that the public holds a strong belief that mentally ill people are dangerous and they feel the need for distancing themselves from people suffering with a mental illness (Link, 1999). This notion was demonstrated by a study carried out in the UK, which found that people showing the characteristics of a mentally ill person are rated to be more dangerous and violent, in relation to the number of people who are considered to be troubled and requiring help (Pescosolido, 1999).

Violence

Even though it is consistently demonstrated by the media that mentally ill people pose danger to the society, numerous national studies have been conducted which fail to demonstrate this notion and there is no causal relationship between mental illness and the person committing a crime in the future. Mental illness is therefore not a cause of criminality and violence; in fact the major causes of crime are related to substance abuse and socioeconomic factors (Elbogen, 2009).

It had been indicated that people suffering from a mental illness are likely to be the victims of crime or violent behaviour, rather than the ones who commit the crime. And then they are the victims of crime, mentally ill people

are much less likely to win a verdict, due to the fact that they are seen as being non credible and due to discrimination (Stuart H, 2003; Brekke, 2001).

Diagnosis of mental illnesses

The diagnosis of a mental illness is based on the use of self reports such as interviews and questionnaires to identify a certain mental disorder.

Psychiatric Diagnoses are categorized by the Diagnostic and Statistical Manual of Mental Disorders, 4th. Edition and it covers all mental disorders for both adults and children (Heffner, 2004).

But there are many problems that arise from the use of self reports to identify mental illnesses:

First of all demand characteristics could happen, which means the subject could give the answers that they think is desired by the experimenter, rather than what they really think, which could contribute to the reduction of validity.

Secondly, how or who determines the boundary of someone being sane or insane. For example, if a person obtains a mark of 19, they are considered as normal but to be considered as depressed you have to obtain a mark of 18, how or who made this decision of where the boundary lies.

Thirdly, questionnaires are also abundantly implemented for the determination of whether an individual is suffering from a mental illness, but the problem that arises is that you are quantifying human behaviour and cognitive ability, which lacks in depth of information and could human behaviour really be measured by the answering of questions? It is not

possible to establish a cause and effect relationship; therefore we have to question the validity of the results that have been obtained.

There was even a study conducted by Rosenhan which demonstrated the low reliability and validity that mental diagnosis encompasses. The study consisted of nine pseudo patients which were diagnosed as schizophrenics and admitted into psychiatric hospitals, even though they did not have a single symptom of schizophrenia (Rosenhan, 1973). Thereafter they started to behave " normally", however their so called normal behaviour was interpreted as a symptom, as part of the pathology (Rosenhan, 1973). For example, one nurse labelled normal behaviour such as writing as abnormal and suggested that the " patient engages in writing behaviour". Therefore this study suggests that labels are sticky and once you are labelled as mentally ill, it is very hard to eradicate this label, however misdiagnosing as this study shows is very common and it is very hard to prove whether a person has an illness or not, since there is no lesion to examine like in cancer and other diseases, but it is rather the behaviour and cognitive processes that are examined which can have a very low validity.

In conclusion, this course has greatly changed some of my views and ideas about disability. Although I had previously realised that it is the society that predominantly contributes towards making an individual disabled by exclusion and the lack of access towards services that can be easily avoided through unpretentious adjustments. However, I did make the mistake of undergoing through the slippery slope to possess a personal tragedy theory of disability understanding and I thought people who had severe disabilities such as loss of their sight would be struggling to cope with this tragedy and <https://assignbuster.com/mental-health-and-disability-psychology-essay/>

would be much more likely to be depressed, but I underestimated how adaptive people can be and they could change their cognitive functions in order to overcome a barrier.

I also came to the conclusion that the experience of having a condition that makes an individual disabled is likely to improve their theory of mind, understanding of what the patient must be going through and therefore increasing empathy for the patients and clients. Thus it can be very beneficial to have disabled doctors, since they don't only understand how the body functions, but also have a better understanding of how the society functions and are able to put themselves in the patient's shoes.