

Repeat after me: Mental illness is physical

Gregg Stanwood, My View 7:49 p.m. EDT May 2, 2015



(Photo: COLIN HACKLEY)

A few weeks ago I was invited to a roundtable discussion of research and services aimed at treating depression in the Tallahassee area. Before the “real meeting” began, the tragic Germanwings plane crash came up. Almost simultaneously, several of us immediately said, “Do you know what really bugged me in the media coverage? The repeated question: Did the pilot have a physical health problem or a mental health problem?”

Mental health problems are physical! Behavior, feelings, decisions are all produced by the biology of your brain. It’s romantic to “think with your heart.” But hearts don’t think. Brains do. And when there are problems in that biology, the thinking goes wrong.

That is what happens in Alzheimer’s disease, for example. Brain cells stop working properly, and that produces a devastating disorder. It happens with learning disabilities, too. And in Parkinson’s disease, ALS, epilepsy and every other disorder your neurologist would treat.

So why is “mental health” different? Scientists (like me) and medical doctors are partly to blame. We’ve kept neurology and psychiatry as subfields for a long time, with rigid delineations of which subspecialty treats what. Psychology is sometimes pushed aside as a soft science, despite overwhelming evidence that the brain produces behavior and the behavior affects the brain.

So please, please, please repeat after me: Mental illness is physical.

Depression, bipolar illness, schizophrenia, Tourette’s, addictions and anxiety disorders all have physical bases. The whys and hows are complicated. At least hundreds — if not thousands — of genes contribute to risk. Environmental factors do, too: toxins, drug exposures, stressors. It’s incredibly hard to understand where most of these disorders come from, so it’s sometimes easier not to try. But that doesn’t help.

Does this mean willpower and control are irrelevant in brain and behavior? Of course not. Behavioral therapies are at the leading edge of treatment. But to simply write people off as unable to control themselves — or worse, as “crazy” — does not help. “Crazy” doesn’t belong in the vocabulary anymore.

Let’s talk about depression for a moment. One in five Americans has firsthand experience with depression, bipolar illness or another mood disorder. That’s 20 percent with one degree of separation or less. Now if anything’s crazy, that statistic is crazy!

So here’s the plan. In my lifetime, we *will* end the stigma of mental illness. We will accept, as a society, that brain disorders are physical disorders. We will improve both medical and behavioral treatments. We will get people help when, or before, they really need it.

People often judge others suffering from deep clinical depression as “not even trying” to get better. But have you ever thought that people could “just try harder” and fix their food poisoning, flu symptoms or cancer?

This stigma is shameful, wasteful and immoral. It has to go.

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For more information and resources, visit med.fsu.edu/BioSci, nami-tallahassee.org, www.nndc.org and apalacheecenter.org.

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