

Who is Responsible for Mental Health?

Yilin (Bob) Wang
The Taft School

Abstract : *This paper discusses who is ultimately responsible for dealing with the increasing mental health crisis across recent decades and generations. It seeks to touch on the actions required by governments, private institutions and individuals to as a whole, combat the crisis and provide mental healthcare to all who needs it. This paper demonstrates that forces at each level must work in tandem so that there is a collective will surrounding this pervasive issue.*

Keywords: *mental health, stigma, pandemic, well-being, illness.*

I. INTRODUCTION

When it comes to taking care of ourselves, it is critical that we not only focus on improving and maintaining our physical health, but also our mental health – as mental health is largely intertwined with the physical. On average, American people with major mental illnesses were found to die 14 to 32 years earlier than the general population (Colton and Manderscheid, 2006). Mental health is generally defined as our “emotional, psychological, and social well-being,” which affects how we “handle stress, relate to others, and make choices” (U.S. Department of Health & Human Services, 2020). Just like physical illnesses, mental illnesses are health conditions that can arise and impact effective functioning in daily activities, as they involve changes in “emotion, thinking or behavior” (Parekh, 2018). According to the Centers for Disease Control and Prevention, more than 50% of U.S. adults will be diagnosed with a mental illness at some point in their life (Zoppi, 2020). With the rise in mental illnesses among large swaths of populations, more public and private resources have been made available to combat the surrounding stigma and increase treatment (Corrigan and Watson, 2002). However, as taking care of one’s mental health also remains a deeply personal and individual journey, this begs the question – who is ultimately responsible for our mental health? In this essay, I will first discuss the rise in mental illnesses caused by large societal shifts through the lens of COVID-19, prompting the need for both public and private intervention accordingly. Then, I will propose the ways in which we as individuals can and must take agency over our mental health; essentially, the amalgamation of public, private and individual actions and responsibilities can create the structures necessary to increase awareness and make mental healthcare more commonplace.

II. MENTAL HEALTH AND PUBLIC INSTITUTIONS

Most recently, mental illnesses have greatly proliferated with the COVID-19 pandemic and resulting economic recession. In January 2021, a poll found that many adults were reporting negative impacts on their mental health and well-being, with 41% experiencing symptoms of anxiety or a depressive disorder. Young adults (aged 18-24) in particular have undergone a number of pandemic-related consequences, such as university closures and income losses (Panchal et al., 2021). Prior research demonstrates that job loss correlates positively with increased depression and anxiety, leading to higher rates of suicide. During the pandemic, adults in households with low income and job losses reported higher rates of symptoms of mental illness at 53%, than those in households without, at 32% (Panchal et al., 2021). In times of need and crisis, when shifts like economic downturns exacerbate an entire population’s mental health, greater government involvement thus becomes indispensable to reduce gaps and enforce standards of care. Throughout history, we have witnessed how the administrative actions of a government have a collective reach that exceeds those of an individual.

Swift and widespread healthcare through a robust public infrastructure was evident in Taiwan's response to COVID-19 – the government in Taipei implemented 124 safety protocols and policies to curb the virus. Back in January 2020, Taiwan was the first country to ban flights from Wuhan, and by February of that same year, the government capped the price of face masks at an affordable \$0.17 each, allowing for the distribution of 6.5 million masks to schools (Scher, 2020). As large public health crises are often multifaceted and caused by an array of socioeconomic and environmental factors, a coordinated response on a national level can effectively distribute resources and enact policies to address situations before they worsen – and mental health crises are no different. Throughout the pandemic, the U.S. Congress signed into law the Consolidated Appropriations Act – allotting \$4.25B in funding for mental health services (Pestaina, 2021). Policies like these allow for the bridging of people to effective community-based mental health services, and are steps towards building out comprehensive systems of care on a greater scale. In addition to the wide reach that governments have, they also have an authoritative reputation – people will listen to the information they disseminate. Throughout COVID-19, people turned to leading public health organizations including the CDC and WHO for answers. Recently, these organizations have released statements regarding the pandemic's impact on mental health, spurring dialogue and raising awareness on these issues more than ever before. Essentially, the power that public entities hold grants them immense responsibility when it comes to taking care of and shaping the state of mental health in a general population.

III. MENTAL HEALTH AND PRIVATE INSTITUTIONS

In addition to the public sector, private organizations and companies have an extreme influence on socio-cultural trends that impact mental health at large, and thus, should be held responsible. Over the last two decades, social media platforms like Facebook, Instagram and Twitter have skyrocketed, becoming essential tools for networking and sharing content. According to the Pew Research Center, 69% of adults and 81% of teens use social media in the United States (Smith, 2020). During the COVID-19 pandemic, social media usage grew, with internet users in the U.K. and U.S. revealing a 55% increase in time spent on social media (Pacheco, 2021). As engagement keeps increasing, research has investigated how social media shapes the behavior of certain vulnerable populations like Generation Z, born between 1997 and 2012. A 2021 study done during the pandemic on Chinese college students showed that more social media use was associated with worse mental health; increased exposure to negative news events via social media strongly correlated with greater depression for participants (Zhao & Zhou, 2020). The bombardment of grave images, articles and posts became prevalent, contributing to an already heightened sense of fear and stress caused by COVID-19. Moreover, even beyond the pandemic, social media has pitfalls, including unrealistic representations that provide increased opportunities for social comparison, which lead to negative mental health consequences. Increased screen time, and thus, increased exposure to doctored photos, was found to be a factor in declining body image. Recently, a new body dysmorphia phenomenon called “snapchat dysmorphia” – where people aspire to appear as their filtered selves in real life – was coined and found to be present among adolescents (Singla et al., 2020). Exaggerated positive experiences and the rise of FoMO – the fear of missing out on something that others are experiencing – have created a host of problems including anxiety and depression (Alutaybi et al., 2020). Social media companies are in full control of the algorithms used to target audiences with certain content, including vulnerable demographics like teenagers with mental health issues. With the speed and reach of spread that social media has, its ability to disseminate posts perpetuating both negativity and perfectionism has the potential to cause extensive harm. In May 2021, Facebook and Instagram announced it will give users the agency to hide “like” counts on posts, to detoxify the social media environment and take a step towards improving mental health (Heilweil, 2021). Given that social media companies have the power to alter the platforms' tools and atmosphere, it is up to them to do more – including moderate content and rework target algorithms to filter what it is showcasing to certain demographics, including young impressionable users. Calls for reform on these private platforms have occurred from politicians and psychologists alike. Since these social networks have the power to influence mental health at large, they must also take responsibility in combating and mitigating the problems they perpetuate – whether it be through making incremental adjustments to features or large-scale structural changes.

IV. MENTAL HEALTH AND THE INDIVIDUAL

As much as public and private players can aid one on his or her mental health journey, ultimately, the main responsibility for improving and maintaining mental health lies in the hands of the individual. Many times, mental illnesses go undetected by even the people one is closest to. Unlike an observable health condition, a mental health condition is oftentimes unseen to the naked eye. Akin to dealing with physical health, paying attention to changes in one's "norm" emotional baseline to detect signs of mental illness is vital. This is a lifelong responsibility that involves constantly assessing one's well-being and how it fluctuates given social, economical and environmental factors in the everyday. The onus is also on the individual to make his or her needs actively known – whether it be to a family member or appropriate mental health professional, to receive help as necessary. In a study conducted in China, Japan, Korea, Singapore and Thailand, where mental illness is strongly stigmatized, around 56% of people kept a psychiatric diagnosis of a family member a secret to avoid discrimination, as having a mental illness was found to reduce the social status and self-esteem of patients and their families (Zhang et al., 2019). Individuals who suffer with mental illness often face dismissive judgments that stem from stereotypes and misconceptions. In order to influence societal attitudes and the regulations that follow, individuals must lead. Recently, tennis star Naomi Osaka made the decision to skip media interviews at the French Open to prioritize her mental health, drawing great attention to the struggles faced by athletes and setting a precedent for the prioritization of mental health by sporting tournaments (Suliman, 2021). Additionally, the shortage of mental health professionals has always been a concern, but as more individuals make their issues known, providers have been working hard to keep up with the demand. According to the American Psychological Association, a third of psychologists said that they are seeing more patients since the start of the pandemic – and the number of both patients and psychologists is expected to rise, making mental health less taboo as a whole (Rogers, 2021).

V. CONCLUSION

Ultimately, it is crucial that forces at each level must work in conjunction to help alleviate mental illnesses and expand psychiatric services to all who require it. First, comprehensive efforts by the government are vital to create and sustain mental healthcare and regulate its determinants at a high level. Second, private organizations need to give greater emphasis to the prevention of mental risk factors, as they have a hand in influencing human behavior and societal needs. And lastly, individuals must take the personal responsibility of informing policymakers, institutions and those around them regarding the extent and nature of their mental health, to enhance the appropriate resources and the collective will to effectively deliver them.

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