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### Mental Health and its Wicked Factors

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## Mental Health and its Wicked Factors

Michael Schuler

Mental health is an interesting topic in our country. While there is plenty of attention for “mental health wellness,” the attention is not necessarily equal. Things such as the #22challenge, which is intended to provide awareness for the rate of veteran suicide at 22 a day, are popular all over social media; however, very rarely are things shown that are intended to raise awareness for the many other groups suffering from mental health issues. Students, minorities, children that grow up in fractured homes, and children that grow up in poverty are all population groups that are at a higher risk of mental health issues, but those don’t see nearly as much attention as veteran suicide and PTSD. Even amongst veterans, not all those afflicted with mental health issues are created equal; it’s not uncommon to see somebody with mental health issues ridiculed for having those issues but never deploying. While veterans are just an example in this instance, they’re perhaps the group we are most often reminded of. Stress caused by outside forces, poverty, the stigma of “poor” mental health, and lack of support systems can all be combated in order to increase mental health awareness in our society.

One such situation where “normal” people are having a difficult time would be the current Coronavirus pandemic. While a worldwide concern, it seems that the United States simply has not been able to handle this public health crisis as neatly as the rest of world, resulting in some states having strict protocols where going out in public is restricted. According to new research that was published just this past August,

The COVID-19 pandemic presents a triple global public mental health challenge: (1) to prevent an associated increase in mental disorders and a reduction in mental wellbeing across populations; (2) to protect people with a mental disorder from COVID-19, and the

associated consequences, given their increased vulnerability; and (3) to provide appropriate public mental health interventions to health professionals and careers. <sup>1</sup>

This pandemic has given some of the first opportunities for firsthand mental health awareness in the average person that doesn't have any other mental health concerns in their history. Not only that, but Champion, Javed, Sartorius, and Marmot point out that people that are already suffering from poor mental health are not just affected mentally; the very fact that somebody is diagnosed with mental health issues can cut their life expectancy significantly; anywhere from 7 years up to a quarter century.<sup>2</sup> This information in particular is very interesting, as it shows that mental health has a definite, lasting impact on actual physical health. In a setting such as the current COVID-19 pandemic that can affect the population at large, this correlation can drastically hurt the population; if someone develops some kind of mental health concern due to the coronavirus, it will directly affect not just their immediate mortality rate if they get the disease, but it also has the potential to cause such severe health concerns that it can cut down their life expectancy for the rest of their lives.

There are still many other factors, most of which are if not preventable then treatable, that affect mental health to consider, however. Low-income households are also at a risk for mental health issues. Interestingly, these two factors of poverty and the coronavirus can stack. Low-income families are less likely to be able to afford not only mental health care, but also general health care, to include being tested for coronavirus and getting treatment in case of a positive. In addition to that, low-income households may not have the ability to decide to quarantine and not go back to work due to concerns about the coronavirus if they have to decide between potentially

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<sup>1</sup> Champion, J., Javed, A., Sartorius, N., & Marmot, M. (2020). Addressing the public mental health challenge of COVID-19. *The Lancet Psychiatry*, 7(8), 657–659.

<sup>2</sup> Ibid

getting sick, or having a place to live. This is directly supported by a research article published in June of 2020 by W. Holmes Finch and Maria Hernandez Finch from the Department of Educational Psychology at Ball State University. They found that not only was there an higher rate of positive test results in poorer counties, but they also had a higher rate of deaths caused by coronavirus.<sup>3</sup> If we can give these poorer communities more resources to fight for increased mental health, it may be possible to minimize these effects in the future.

Coronavirus is not the only subject that poverty affects, however. Even without a worldwide pandemic, poverty-stricken families are ripe for mental health problems. In research from 2009 addressing adolescence and mental health, Dashiff, DiMicco, Myers, and Sheppard point out that while adolescence is a time of change for everyone, "...for youth in poorer countries and communities, the assumption of adult responsibility is more dramatic, truncated, and abrupt. Parents in poverty may take on long hours at minimum pay when opportunities for work are available resulting in increased demands for maturity from the children."<sup>4</sup> Dashiff's team continue to define poverty and describe the issues that people in poverty have worldwide. They were able to specify that in the United States, children comprised 35% of the poor population, while only accounting for 25% of the population as a whole; they found minorities disproportionately represented, as well as an increase of almost 40% between children raised in a female-headed household vs children raised in a married-couple family.<sup>5</sup>

Dashiff and her team illustrate the mental health issues caused by in adolescents, showing that there was an association between knowledge of parent's financial difficulties and the

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<sup>3</sup> Finch, W. Holmes, and Maria E. Hernández Finch. "Poverty and Covid-19: Rates of Incidence and Deaths in the United States During the First 10 Weeks of the Pandemic." *Frontiers in Sociology*, vol. 5, 2020, doi:10.3389/fsoc.2020.00047.

<sup>4</sup> Dashiff, C., DiMicco, W., Myers, B., & Sheppard, K. (2009). Poverty and adolescent mental health. *Journal of Child and Adolescent Psychiatric Nursing*, 22(1), 23-32. Retrieved from <https://search.proquest.com/docview/232971758?accountid=11920>

<sup>5</sup> Ibid

adolescent's mental health. In Finland, they also discovered a link between that knowledge and depression in adolescent females and drinking to the point of intoxication for adolescent males.<sup>6</sup> The researchers also developed an association between chronic exposure to poverty and mental issues to include depression, criminal activity, and early substance abuse. Dashiff's team describes the critical issue as a shortage of mental health providers, having a ratio as low as 1.6 providers for every thousand youth with severe mental disorders. They also explore the idea that while adolescents with low socioeconomic status may be high users of mental health services, that doesn't really matter if the resources they are accessing are the correct ones.<sup>7</sup> If your house has caught on fire weekly for a year and you call emergency services, that's a very high utilization of emergency services; however, if the dispatcher sends animal control every time, it's not an appropriate resource for your need. By exploring what those communities need in order to provide resources effectively, the society can prevent some of those early factors from forming and has a better chance at decreasing the number of those that suffer from mental health issues.

In a review of a book aimed at assisting those caring for those with substance abuse and mental health issues, Ms. Mancuso, who is a practicing rehabilitation counselor and interfaith minister, brings up many interesting points about how we treat these issues. The authors of the original book, which is a guide or reference book for mental health providers dealing with those cases, explain issues with what Ms. Mancuso calls "dual-diagnoses programming." [citation needed] This refers to diagnosing a patient with both a substance abuse problem and a mental health problem. While she likes the majority of their points, such as the issues of coordination between the fields of mental health and substance abuse, or the treatment model they developed that uses steps from both of those fields in an easy to understand format for the average caregiver

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<sup>6</sup> Ibid

<sup>7</sup> Ibid

that doesn't necessarily deal with both of these problems combined on a consistent basis, one of her huge complaints is the language used by the authors.<sup>8</sup> Ms. Mancuso takes exception to the language being used because they don't "distinguish the human being from the illness." They refer to people suffering from the illnesses as "borderlines, schizophrenics, and passive aggressives" as opposed to something along the lines of "a person living with schizophrenia." She believes the difference to be the difference in ideologies. She says that substance abuse counselors prefer people to get up and say "I am an alcoholic" to show that the person is sick, and not bad, but members in the mental health field prefer separating the human from the diagnosis in order to show that the illness does not dominate the human.<sup>9</sup> Mayo Clinic would agree with Ms. Mancuso here, including "Don't equate yourself with your illness" as a step to cope with stigma related to mental health on their website. Mayo Clinic explains that stigmas can lead to discrimination by not only other people, but judgement by the person suffering from mental health themselves. Due to the stigma associated with mental health issues, people suffering from these disorders may not want to seek help because of the possibility that others may find out about it. It also can manifest as the belief that your situation can't be improved, so trying to get help for yourself is pointless.<sup>10</sup> Before any serious work to combat mental health issues can be done, we as a society need to erase the stigma associated with mental health,

While awareness for mental health has increased since the older days of "pull yourself up by your bootstraps," a major resource available is actually community based. In a study in which Ms. Mancuso assisted three other researchers, they found a correlation between spirituality and

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<sup>8</sup> Mancuso, L. L. (1991). Review of Dual Diagnosis: Counseling the Mentally Ill Substance Abuser. *Psychosocial Rehabilitation Journal*, 15(2), 113–115.

<sup>9</sup> Ibid

<sup>10</sup> "Mental Health: Overcoming the Stigma of Mental Illness." Mayo Clinic, Mayo Foundation for Medical Education and Research, 24 May 2017, [www.mayoclinic.org/diseases-conditions/mental-illness/in-depth/mental-health/art-20046477](http://www.mayoclinic.org/diseases-conditions/mental-illness/in-depth/mental-health/art-20046477).

mental health. The team primarily sent out surveys, to which 80% of participants stated that they believe that their spirituality is related directly to their mental health.<sup>11</sup> In more traditionally poor areas, where there are also substance abuse problems, as listed above, this could mean that they have less of an opportunity to build a support system in a religious setting. If single parents need to work as much as they possibly can that they're taking as many shifts on that are available, this would mean that the children are not getting this spiritual help that many people equate with their mental health. Geography also plays a part in this; another study found that 51% of mental health needs went unmet in Massachusetts, compared to over 80% in California. This could be indicative that within communities with a higher population density and less/fewer resources available per person, mental health issues will go untreated.<sup>12</sup>

There are a few possible solutions to issues such as this, however. A community outreach program led by religious institutions, for example, could lead to more spiritual health, which as the researchers showed, could lead to an immediate increase in mental health. This could look something like a "safe space" at the worship locations, similar to Alcoholics Anonymous, where the majority of the "treatment" comes from knowing you're not the only person in the world suffering with these issues. As religious services are typically more personal, including the relationships involved, this could be a very effective, low-cost option for those that don't need professional intervention, but still need to talk about what's going on in their life.

Similarly, in neighborhoods where there is both a higher level of families living in poverty and a high population density, school outreach could be done, such as "mental health education" similar to sex education; something to explain that having mental health issues is not

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<sup>11</sup> Yamada, A.-M., Lukoff, D., Lim, C. S. F., & Mancuso, L. L. (2020). Integrating spirituality and mental health: Perspectives of adults receiving public mental health services in California. *Psychology of Religion and Spirituality*, 12(3), 276–287. <https://doi.org/10.1037/rel0000260.supp> (Supplemental)

<sup>12</sup> Ibid

something to be ashamed of. This would help reduce the stigma of asking for help with mental health issues by normalizing it. Another option that's happening at Conrad Weiser Area School District is having a mental health professional available in the school that children could have access to at little to no cost for the parents. This mental health provider is affiliated with a local office and has a satellite office in the middle and high schools. The ability to seek professional help while not needing to worry about transporting them there or childcare for other children during the appointment is a very important part of this plan; however, the financial side needs some development. There are some state insurances that cover a large majority of the bill, if not all, but those are not available to everyone. However, as long as they're available to the children that really need the help that are generally left behind, we have made strides forward.

While obviously there will always be a need for dedicated, professional intervention in the correct environment, that's not always the only answer that's available. Similar to the lesson from the proverb "It takes a village to raise a child" that shows a community must work together to raise children, these are not issues that only effect those whom suffer from these disorders. With some strength from our society to make the decision to normalize seeking help for mental health issues and promises to work together, this is a wicked problem that could someday become a thing of the past.



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