

# Get mental illness out of the shadows of shame

By JACQUELINE CASTINE

*"He died after a long battle with a chronic illness."*

That's what someone suggested should be in the obituary for my 46-year-old son who committed suicide in a New Mexico desert last fall. His fifth attempt at it would be his last.



Jacqueline Castine

While the suggestion was essentially accurate, I found it so understated as to be offensive. As his mother and a mental health educator, I must expose, not cover up, the invisible disease that took my son's life. It is imperative for me to transform my helplessness and grief

over his chronic mental illness into a catalyst for change in the public perception of brain disorders and addiction. Perhaps this will forge my son's legacy.

Too few people remember the front page photographs when the mother of 15-year-old Emmett Till insisted in 1955 on an open casket and public viewing of her son after he was brutally murdered by racists in a dusty Mississippi town. She boldly displayed her son's bloody corpse in Chicago as Exhibit A of racial injustice to end the apathy of this national disgrace.

I, too, am seeing red. Nobody wants to talk about suicide. The stigma, shame and suffering are, for most, unspoken. My son was what is

known as "a cutter." He repeatedly cut his wrists, deeper each time. Finally, he cut his throat.

Because I believe "the pen is mightier than the sword," my rage and heartbreak compel me to splatter some shocking, gruesome statistics about suicide across the pages of this newspaper.

Do you know that 37,000 Americans die by their own hand each year, one every 16 minutes? That suicide is the 10th leading cause of death in this country, the third ranking killer of young people? That people age 65 and older accounted for 16% of suicide deaths in 2004? That of the nearly 16,000 violent deaths occurring in 16 states, 56% were suicides?

And still, only those who have lost a loved one are moved to mourn, often in secret shame.

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Suicide is most often associated with mental illness, especially clinical depression, addictions and substance abuse. One in four families in the United States live with a person who has mental illness and/or an addiction. Because these diseases of the brain reveal themselves as conduct, behavioral and mood disorders, diagnosis and treatment are often replaced by condemnation, incarceration or fearful silence.

Individuals with undiagnosed mental illness are more likely to end up homeless, indigent, in jail, or in the morgue, rather than in the behavioral health unit of a hospital. Suicide is the ultimate conduct disorder.

Most people diagnosed with cancer, heart disease or diabetes jump at professional efforts to extend their life. "I'm not sick, and I don't need help," is a common

proclamation of the "broken" brain. This death-defying delusion is a major barrier to diagnosis and successful treatment.

We rarely hide the fact that a family member suffers from kidney failure or respiratory disease. We don't consider these moral failings. We spend millions on research every year to cure them. Yet we still treat

diseases of the brain as if they were defects of willpower or character.

May is Mental Health Month. The good news is that national and statewide initiatives for suicide prevention are on the rise. Mental health education is increasing. Suicide rates are declining among some age groups. Personal experiences of hope and recovery from suicide attempt survivors abound. But no one can do it alone.

We must all become educated to end the sensationalism, fear, isolation and stigma of mental illness.

## Help and information

For help with a crisis, call 1-800-231-1127 anytime. For information, resources and support, check out these Web sites:  
[www.occmha.org](http://www.occmha.org)  
[www.nami.org](http://www.nami.org)  
[www.dbsa-metrodetroit.org](http://www.dbsa-metrodetroit.org)  
[www.ocaponline.org](http://www.ocaponline.org)  
[www.miraresearch.org](http://www.miraresearch.org)  
[www.jacquelinecastine.com](http://www.jacquelinecastine.com).

JACQUELINE CASTINE is the community education specialist of the Oakland County Community Mental Health Authority and the author of "I Wish I Could Fix It, But ..." Contact her at [castinej@occmha.org](mailto:castinej@occmha.org).