

Virginia Tech puts focus on mental illness

The stigma adds to pressure on those who struggle to cope

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Four weeks ago, a mentally ill man named Seung-Hui Cho killed 32 people then shot himself in what has become known as the Virginia Tech Massacre.

The devastating effects of his murderous rampage continue to be felt on the campus and inside the hearts of the wounded and grieving friends and family.

But there are other repercussions, mostly unspoken, that come at odd angles and make life harder for the millions of Americans who suffer from some form of mental illness.

"Virginia Tech is the elephant in the room," said Jay Yudof, vice president of the Greater Monmouth chapter of the National Alliance on Mental Illness (NAMI).

It strikes at the heart of the stigma the mentally ill face, he said, adding to the difficulties they face every day. And some proposed solutions, he adds, present their own problems.

He said some have called for relaxing the confidentiality of students who seek psychological counseling. Doing that, Yudof maintains, would deter students from seeking help.

"Stigma kills" he said last week at a presentation for the staff of Ocean Partnership for Children in Brick, a nonprofit organization serving children and families with behavioral and emotional problems.

The average length of time between the emergence of symptoms and a diagnosis of bipolar disorder is 8 years, he said, and some people take their own lives before that diagnosis is made.

"Stigma is one word," Yudof said. "Discrimination is another. The mentally ill are the one group left that it is safe to make fun of."

Given the stigma, it seems rather unusual and a matter of some courage for people with mental illness to stand up before a group of strangers and reveal the sometimes years-long struggle to recover and maintain an active life.

And yet, NAMI maintains a program titled "In Our Own Voice: Living With Mental Illness" in which people do just that.

Susan Ordway, 49, of Long Branch told her story in a calm, quiet way — telling about being diagnosed with bipolar disorder when she was 23, the downward spirals of depression, the hallucinations, the 15 different hospitalizations.

"I have mental illness, but I don't have to like it," Ordway said. "I felt I had to hide my illness from my employers, and felt like a second-class citizen."

The former social worker said her recovery is proceeding and along with medical treatment, she is helped by her family support system and her faith in God.

One thing to remember, Yudof told his audience, is that for some mentally ill persons, "bad days can go bad really fast, and when they do, coping skills go out the window."

Sehar Subramani, a 49-year-old software developer from Old Bridge knows something about how quickly things can go wrong.

"I have what's called 'rapid cycling bipolar disorder' " he said. The very name implies the speed with which someone can go from the highest highs to the lowest of lows.

Subramani understands there is no cure for the disease he has, but says his situation is stabilized. But he said he needs to pay close attention to the disease.

The more than two decades since his symptoms first presented themselves have given Subramani a certain perspective. He told of a time when he was in a support group and people were sharing the delusions they were under in their manic phase.

He believed at one time that Donald Trump was going to call him for advice. Another member of the group mentioned a delusion he had involving Bill Gates needing help.

"I didn't even get to have the best delusions," he said. He believes that humor is one of many coping skills that the mentally ill use to live with their disease.

Dr. Peter Harris, chairman of psychiatry at Jersey Shore University Medical Center in Neptune, said people fear what is different from them, and sometimes the mentally ill come across as shy, withdrawn and socially awkward.

An incident like Virginia Tech is incredibly rare and nearly impossible to predict; it's like a lightning strike, he said.

George Kapalka, associate professor of Psychological Counseling at Monmouth University in West Long Branch, agreed that the number of mental illnesses that lead to violence is very small. And the ones that do may be few but are severe, he said.

To point to Virginia Tech and make the leap that the mentally ill are violent is grossly unfair and inaccurate, he said.

There is no one cause for all mental illness, Harris said, and in some people such factors as environment, genetics, and individual brain chemistry all come into play.

"Although anti-psychotic drugs have gotten better and better since the 1960s, there is no miracle cure," he said. "And in the days of managed care it's important to realize that for those with a more significant mental illness, treatment is more than just refilling a prescription every three months. People need ongoing case management to make sure they are on their meds. They need help with housing, paying bills, and work."