

Let's Talk about Stigma and Asking for Help

Stigma around mental illness can be traced all the way back to the ancient world because people then did not have an understanding of its causes. Unfortunately, that stigma has followed us all the way into the 21st Century. Even though increasing numbers of people today have an enlightened view on this topic, others don't. The residue of others' negative stereotypes or beliefs about mental health treatment, as well as this historical and cultural biases about it, can affect our thinking about this topic and inhibit our chances of establishing care with a mental health professional. Sometimes, we have simply internalized our parents' beliefs about counseling or mental health medication and have never critically examined our own beliefs on this topic.

I've provided counseling treatment for thousands of people over the years and here's some of the myths I've most frequently heard (and this is still from people who managed to get themselves into my office!):

1. Psychotherapy or counseling is for people who have serious mental illness.

It's true that mental health professionals have been trained to diagnose and treat mental disorders. And, sometimes the persons we try to help do have significant mental health diagnoses. But did you know that most of us have also been trained to work with people who are simply struggling with difficult life circumstances? This can be things like major life transitions (i.e., divorce, career changes), grief and loss, identity issues, dealing with discrimination, acculturation issues, communication skill difficulties, and relationship issues? In fact, my specialty of counseling psychology was created in the 1940s as a part of the vocational guidance movement. Its growth was spurred by helping veterans readjust to domestic life upon their return from WWII rather than on, necessarily, the presence or absence of a mental health diagnosis. Over many decades now, counseling has been seen as a helpful process for people wishing to enhance their coping skills across a wide spectrum of human problems and struggles. Many people find it to be a helpful part of their lives regardless of the presence or absence of a mental health diagnosis. If diagnosis is a concern for you, talk with your counselor in the very first appointment that this is something that makes you uneasy. We have many diagnostic markers that point to difficulties in adjusting to difficult situations in life; or, that simply highlight a very normal process that is still difficult (e.g., bereavement). There are many reasons to go to counseling and you can explore more [here](#).

2. Counseling is for people who are weak.

I see this as exactly the opposite: counseling is for people who are strong. It takes strength to take responsibility for how you are feeling and to seek strategies for feeling better. If your house was on fire, would you consider it weak to accept the help of the firefighter who came to assist you? If you were in rough waters and a friend offered you a hand to pull you back into the safety of the boat, would you consider yourself weak – or just smart – for accepting a helping hand? If your child struggled with math and you got them a tutor, would you think of them as weak?

And, if you wanted to cook a new meal and consulted a recipe or chef for guidance, would you think of yourself as weak? Most of us wouldn't consider it a weakness to get structure and support in these other situations so why would we think that weakness lead us to counseling? A counselor isn't rescuing you and won't be doing the mental or emotional work for you – they're simply a trained professional who will provide you with support and structure for doing the work you need to do in order to feel better.

3. I don't want to take medication because I don't want it to completely change my personality or who I am.

I'm not a psychiatrist or primary care physician but I'm going to try to tackle this one for them. I've worked with hundreds of people who have been on psychiatric medication over the years. Typically, psychiatric medication just helps you move in the direction of your emotional goals; it doesn't change your core self or magically transform you into a different person. Similarly, the statin I take helps me move my cholesterol numbers into a range where I want them, and taking this medication doesn't absolve me of the behavioral components of also trying to move my cholesterol into that range (i.e., diet and exercise). If an antidepressant or other medication helps you move toward more happiness or more calmness, what is so bad about that? If you broke your leg and your physician prescribed crutches for you, would you question your character or strength for using those crutches for a period of time? If your family member had diabetes and needed to take insulin, would you think less of them? You should always work closely with a medical professional when considering going on or off of psychiatric medication, but just because you choose to use medication during a difficult time in your life doesn't necessarily mean that you will always have to take it. The professional who prescribes it will have specific recommendations about medication and you can talk with them about fears, uncertainties, or how long you will be taking it. There are some issues, like Bipolar Affective Disorder, where you will most probably need to take a medication in order to manage the disease and where counseling alone will likely not be enough.

4. I don't want to get mental health treatment because people will think differently about me if I do.

Of course, I can't say how each individual in your life will think about you if you get treatment. I can tell you that treatment is confidential and that you get to choose who, if any, in your life that you share this information with. It's ok to have things in our lives that are private. Many people maintain privacy about many kinds of health care treatment they are receiving and it's ok to keep mental health treatment private too. I have heard countless people share that when they have told some people in their lives about mental health concerns, they have found out that others they know have been in treatment too! Mental health concerns are common. This [article](#) suggests that about 50% of Americans will have a diagnosable mental illness in their life (and discusses more about stigma).

Finally, once you decide that you may go talk with someone, it can be confusing to navigate deciding who to go to. Here's some thoughts about picking a therapist:

1. There are all of these different initials after people's names. What do they mean?

Counselors can be licensed psychologists (holding a PhD or PsyD in clinical or counseling psychology), LMSWs or LCSWs (Licensed Master's in Social Work or Licensed Clinical Social Workers), Licensed Professional Counselors (LPC; if you see LMHC, this means licensed mental health counselor), or Licensed Marriage and Family Therapists (LMFT; typically have Master's degrees). Sometimes, you may find a psychiatrist who does psychotherapy in addition to medical therapy. The work of all of these types of counselors is often called "Talk Therapy" because counselors do not prescribe medication as they have not gone to medical school. The licensed part of the titles above means that the clinician is licensed through the state in which they practice and are in good standing with that licensing body. A clinician must hold some type of license in the State of Missouri – both to practice and to work with your insurance company for payment. [Here's](#) a deeper dive into this topic if you are interested.

Psychiatrists will have an MD or DO degree and are also licensed. Psychiatrists have gone to medical school and can additionally prescribe medication to help you feel better. Many primary care physicians or nurse practitioners may also prescribe medications that can help and they can assist you in figuring out if you need a psychiatrist or a counselor. Sometimes medications help someone feel good enough to do the work of counseling. It's not uncommon for someone to see both a psychiatrist and a counselor as well as a primary care physician.

2. How do I know who will take my insurance?

Fair question. Certainly, if there is a therapist you think you'd like to work with you can call their office and ask. If you don't know of any therapists, the best bet is to start with your insurance carrier. There is typically a number on the back of your insurance card that you can call about your mental health or behavioral health benefits, including whether you have a deductible and its amount (how much you have to spend before insurance kicks in), what the copay amount will be, and the names of therapists in your community they will pay for you to see. While not comprehensive, [psychologytoday.com](https://www.psychologytoday.com) is a website that has a large database of therapists in your community. Pick "Find A Therapist" at the top, type in the name of your city or zip code, and then on the left side of the screen you can sort the database by the name of your insurance carrier (you can also sort the database by issues, demographic variables and types of therapy). This is self-reported data so if you call to schedule be sure to ask if they still take your insurance and if they are taking new clients.

3. What type of therapist do I need?

If you are struggling with a very specific concern like substance abuse, an eating disorder, or the effects of trauma, you'll want to make sure that you're identifying a therapist with expertise in that specific area. If you have concerns with depression, anxiety, a relationship, most therapists

will have some tools for helping you. Therapists do not have magic wands, however, and your effort and participation will be critical to increase the chances that treatment is effective. Counselors are typically informed by what we call a “theoretical orientation.” There are several common ones (cognitive-behavioral, psychodynamic/psychoanalytic, or humanist/existential or some combination of these). Additional theoretical perspectives like multicultural, feminist, or trauma-informed can also be in the mix. When you meet your therapist, ask them about their theoretical orientation and see if it makes sense to you as reasonable.

4. I don't want to be in counseling for the rest of my life!

Most people aren't. There are many short-term or time-limited forms of counseling. Talking about treatment goals with your therapist at the beginning of therapy is a good place to clarify your expectations for treatment length, as well as theirs. Sometimes, they may recommend a longer course of therapy for a particular issue that you are dealing with. Often, you can both agree to focus on a limited area of concern for a limited amount of time.

Both [MU EAP](#) and the [Office of Clinician Well-Being](#) provide short-term therapy for a limited number of sessions. This is because many concerns can be addressed in a short amount of time. But we are both trained to get you to someone in the community if you need longer than what we provide (or to someone with specific expertise). In those cases, the short-term experience may help you clarify goals and expectations for longer work with a community therapist.

5. I'm having suicidal thoughts but I have to wait a couple of weeks before my first appointment with my therapist. What should I do?

If you are struggling with thoughts of suicide it is important to reach out for an immediate type of help.

For life-threatening emergencies, contact 911. The following additional resources are also available:

- **Missouri Crisis Line** <http://www.missouricrisisline.com/> offers 24/7 free, confidential crisis services. Call 1-888-761-4357 or text HAND to 839863.
- **The National Suicide Prevention Lifeline** offers 24/7 free, confidential crisis services at 1-800-273-TALK (8255).
- **Burrell Behavioral Health Crisis Hotline** has a free crisis assist team with 24/7 response for individuals with mental health crisis or thoughts of suicide at 1-800-395-2132.
- **MU Health Care switchboard** is staffed 24/7 and can connect you to a psychiatric triage nurse at 573-882-4141.

Stress due to COVID19, financial strain or worry about furloughs and layoffs, loss of work teams due to transfers, work problems: these are all perfectly legitimate reasons to seek counseling! I hope this has been informative and that you reach out for help if you think you could benefit from it.