



From the helm of the Navigator

Misconceptions about People with Psychiatric Disabilities

There are many prevalent myths about individuals with psychiatric disabilities that reinforce negative, inaccurate stereotypes.

Myth #1: Mental illness is uncommon.

The most recent estimates by the federal government indicate that 3.3 million American adults -- approximately 2 percent -- have a serious mental illness.

Myth #2: Mental illness is the same as mental retardation.

The two are distinct disorders. A diagnosis of mental retardation is chiefly characterized by limitations in intellectual functioning, as well as difficulties with certain skills of daily life. By definition, mental retardation begins before the age of 18.

In contrast, the intellectual functioning of persons with psychiatric disabilities varies as it does across the general population. The symptoms of mental illness may include emotional disturbances, disordered thinking, or perceptual difficulties.

Mental illness may develop at any age, from childhood through later life. Bipolar disorder and schizophrenia have a high rate of onset during early adulthood. Therefore, many individuals with psychiatric disabilities enter or complete college before first experiencing symptoms.

Myth #3: People with psychiatric disabilities are likely to be violent.

Upon learning that an applicant has a history of psychiatric treatment, some employers may expect that the individual is likely to become violent. This myth is reinforced by portrayals of people with mental illnesses in movies, television, and the news media as frequently and randomly violent. According to a recent scholarly review of research literature "none of the data give any support to the sensationalized caricature of the mentally disordered served up by the media."

Myth #4: Recovery from mental illness is not possible.

For many decades, people with mental illnesses were separated from the rest of society through institutionalization in mental hospitals. Mental illness was thought to be permanent and untreatable.

Public policies began shifting in the late 1950s and early 1960s as we realized that hundreds of thousands of American citizens were being confined unnecessarily. Medications were discovered that helped to alleviate the symptoms of mental illness, and there was a gradual evolution toward the provision of treatment and rehabilitation services in the community. Long-term studies have shown that the majority of people with mental illnesses show genuine improvement over time and lead stable, productive lives.

The success of prominent figures with mental illnesses has helped to inform the public that healing and recovery are indeed possible. Two well-known mental health advocates are Patty Duke (who frequently speaks about her own experience with bipolar disorder) and William Styron (who wrote the autobiographical book *Darkness Visible* about living with major depression).

Myth #5: People with psychiatric disabilities can't tolerate stress on the job.

This myth over-simplifies the rather complex human response to stress. People with a variety of medical conditions - including cardiovascular disease, multiple sclerosis, and psychiatric disorders - may find their symptoms exacerbated by high levels of stress. But the sources of personal and job-related stress vary substantially from individual to individual. Some people find an unstructured schedule to be very stressful, while others struggle with a regimented workflow. Some people thrive on public visibility or high levels of social contact, while others need solitude to focus and be productive. Of course, workers with psychiatric disabilities vary, too, in their responses to stressors on the job.

This article is excerpted from *Employing and Accommodating Workers with Psychiatric Disabilities* on the [Independent Living Research Utilization](#) (ILRU) website.

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