

Perspective

Clinical mental health and personal responsibility: A critique of the disease model

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ABSTRACT

Clinical mental health counselors assess, diagnose, and treat a wide range of mental and social disorders. The disease model, wed to the DSM-5, is the professional standard across mental health sectors. This model is effective in addressing mental disorders that are definitively diagnosed. However, there is a neglect of the social determinants of what are defined as mental illness. Sociological social psychology contributes to our understanding of the social factors related to mental disorders. The disease model is limited to the medicalization and treatment of mental illness. This model can serve as a mechanism that disavows individuals from “personal responsibility.” The distinction between mental disorders and personal responsibility must be clearly delineated.

Keywords: Clinical mental health, Social psychology, Mental illness

INTRODUCTION

Sociological social psychology contributes to our understanding of mental illness and its consequences for society. Sociological theory informs us of the social factors that contribute to perceived “mental illness.” Clinical mental health practitioners assume that mental illness is an objective reality. Sociologically, mental illness can be assumed to be “objectified” by psychiatrists, counselors, therapists as well as the mentally ill. Further, mental illness is socially constructed within the framework of mental health assessment, diagnosis, and treatment. Sociological theory does not assume that all mental illness is merely a social construction. Sociologists concede to a clinically objective diagnosis of mental illness determined by developmental disabilities, brain trauma, or traumatic experiences such as in the case of PTSD. However, the meanings associated with these objectively determined cases are socially constructed, subjectively, through and interaction between mental health professionals and their patients. The clinical model of mental illness precludes individuals and groups from personal

responsibility for their deviant behavior and their consequences. Sociology emerged as an academic discipline distinct from psychology through the work of Emile Durkheim. His single work, “suicide” established sociology as an academic discipline. Durkheim challenged the predominant psychology of suicide. He assumed that suicide was more than a form of mental psychosis. Rather he posited that suicide was due to what he conceptualized as “social integration.” He found that as the rate of social integration decreases the rate of suicide increases. He also uncovered the dysfunctions of over regulation. An increase in social regulation there is also an increase in rates of suicides. He has been criticized for his analysis of suicide rates rather than the phenomenon of suicide. Despite the critique of his work, his theory of suicide continues to contribute to our understanding of suicide at the societal level. Like mental illness, sociology assumes that mental illness is a function of the degree of social integration and regulation. The rate of mental illness increases inversely in relation to the rate of social integration. Similarly, there is a positive relationship between the rate of social regulation and the rate of mental illness. Durkheim’s framework contributes to our understanding of the social determinants of mental illness and its consequences.

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DESCRIPTION

The need for a new conceptualization of mental illness is

highlighted by the deinstitutionalization of people with developmental disabilities, addictions, and disorders beginning in the 1950's. The abuse of psychotropic medications like Thorazine led to a movement to introduce the mentally ill into local communities. This movement culminated into the Lanterman-Petris-Short Act, signed into law by California Governor Ronald Reagan in 1967. This act resulted in a national trend of closing mental hospitals and the enactment of a "patient's bill of rights." This deinstitutionalization was due to the overuse and abuse of a strictly medicalization of mental illness. The medicalization of mental illness ignores the importance of personal responsibility with respect to one's behavior. Mental institutions are a consequence of a conceptualization of behaviors treatable in a clinical framework. Through the institutionalization of the mentally ill, there is little room for a consideration of social factors contributing to perceived mental illness. Social scientists have observed an expansion of medicalization. The increasing medicalization of "medicinal marijuana" is evidence of the increasing "domain" of the medicalization of behavior that had been previously defined as illegal. Sociological social psychology examines how the "thoughts, feelings, and behaviors of individuals are influenced by the actual, imagined, and implied presence of others." What we know as mental illness is a function of the influence of others on our "thoughts, feelings, and behaviors." Thus, mental illness is a social construction devised by collaboration between the mental health clinician, the patient, and society. The practice of mental health traditionally functioned within the predominant paradigm of Freudian Theory. The psychoanalytic model relies exclusively upon the subjects' perceptions of their early childhood experiences. What this framework fails to recognize is the influence of the interaction between the mental health professional and the perceptions of their patients. The DSM-III provided a new framework in which to identify mental illness. The limitation of this model is in the relatively small number of researchers employed to construct models of mental disorders. These criticisms center around questions regarding the reliability of the results from research that informs the disorders included in the manual. Despite these criticisms, today, the DSM-5 is a professional standard in the arena of mental health assessment, diagnostics, and treatment. Richard Lakeman, argues that personal responsibility is a significant factor in "mental health recovery." Health care tends to blame society for deviant behavior, rather than hold individuals responsible for their actions. As a consequence, individuals are less inclined to develop the ability to control their internal impulses. If individuals are not encouraged to take personal responsibility for their actions, their ability to recover from mental illness or addiction may be significantly inhibited. A more effective approach to helping people recover from mental illness would be to teach them about importance of personal responsibility. What is labelled as mental illness may in be more accurately defined as deviance from the norms of society. Mental illness can be considered a rationalization of behavior that violates the rules of society, the rights of others, and one's on mental, physical, and social well-being. Mental illness as a disease ignores the social psychological factors independent of definitive biological and traumatic factors. Thoits, proports that the medical model neglects the importance of "labelling and stigma" in examining mental illness. The stigma of race influences mental health outcomes and treatment strategies. Similarly, socioeconomic status, specifically poverty inhibits access to healthcare. Blacks tend to be disproportionately impoverished. There is a link between relatively low socioeconomic status and mental disorders such as stress and depression. Economic inequality contributes to dysfunctions associated with the lives of black people. Coping mechanisms and support systems also play a significant role in the treatment of

mental illness. These tools are often inaccessible to minority groups such as blacks.

CONCLUSION

There is a tendency for patients perceived to have mental illness to be over-diagnosed. The pressure to "help" patients based upon a medical model to fit patients into a clinical framework. Clinical policy also dictates that patients are afforded "patient's rights" that assume that perceived mental illness has legitimately based and consequently reinforced by mental health professionals. The inability to delineate the distinction between mental illness and the lack of personal responsibility has significant consequences for healthcare and healthcare policy and practice.