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Mental Health Myths

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People often have significant concerns regarding seeking mental health treatment. Sadly, there are people who avoid getting the treatment they really need because they are afraid of the repercussions. Most of these concerns are related to fears about what others might think, with ramifications for relationships, career, and so on.

Such concerns are not surprising, though. Truth be told, even today there is still significant stigma attached to mental health treatment.

Below are various myths—and the actual truths—about mental health treatment.

Note that Army mental health services may be called community mental health service, or CMHS; behavioral health service, or BHS; mental health clinic, or MHC; etc. Check with your local medical treatment facility to ascertain which term is used at your installation.

MYTH: "Coming to mental health will negatively affect my chances for promotion."

FACT: CMHS does not have direct input to promotion boards. Mental health issues can affect an individual's career to the degree that he or she suffers from problems in thinking, impaired judgment, unreliability and poor decision-making.

The truth is, NOT getting treatment for mental health issues is more likely to have a negative impact than getting treatment. Mental health issues tend to affect occupational, academic and relationship functioning. Chances are, an individual with mental health problems is not performing at his or her best in one or more of these areas.

As with security clearances (below), the provider determines if the patient's issues are severe enough to significantly impact the patient's ability to do his or her job.

MYTH: "Seeking mental health treatment means that I'm weak."

FACT: This could not be further from the truth! Seeking treatment means that an individual is not afraid to acknowledge that he or she needs help. This self-awareness represents strength, not weakness.

The mind and body are connected, and behavioral medicine is very similar in many respects to physical medicine. Just like taking care of the body strengthens the immune system, taking care of the mind results in greater psychological strength and also plays a role in immune system functioning. For example, stress wears the body down, which results in increased susceptibility to everything from high blood pressure to the common cold to cancer.

Think of mental health treatment like a course of antibiotics or physical training to prepare for a marathon. Therapy can provide people with a more objective viewpoint on their situation and additional insights into their personality and behavior. When an individual makes a decision to change his or her behavior and/or way of thinking, this can actually impact various brain chemicals, which in turn, can affect the way an individual feels.

MYTH: "Going to mental health means that I'm out of control."

FACT: Actually, going to mental health is a way of TAKING control. We were not put on this earth alone, so what makes us think we have to deal with its ups and downs alone? Talking to a mental health professional is a great way to take control of your thoughts, feelings and behaviors and make changes to improve your quality of life. Since mood and behavior can be contagious, an improved quality of life has obvious benefits for those around you as well.

MYTH: "I have a great family and supportive friends—I don't need to talk to a professional."

FACT: Friends and family members can be great sources of support and advice, and social support is one of the best mediators of stress and other psychological issues. But these individuals can be biased in our favor (in fact, we like for them to be!) and, therefore, less able to help us see different perspectives, different solutions and so forth.

Counseling is a way to get guidance from someone who is more objective, someone who can help us see additional viewpoints.

MYTH: "If you go to mental health, you're crazy."

FACT: This myth is perpetrated due to a lack of information about mental health.

Mental health, like most things, runs on a continuum. While mental health treatment is appropriate for people with psychotic symptoms, such as hallucinations and delusions, it is also appropriate for people with less intense concerns, such as those having relationship problems, anxious and depressive symptoms, stress, anger-management concerns, problems adjusting to a change or loss, substance use or difficulties with their children.

If you were completely "crazy" or not in your "right mind," it is very unlikely that you would be able to recognize the need for treatment.

Mental health professionals realize that there is still, for many, significant stigma associated with seeking treatment. In reality, some people feel more comfortable talking to their physicians about their concerns (i.e., sadness,

anxiety, constant worry, panic attacks, mood swings, etc.).

This is understandable since the mind and body are one—there are physical components and/or ramifications to psychological issues and vice versa. Mental health professionals work with physicians on a daily basis to make referrals for people to get the treatment they need. In fact, there is an entire branch of psychology, known as health psychology, that has been built around this premise and involves having mental health professionals in primary-care settings.

If you would prefer to talk to your physician or other healthcare provider, simply schedule an appointment to discuss your concerns.

MYTH: "If I go to mental health, I will lose my security clearance."

FACT: Just walking through the door of mental health does not result in an automatic suspension or revocation of one's security clearance. Each person who comes to mental health is unique and has his or her own unique issues.

Therefore, each treatment plan is individualized, including any decision regarding a security clearance; and each client is made aware of his or her treatment plan, including any recommendations regarding duty.

If an evaluation yields information that may compromise an individual's decision to exercise good judgment, impair his/her ability to make good decisions, and/or negatively affect his/her reliability, these things could impact the individual's ability to maintain national security. In cases such as these, the individual's security clearance privileges can be affected.

The bottom line is that there is no hard and fast rule regarding mental health issues and security clearances. If you are concerned about your clearance or other issues, this should be one of the first questions you ask when you meet with a mental health professional.

MYTH: "Coming to mental health will negatively impact my credit."

FACT: CMHS does not release information to credit bureaus or financial institutions without the patient's consent.

MYTH: "Anyone can see my treatment record."

FACT: The contents of an individual's mental health record are subject to strict standards of confidentiality and privacy. There are limits on confidentiality, and these are reviewed with each patient upon coming to mental health for the first time.

For example, confidentiality may be breached when an individual reports that he or she is considering hurting or killing himself/herself or someone else. Patient safety is the primary concern here, and other individuals may be involved to ensure this safety. That is, a mental health provider may consult with another healthcare provider and command to coordinate hospitalization so that the individual can be placed in a safe environment and monitored.

Confidentiality may also be breached if a patient reports being involved in

illegal or criminal activity. Again, the concern is patient safety; and if a patient is doing something harmful, this must be addressed.

Confidentiality is also breached in cases of abuse and neglect. Here, the concern is for others' safety, and mental health providers are obligated to intervene.

In terms of the actual record, mental health records are convenience files that are kept in a locked, limited-access room, separate from an individual's medical record. After an individual discontinues treatment or leaves the area and the record is closed, the record is kept on file for a couple of years and then sent to the storage facility in St. Louis, Mo., where military records are kept for the long term. In the case of adult mental health records, they are destroyed five years after the case has been closed.

Information in mental health records can be shared with other medical providers on a need-to-know basis, that is, when sharing information will help ensure the best and most appropriate care for an individual.

Also, in the event of a command referral, i.e., an individual's commander orders the individual to go to CMHS for evaluation and/or treatment, the commander will be given a report about the individual.

An individual is informed by his/her commander that he/she is being command-referred, and the limits on confidentiality that are unique to such a referral are discussed with the individual upon meeting with the mental health professional. Feedback to commanders is limited to that needed to determine fitness for continued duty.

Beyond the exceptions just discussed, mental health records are available to individuals and entities only with the patient's written consent. Mental health professionals who violate the standards of confidentiality and privacy are subject to severe repercussions and run the risk of having their ability to continue to practice threatened. Off-post providers are subject to the same standards of confidentiality and privacy.

MYTH: "There's no way for me to know what's being said about me."

FACT: A copy of an individual's mental health record can be obtained by the individual via the patient administration division of your medical treatment facility.

First, the patient completes a request for disclosure of information at PAD. The record will then be reviewed by the mental health practitioners who have provided care (or their designees) to ensure the release of appropriate documents. Finally, the record will be copied and released to the patient through PAD. The first copy of the record is free of charge.

MYTH: "I'm a smart person. Smart people should be able to solve their own problems."

FACT: Seeking mental health treatment has nothing to do with your intelligence. Rather, it is a way to gain some insight into aspects of your personality, situation and life that you may not have thought of due to being

the person actually in the middle of it.

If you needed surgery, wouldn't you consult a surgeon? Would you try to do it yourself? Even if you ARE a surgeon, this is not a good idea! Counseling helps you step outside of yourself—think outside of the box, if you will—and look in from a different perspective. The idea is to gain some objectivity, and often this involves taking a look at the big picture and not getting bogged down in the details.

MYTH: "Therapists just ask you about your childhood and then blame everything on your parents."

FACT: While it is important to obtain a good history to help ensure an accurate understanding of what makes an individual who he/she is in the present, treatment is about taking responsibility for your own actions regardless of your past.

Therapy is designed to help you understand the ways in which you may be sabotaging yourself or setting yourself up for failure with your thought processes and actions. Therapists want you to take ownership and choose to change your life rather than playing the victim and blaming everything on someone else.

Of course, we recognize that bad things happen to good people, but everything that happens provides a lesson of some sort, even if it is difficult to see at the time. Part of being in treatment involves learning from past hurts and past mistakes so as to do better in the future. Our past is important, but it does not have to dictate who we are.

The poet laureate Maya Angelou says it beautifully: "You did then what you knew how to do. Now that you know better, you can do better."

MYTH: "Therapy is voodoo and conflicts with my religion."

FACT: Those of us in the field have seen magical transformations in people, but therapy is about as far from magic as you can get. When you receive treatment, you are in control; you make the decisions about whether and how to change your life.

Therapy is not a supernatural thing; it is not a pagan endeavor. In fact, an important part of mental health treatment is an assessment of an individual's spirituality, whatever that may be.

If spirituality is important to the individual, it can be incorporated into the treatment plan. Mental health professionals also work closely with chaplains and other members of the clergy when assistance is needed regarding spiritual or religious issues.

MYTH: "Mental health treatment is just mind-reading."

FACT: Mental health providers are not in the business of reading minds. If that were the case, we would all be rich and famous! We are not psychics, nor do we have magical powers.

So if that is not what mental health treatment is, then what is it?

The first few appointments with a mental health professional are part of an ongoing evaluation process. This evaluation includes an interview and may also involve psychological testing. Both of these components are designed to obtain more information about an individual's history, personality style, and current issues or symptoms.

Once the initial evaluation is complete, a treatment plan will be developed between the patient and the professional. The treatment plan takes information from the evaluation process and uses it to establish goals for treatment.

The treatment plan is created with patient and therapist input and can include referrals to various entities, such as a substance-abuse treatment program; an evaluation for medication to help treat self-destructive habits, depressive or anxious symptoms, or problems with cognitive and behavioral functioning, to name a few; an inpatient psychiatric facility that can provide specialized treatment on a daily basis; and so forth.

Treatment plans help providers ensure that they are working toward useful goals for the patient. With reviews and updates, treatment plans also help ensure that therapy is a dynamic process that changes with the patient's needs.

As an example, take a person who has "generalized anxiety disorder," a condition characterized by constant, chronic worry about a number of things or aspects of his or her life. The person finds the worry difficult to control and may have problems sleeping, eating, concentrating, finishing tasks, remembering things and/or relating to others.

The treatment plan for this individual will likely involve the development of coping skills to manage worry. These may include principles such as thought stopping, relaxation, hypnosis, distraction, development of organizational skills, and increased awareness of what is in the individual's control and what is not. The treatment plan may also include a medication regimen designed to correct a possible chemical imbalance in the brain that is partly responsible for the excessive worry.

MYTH: "If I go to mental health, they're just going to give me some pill to take."

FACT: In actuality, medication is not right for everyone.

If, after the initial assessment or evaluation phase, your provider thinks that medication may be useful to help manage your symptoms, he/she may talk to you about a referral to a specialist for a medication evaluation.

If you agree, you will schedule an appointment with a psychiatrist or psychiatric nurse practitioner to obtain additional information about treatment options involving medication.

Meeting with one of these specialists does not automatically mean that you will be started on medication. Rather, if the specialist believes that medication

is appropriate for you, he/she will discuss the available medication options and the risks and benefits of the various medications with you.

The ultimate decision is yours and should be a well-informed one. One exception to this rule is severe cases where an individual is not in control of himself or herself. In these cases, the first step is usually to place the individual in an inpatient psychiatric facility for his or her own safety and the safety of those around the individual. In a facility of this sort, the individual can be closely monitored and have access to care at any time of the day or night.

Should you decide to give medication a try, it will likely be recommended that you become or remain involved in some form of counseling or talk therapy as well. Be aware that any form of therapy—medication or otherwise—will only work if you WANT it to work.

MYTH: "If I start taking medication, I'll have to take it for the rest of my life."

FACT: People may take medication on a short-term or long-term basis. Short-term use of medication may be appropriate if a person is experiencing significant difficulty sleeping, overwhelming depressive symptoms related to the loss of a loved one, intense anxiety over an upcoming event or transition, and so forth.

Alternatively, some people take psychiatric medications—known as psychotropics—all of their lives. They realize that they feel and function better with the medication than without it and, after swallowing their pride and obtaining information about any long-term effects, make an informed decision to continue on the medication.

For example, research has shown that many mental health conditions run in families. Someone with a significant family history of depression may very likely be predisposed to develop depression himself/herself. A stressful event or life-changing situation can trigger a depressive episode in this person more quickly than in it would in someone without that family history.

If the individual experiences recurrent depressive symptoms, there may very well be a chemical imbalance in the brain that needs to be corrected. That is, the nerve cells, or neurons, in the brain are "misfiring" in some way, much the same way that the pistons in a car engine can misfire. When this occurs in the brain, there is generally nothing that the person did wrong as much as it is just part of how the person's brain was formed.

(Drug use is one exception. Use of illicit drugs—even one-time use—or abuse of prescription drugs can result in some of the same psychological symptoms mentioned previously.)

Medication therapy and talk therapy together are often the best, most effective treatment combination for mental health issues or psychological problems.

With medication, many people make the mistake of discontinuing a medication because they are feeling better. They assume that they no longer

need the medication because they feel good at that moment. While it may be true that they are better and no longer need the medication, it is also often true that the medication is in large part responsible for the fact that they do feel better.

Before changing or discontinuing any medication, you should always consult with a healthcare provider. Some medications, if stopped suddenly, can cause withdrawal syndromes characterized by significant physical and/or psychological problems.

MYTH: "No one can understand what I'm going through!"

FACT: No one is the ONLY person who has ever gone through an experience. Individual reactions to the same event or experience can vary widely, but the basic human emotions are the same across individuals and cultures.

An individual's own experience of happiness, sadness, anger or fear and the thoughts and behaviors that result from this experience are what are unique to that person. To understand the process and usefulness of therapy, an important distinction between sympathy and empathy must be made: Sympathy is what you feel when you have been there yourself. Empathy is what you feel when you care and try to understand what it is like to be there when you have not.

You do not have to personally experience the same thing as another individual to understand what it might be like. So, no one has been through everything; but working with an empathic, objective person with the same basic human emotions is very powerful and can result in tremendous changes in feelings, thoughts and behavior.

We hope this article has shed some light on common myths regarding mental health treatment and answered some of the questions people have but are afraid to ask.

The bottom line is that we want you to get the help you need. Let us know how we can help you or someone close to you. If you do not feel comfortable receiving treatment at the health center on post, tell us. If you are a Tricare beneficiary, we can help coordinate a referral to a professional off-post for treatment, in the majority of cases at no cost to you.

Remember that the mind and body are one and that psychological health is just as important as physical health to your overall well-being.

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