When Murray and Lopez in 1996 introduced the idea of the disability-adjusted life-year (which measures healthy years lost to premature mortality or disability), it should have come as no surprise when they found that 7 of the top 10 causes of disability in industrialized countries were mental disorders. Unipolar major depression and alcohol abuse, the top 2 on this list, caused more years lost to disability than the next 5 combined.1

The public remains reluctant, however, to respond to this public health problem. A 1996 poll found that most people would be unwilling to support paying for mental illness treatment if it would lead to increases in their premiums or taxes.2 Legislators appear similarly reluctant to support measures that would make mental health care more accessible. In his report on mental health, the US Surgeon General urged proper public education to remove the misperceptions and stigma of mental illnesses that prevent them from being treated like other types of medical illness.3 This task will likely prove difficult as mental illnesses have suffered from misperception and stigma ever since ancient times.

This issue of MSJAMA examines misperceptions that have impeded delivery of psychiatric care. Christina Delos Reyes describes how misperceptions about addiction, particularly among physicians, hamper the treatment of patients with this mental illness. Jason Etheredge analyzes how misperceptions about the costs and effectiveness of mental health care may influence the success of pending legislation designed to improve coverage of mental illnesses. Prashant Tamaskar and Ronald McGinnis discuss how the falling recruitment rate of medical students into psychiatry is related both to poor mental health care coverage and to misperceptions regarding the efficacy of psychiatric therapies. Michael Rosenbloom discusses the effects that the introduction of psychopharmacologic agents had on our perceptions of psychiatry.

Perhaps it is the term mental illness itself that perpetuates misperceptions of these diseases. Calling an illness “mental” implies that it is a fabrication of the mind instead of an organic brain disease. Although scientific research has brought forth new treatments and inched humankind closer to an understanding of the biology of these diseases, it has not been successful in fully convincing the public or physicians that tangible biological disturbances underpin diseases of the mind as well as the body.

REFERENCES