

Essay On Treatment of Mentally Ill Citizens By Means of Medication

By Kevin George

Psychoactive medications are administered in the United States under a questionable number of variables. This is how I am taught to begin an essay, with a thesis statement. In the past I have written some fiction, as well as some non fiction. It would be very nice to ever be as accomplished as for myself to take on writing a work on writing. Medications are something I know, or at least, can reference from a 2004 Nurses' Guide in my closet. The underworld might be swirling around the image you the reader might have of me now, but I protest. My experience is quite limited, and it's a wonder I know this. I was mislabeled a manic depressive, told I had bipolar manic depressive disorder. Later, I was told I was bipolar with psychotic features, then bipolar manic (at the time of incarceration). Now I am committed. Bipolar disorder takes one of some forms, labeled by number. It's all in the DSMIV, but I prefer my nurses' guide. An anonymous contributor to a forum said, he is very interested in the mind and how it works; fuck all that fascist shit.

The primary reason for prescribing any medication is to make the patient well, or to treat an illness, disorder, etc. I am not establishing another thesis. Be it banal or obvious, it is what doctors and nurses do to sick persons in the United States. My first dealing with a psychiatrist was unlike my first experience on marijuana. Save the fact that I was not much older going into the office-library of the doctor, than speculating on whether my mother would like to try a second hit of pot. This is digression. To the topic, there is a double standard existing between the "Just Say No." sloganeers of the eighties, and the western world populous' thirst for new and more psychiatric medication. To butt in on the discussion, I do not receive a high from the medications I currently take. One is slowly putting me in a non creative trance state at the moment. Now that I have finally slept, I will expand on my original thesis. Medications are prescribed to psychiatric patients in a dynamic way: as dictated by diagnosis, per event, in a crisis, on request, and when administered by self. Overlying all of this is the convoluted reasoning given to a patient, or his family, for having to take the medications. There is further dynamic in surrounding people's assessment of a patient, and what they report to the doctor. As well, the organ being treated is not in fatal status. The brain is inherently more complex of an issue to treat than a thoracic or abdominal problem--this is not to say any problem therein these could be less serious. The brain, however, will form opinions on the quality of its treatment. The whole person and spectrum of his existence is challenged by a psychiatric diagnosis and the treatment he receives. Alcoholism and the liver, and other addictions hashed with physical problems, do fall somewhere in the realm of psychiatric treatment. This has been demonstrated to me by observations in mental hospitals where I have been committed. I would not put pure psychosis above addiction or chronic or terminal physical illnesses, in terms of consequence. There is a difference. Along with the prescription medication comes advices that a brain's illness is just like, say, a thyroid condition. It is said it is permanent, and accurately treatable. A thyroid gland knows nothing of stigma, incarceration, or long term sedation. It really only "knows" its role in producing chemicals. The brain knows much about processing chemicals.

Livers, bunions behave somewhat similarly from person to person. Of course, there is heredity in risk of developing a bad case in either. These problems can be solved with a transplant, or some salve. A lifestyle change is often recommended as well. Instilled early in the bipolar life of a treated person, is the idea that the disorder is permanent, and hereditary. Much like how cancer or AIDS is treated, the methods are veiled from the patient. There is the hokus-pokus of radiation bombardment, and the

assortment of magic beans. By no means do I intend to downplay the severity. This style of treatment can be effective as administered, and is a common thread in these sometimes terminal diseases, as mental illness can be (but bipolar disorder is classified chronic). Another commonality is remissiveness. Constant medication is practice in keeping these remissive. Further in the similarities, is the unpredictability involved. For instance, suicidal behavior, whether intentionally suicidal or not, causes injury, just as cancer or AIDS does when it is active. Again, I mean not to equate these; physical illnesses and injuries differ in experience to that of the brain.

One thing I might speculate on is the involvement of patients in their treatment, across the board of health related issues. Most probably know they have a pancreas, and they might passively be given a choice of whether or not they'd like to know what might be wrong with it, exactly. The United States, I believe, is very up on health. There is cholesterol to monitor, even food replacements to make the numbers drop. This, too, is hereditary and can be kept checked with lifestyle choices. Everyone knows they've got a brain. So, when something goes wrong with it, there had better be an explanation. Some terms have been given to me, not first by a doctor or otherwise professional. Paranoia, delusion, elation, mania, depressed, psychosis; most of which can be used in light conversation. Even mania is the root word of maniac, a very non critical word at times. Paranoia, might be one of the strongest words in the English language. Its mention can jam a train of thought for days. Perhaps the best way to classify these terms is to call them sub diagnoses. Even a primary-secondary-tertiary classification system would suffice. For instance, a patient could be bipolar delusional with hypo elation. I myself have been classified bipolar manic with psychotic features. Bi implies two, among another definition, and how many psychotic features I was granted I don't know. Perhaps there wouldn't be a limit to diagnosing under this system. Not using a reference, an earlier manual than the DSMIV classified homosexuality as a mental illness. I don't know how the clinical diagnosis broke down literally for sure, either.

The DSMIV has been in print for a long time. It is not the only reference material available to doctors and professionals. My first psychiatrist's office had a wall of books pale only in comparison to my academic advisor's when I was attending engineering school. He also had stacks of books, the walls of his office took less square footage. Books on psychology will be printed until the end of time, I can hope. Nurses' drug reference guides are dated much like consumer reports. I believe I have a digest, since there exist many medications no longer being used in practice. Spending time with an aspiring nurse practitioner, I was shown a few pages of a more comprehensive guide to medications. Some medications have various uses. An example is Zyban, its counterpart is Welbutrin. They are both butyral hydrocarbon chemicals--in fact, if I heard clearly enough, they are the same medication in different dosages. The former is a drug used to quit smoking, and the latter is an antidepressant. Another pair exists, though there is only the diagnosis to differentiate between the work being done. Depakote, "-kote" for its hard gelatin shell, is used to treat epilepsy. Also, it is prescribed to bipolar patients as a mood stabilizer, or mood leveler, as descriptions have varied over time. Depakote Sprinkles exist as an alternative to conscious choice in the matter. To bring this paragraph full circle, four sticks of butter per day is said to be as effective as medication to seizure patients. The solution to the side effects, however, is more not-butter.

The act of prescribing a medication is based on more than a diagnosis. It is based on the patients' histories as well. There is a tweening of the picture the doctor sees, reports he hears, and a paper trail. It seems to be a responsible practice, in psychiatry; to gather so much evidence in winding the trebuchet. And, I can't refute that, it is as scientific as sculpture. The science lies in our knowing of the physical mind, and our ability to build, grow, or otherwise cook something to interlock or interact with a receptor or preexisting transmitter inside the skull. There are people called biochemists and

bioengineers, and their work world is rather objective. Each time I enter a hospital, it is possible that I will be prescribed a new medication. Often on television I hear about how if I'd stayed on it I could be cripplingly rich. The pills you ask your doctor about have disclaimers. Many new drugs do not have advertisements, might never, and I suppose it's possible: find their way into any kind of warfare. I'd be lucky to be given placebos, on average; though I'd feel a little like I was being fucked with.

As one grinds themselves past the law and into the clutches of the mental health care system, one might not only find themselves committed, but also visited. Programs are in place to ensure care for the mentally ill. The programs may differ even from county to county, I don't know. It seems likely that someone living at the end of a half mile driveway would not have similar restrictions as someone living eight blocks from downtown. An assortment of mental health care specialists pay visits to patients in order to see that the pills are taken. They might not all have outstanding cultural literacy, or a background in medication technology. They have degrees in social work, and therapy. Some are nurses. On these house calls, the name and date on the small package of pills has been checked. Chin up, and swallowed. Don't try to offer a drink to any of them, or do, but nothing on the conscience.

I mentioned television in the above. A commercial, certainly longer than thirty seconds, aired on a major network awhile back. It may still air, I've done my best to avoid television, and that might be my downfall. The scene was in nature, a flowing meadow with willows swaying on a rolling hill. There is a stone path, a woman is comforting her friend who is looking downtrodden. The score is unattainable. It is not a local commercial, the station has probably not faultily adjusted the color setting. The scene is washed out a few shades, maybe more, contrast adjustment as well. The commercial airs in standard 720 by 480 pixel resolution, there is no HDTV distortion. The commercial is for a medication to treat bipolar disorder, and depression. I notice the medication, it is the most recent antipsychotic I know of, but not much about. There is advice to talk to a doctor--although the symptoms described don't have nearly the bang as how I've been. At one time most televisions showed a goofy washed out image of the viewer's face, when turned off. There's no escaping the mirrors that surround us, still. I returned to the facility where I'd been committed, because I needed to pick up medications that were missed after I overslept. I used the bathroom before walking home. I was not sick, and I rarely hallucinate. The mirror stretching from waist level above the sink was at least ten percent concave, to give a slightly more bean sprout look of myself.