
StarTribune Editorial

Our perspective

Still ill

Betraying the sick, time and again

Second-guessing is the luxury of the onlooker, and the obligation as well. Without people to shake heads at life's heartbreaks, bad news would pepper the papers more often. And Minnesotans have every reason to wonder at some of the stories claiming front-page ink this week — stories about people with brain disorders so severe that they turned to violence. These aren't just lamentable tales of lost minds and lives, but of lost opportunities. It's audacious to ask, but all the more so not to: Who is at fault when mental illness leads to death?

We can pretend it's no one's fault, for playing the blame game is by nature speculative. Who can be sure that Abu Kassim Jeilani, the psychotic machete-swinger shot dead by police on Franklin Avenue last Sunday, would still be alive if he'd been snagged by a net instead? Who can know whether anything could have stayed the hand of Donna Anderson, the Shoreview mother who claims she killed her son last week to save him from a porn ring? What certainty is there that the horror wrought by Andrea Yates, the profoundly depressed Texas mother convicted this week of drowning her children, might possibly have been averted?

No one can know. There is no certainty. But when the news pages are packed with so much tragedy born of mental illness, it's wrong not to mull the matter. These stories, after all, speak of more than happenstance and fluke. They reflect an abiding social failure — an outrageous accretion of prejudice, denial and neglect.

Mental illness often leads to catastrophe not because it must, but because we do so little to stop it. We decline to act because we can't seem to shake 19th-century assumptions about the affliction in question: Despite a blizzard of evidence to the contrary, we still imagine that mental illness is not quite an illness.

What else can explain the way we act? In Minnesota as elsewhere, people battling brain diseases like epilepsy can count on conscientious medical care

Mental health

Seeking a system

for the smallest symptom. People battling brain diseases like schizophrenia and chronic depression often can't get care even when they beg. And people with mental illness often don't know enough to beg: They're too sick to realize they need treatment. Unless onlookers resolve to make the anguish of others their concern, psychiatric illness will remain untreated. Left alone, many of the sick will labor to keep their suffering to themselves.

Yet every so often a sufferer will run shrieking into the streets, where fretful cops still seem more inclined to respond with bullets than blasts of bean bags. Perhaps more troubling, some sufferers will never shriek. The danger of mental illness, after all, can't be measured in decibels or weapon-waving. Sometimes, as the tales of Anderson and Yates make plain, the threat speaks in quieter tones.

Even a cursory look at these women's histories confirms what mental-health specialists have long maintained: Serious mental illness lurks in many a "typical" household. It is often endured when it might be eased. It is far too often overlooked or tolerated by family members and employers and neighbors and others who might act. Most such likely helpers can't bear the shame, spare the time, withstand the rebuffs, sever the red tape and otherwise wage the war necessary to secure proper psychiatric care for someone who's sick.

No one would think of letting a loved one lie about the house with an untreated fracture, or dismissing a worker grappling with diabetes or shunning a neighbor whose eyesight is failing. Yet with society's blessing, many of us look away when the illness in question involves certain disorders of the brain. When we look away, tragedy seizes its moment — and horror finds the front page.