

## **Invocation**

From our separate joys and struggles, we come here to find the peace of balance, to find the blessing of restlessness.

All are welcome to follow, to lead, to teach, to learn.

All are welcome to join in the dance, to catch our breath.

All are welcome to give generously, to receive gratefully.

All are welcome if we are steady and composed, if we feel completely lost, if we don't know what we are feeling, this community has a place for us...

Here, we matter, and we are loved.

Come, let us worship together.

- Wendy Bartel and Lynn Gardner

## **Joys and Sorrows**

As a community, it is our practice to share the events that mark our lives. We celebrate each other's joys and pause for reflection and to share the burden of each other's concerns.

[Read the book]

Now, I invite you to come forward and light candles of joy or sorrow as the music softly plays.

[People light candles.]

We are grateful to all those who have shared something of their life journey by the words they have written and the candles they have lit. And we know there may also be others who need support and encouragement from our staff, our Pastoral Associates, or from their fellow members here at Mission Peak.

## **Meditation**

Each of us, of course, must assume the responsibility for awakening our own spiritual lives.

Others may be responsible for our being born, but what we make of our lives, and how deeply and intensively we live, is our responsibility, and ours alone.

Having accepted life as a gift for ourselves, we are then charged to revere the presence of this same gift in others.

- Forrest Church, adapted.

Let us keep silence for a time.

[Silence]

Amen

## **American Psychosis – Complexities and Solutions**

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This past Christmas, a group of 11 people from this congregation visited Morton Bakar Center in Hayward. This is a locked, residential home for people with severe mental illnesses who are over age 65 and not able to live independently. It is likely that they will be there for the rest of their lives. I am told that they receive few visitors. We went there precisely because of this. We wanted to visit and deliver some Holiday cheer by singing carols and leaving gifts that the congregation had donated. About thirty residents attended. Some of them sang along with us. Some talked to us after the event. One woman asked if we could stay so she could play us something on the piano. Those people graced my Christmas with their obvious efforts of reaching out to us and thanking us for being there. Seeing them sing with us and want to talk to us, even though they are living in a pretty hopeless situation really touched me. It was a rare occasion for them. And for us. Already, I want to go back.

This past fall, as part of this year's MPUUC Social Justice project, a group of us in the congregation have been studying the situation of mental illness in this country reading the book "*American Psychosis*" by E. Fuller Torrey. This is for the learning phase of MPUUC's yearly social justice project which this year is focused on Mental Health. In this book, the current situation of people with mental illnesses in this country has been laid out. It

is a complex, messy, intractable, and sad situation, seemingly with few solutions. However, I see in Torrey's book and in my own experience that there are some rays of hope. I'd like to lay this out for you today. Later, Peggy Rahman and Paul Clifford will illustrate one of the more complex issues.

Torrey explains that when the federal government began their effort to solve the mental health crisis back in the 1960's it resulted in the closing of state mental hospitals and state run community mental health centers. It resulted in several very undesirable situations:

- Jails and prisons have become the new psychiatric inpatient system. There are estimates that 25% or more of people in jails and prisons are mentally ill taking psychotropic drugs. So, sheriffs, police and courts have become the new psychiatric outpatient system.
- Homeless shelters, nursing homes and board-and-care homes are full of people who are mentally ill. Estimates are that about one third of homeless people are seriously mentally ill and easy targets for victimization. Nursing homes and board-and-care homes run for profit using the disability checks of their inhabitants have less than adequate oversight.
- Places open to the public - public parks, public libraries, emergency rooms - have become places where mentally ill homeless people congregate are increasingly viewed as not safe and thus less available to other citizens.
- The costs for caring for people with mental illnesses have skyrocketed. Torrey has added up the amount of public funding

spent on mental illnesses by Medicare, Medicaid, Social Security, Veterans Administration, Jails, Prisons, homeless and shelter costs and arrived at a figure of at least \$140 billion per year spent by the government on mental illness.

Torrey states, “With each passing decade, the situation has become progressively worse, and it will continue to do so until corrective action is taken.”

He contends that the fact that the \$140 billion being spent on public mental health services in the United States is merely buying the grossly inadequate and disjointed services he describes is mind-boggling. It suggests that something is profoundly wrong. This amount of money should be more than sufficient to support excellent mental health services if the money was being used wisely.

If this is so obvious and so costly, it seems like people would be looking for a solution. What are some of the impediments to change?

Torrey outlined some of them:

- Lack of understanding of serious mental illnesses. Schizophrenia, bipolar disorder and severe depression are serious illnesses that need and respond to treatment. Sometimes it takes a long time to find an effective treatment, and it differs widely from person to person. Some respond well to medication, others don't. It is almost always true that an array of services touching many parts of a person's life is needed.

- Lack of understanding of the magnitude of the mental illness problem as outlined by Torrey in the book.
- Lack of understanding of the civil rights of people with severe mental illnesses. Here there has been controversy – Americans value their civil rights and some client groups protect the person’s right to refuse care and live in the community. It is often unclear what the best public policy is. Paul’s and Peggy’s discussion later in the service will focus on this point.
- Public mistrust and fear of psychiatry.
- Economic interests to maintain the status quo. The for-profit nursing home and board-and-care industry subsist on money from disability payments to mentally ill people.
- Political interests to maintain the status quo – The emptying of state psychiatric hospitals as an end in itself became strongly reinforced by the availability of federal funds under Medicare, Medicaid, SSI, and SSDI for patients once they had been discharged. States realized that they could save state funds by discharging patients, thereby closing state-funded hospital beds. Torrey says, “We are now spending about 12 times more on mental health services than we were 50 years ago when emptying of mental hospitals was begun. What we are purchasing with those funds is a disgrace.”
- The federal government’s uncoordinated programs
- Lack of leadership. Change will not come without leadership. NAMI (National Alliance on Mental Illness) has done a good job at the local level, but any more global leadership is not there. Congress at one

time had leaders such as Senators Pete Domenici and Paul Wellstone who provided strong support, but since Domenici's retirement and Wellstone's death, no obvious leadership has stepped forward to take their place.

With all this, there is some good news: some mentally ill people have been able to live independent lives, working and having families. These are usually people who have less severe symptoms who respond to medication and live where there are programs to train and employ mentally ill people as "peer counselors" in the outpatient treatment teams, and have programs that are "recovery-oriented." Alameda County happens to be one of the progressive places where many of these programs exist.

In one shining example of attacking the funding problem, California's Mental Health Services Act of 2004 was created through the efforts of State Senator Darrell Steinberg taxing earnings above \$1 million and has provided millions to the counties of California to create new and innovative programs.

I might mention here that it is almost universally true that any real leadership at the state or national level has come from people who have had a person in their immediate family who has lived with mental illness. This was true of US Senators Pete Domenici and Paul Wellstone and State Senator Darrell Steinberg. It seems where there has been a deeply-felt human story, the will and the means can be found.

So now that we understand the magnitude of the problem and the impediments to getting it done, what can we do, and what should we do? Here are Torrey's ideas of what can be done: (Some of these are controversial)

1. Public psychiatric hospitals can't be completely abolished. He believes that some people, a small number, need to be held involuntarily. This is controversial with some client groups because of civil rights considerations.
2. Anosognosia to be considered when planning mental illness treatment. This is lack of awareness of mental illness by the person with the illness. Assisted Outpatient Treatment is one way to solve this, but also controversial with some client groups.
3. Community treatment of community mental illness centers. An example of doing it right is Assertive Community Treatment (ACT) in Madison, Wisconsin where a team of mental health workers, including psychiatrist, psychologist, nurses, social worker, and others takes responsibility for a group of about 100 patients, and make sure that their needs are met. I would argue that having a peer as part of such a team would be very important as a way of giving a role model and hope to the client.

In fact, the "Open Dialog" mental health treatment program in Finland's Western Lapland has a similar approach – a team of people works with a client and their family to get them the support they need – with very striking success, nearly eliminating schizophrenia diagnoses in that area.



4. Continuity of care is essential. It is important the all of the services required for treatment be done in a continuous way as a continuum of care. It is easy to fall through the cracks.
5. Access to decent housing, vocational opportunities and socialization. Clubhouses and other peer-run organizations for people to meet and socialize are especially effective.
6. Periodic unannounced inspections of nursing and board-and-care homes to cut down on sub-standard care.
7. For-profit funding of public mental illness services does not work. It has resulted in fancy offices to pursue private patients and avoid the seriously mentally ill and exploit the federal monies. The seriously ill are left to the streets, jails and shelters. I see this in my work as a minister focusing on mental health. It is just too easy to discard the people who are hard to treat, and focus on the less serious cases, and the people with money who are easy to treat. This is one of the saddest things that I have witnessed. It is where we are now.
8. Services for mentally ill persons must be prioritized to ensure that those who are sickest, pose the greatest risk to self/others and incur the greatest cost receive services as the first priority. Unfortunately, in today's world some mental health workers prefer to work on the easier cases because there are better outcomes, and because the patients have insurance and can pay for it. Some will not work with seriously mentally ill clients. This is more wide-spread than I would like to admit, making it even harder for people with serious problems to receive care because the caretakers aren't interested personally or financially in treating them.

9. Torrey believes that in some selected cases, psychiatric information on mentally ill people who have a history of dangerousness should be made available to people who are treating them, which can be law enforcement. This is another recommendation that is controversial due to confidentiality considerations, but it is understandable from the point of view of jails, prisons, and the justice system.
10. Accountability assigned to a single level of government. There are serious challenges of getting adequate funding to where it is needed. The withdrawal of state responsibility for mental health services created a vacuum in accountability that continues to exist today. Medicaid reimbursement, not patient needs, has been the driving force behind the organization of public psychiatric services for four decades.

To Torrey's list, I'd like to add element to the solution, which is possible because it has been done.

- Other states should consider passing something like the Mental Health Services Act passed in California in 2004, which provided a tax on the wealthiest people to create a fund specifically set aside for new mental health programs. There have been problems in some counties, but there have also been some really outstanding programs that have come out of it. One example is the mentor-on-discharge program at John George Psychiatric Hospital. It is a voluntary program where people being discharged can request a mentor – someone who has previously been in the hospital and is now doing well. It has cut down on revolving-door patients by almost 75%, and

is now being studied to collect statistics to show that it is an “evidence-based practice.” Another example is the Jay Mahler Recovery Center on the grounds of Fairmont Hospital – a place where people can come for up to a month voluntarily if they believe they need some time away from their usual lives due to psychiatric stress. Alameda County plans to build other recovery centers and has been progressive in how it has spent its share of the Mental Health Services Act money.

### Our Responsibility as People of Faith

As people of faith, how are we to react to this situation? It would be easy to just throw up our hands and say it is too much of a mess to fix, and who are these people any way – sometimes unpleasant to be around, poor, powerless, easily dominated, confused, used to being kicked around. I maintain that it is precisely for these reasons, Precisely for These Reasons, that we people of faith need to be in the corner of these individuals and do all that we can to brighten their days and help change the system so that they can lead meaningful lives. That is why we went to Morton Bakar, why we will have an education event with another church next month, why we will raise money for NAMI at the NAMI walk in May.

What you as individuals can do is to join these efforts and in addition follow some of the legislation that NAMI has supported and contact your elected representatives with your views. You can write letters to the editor. You can volunteer to help the local Mental Health Association in some capacity. I remember when I first started doing this work, I asked Steve Bischoff, the

Executive Director of the Alameda County Mental Health Association, for suggestions of what I might do, and he said, “There is so much to do. Anywhere that you feel a special interest to help out will be very welcome.” That remains true today.

As for me, I can’t wait to go back to Morton Bakar Center to be a hopeful presence for those special people, and have them be one for me. For, you see, it isn’t us doing something nice for those poor people over there, it is they doing something for us by their trust, telling their stories, being vulnerable around us. These are very precious gifts that they give to us. In this world, they are part of the whole of life – part of us. We are all in this together. We enrich each other’s lives. We are all in this together. We enrich each other’s lives. And the more grace we can bring into each other’s lives, the better.

Sometimes it is the little things that matter the most – giving an act of human kindness, a smile, just being there, showing you care about them, letting them know that their lives matter to you, laughing at their jokes, sitting in silence, helping them find a voice, listen to them playing the piano or singing, treating them with worth and dignity. Churches major in human kindness. We can believe in people. We can see something inside them that they aren’t able to see. We can impart a state of acceptance when an illness isn’t treated, or even when a person is utterly hopeless. We may not even realize this is happening, although it may be the most central factor their outlook on life. These things matter more than you will ever know. They matter both to them, and they matter to you, and your own self-image of living a purposeful life, doing something good in the world.

All of this is nothing less than what we as people of conscience and faith need to do. Nothing less.

Torrey concludes his book with a 1947 quote from *Out of Sight, Out of Mind* by Frank Wright:

"Throughout history the problem of the mentally ill has been dodged. We have continually avoided mentally ill patients--we have segregated them, ostracized them, turned our back on them, tried to forget about them. We have allowed intolerable conditions to exist for the mentally ill through our ignorance and indifference. We can no longer afford to ignore their needs, to turn a deaf ear to their calls for help. We must come face to face with the facts."

"Isn't it time to finally do so?" Torrey asks.

I say, "Yes!"

## **Benediction**

This is where we are.

Where do we go from here?

We must massively assert the dignity and worth of all people.

We must stand up amidst a system that still oppresses and develop an unassailable and majestic sense of values.

What is needed is a realization that power without love is reckless and abusive, and that love without power is sentimental and anemic.

Power at its best is love implementing the demands of justice, and justice at its best is power correcting everything that stands against love.

And this is what we must see as we move on.

- Martin Luther King, Jr.

Go in Peace. Return in Love.