

SANITY, OTHERNESS, AND COMMUNITY SUPPORT:
MENTAL HEALTH MONTH!

I haven't often addressed the matter of sanity in a sermon to Unitarian Universalists. And it isn't just because it hits too close to home for many of us, though it does! We even have a significant claim to the history of treatment for mental illness through the life's work of 19th Century Unitarian Dorothea Dix.

Growing up with grandparents rather than endure alcoholism and abuse from her parents, Dix began her career as a school teacher for well-to-do families, but also reached out to teach the poor. Much later, during the Civil War she was chosen Superintendent of Army Nurses for the Union, but her lifelong commitment to the poor and especially the mentally ill is that for which she is most remembered. Her interest in the mentally ill stems in part from a trip to England in hopes of finding a cure to her own health problems, during which time she met the Rathbones, prominent Quaker Social Reformers. She was introduced to the reform movement for better care of the mentally ill. Upon her return to the U.S. she began to assess the treatment of the mentally ill during the 1840s and advocate for better treatment in Massachusetts, New Jersey, and many other states as far South as Louisiana and North Carolina, and as far west as Illinois. Many states first dedicated facilities to care for the mentally ill following her work. Dix also addressed the care for mental illness in Nova Scotia and Scotland. Previously haphazard and poorly funded care for the mentally ill evolved into a system of state asylums under Dix's promptings.

As the fields of psychology and psychiatric medicine, and later psychopharmacology developed, treatment for the mentally ill continued to evolve. In the mid-20th Century, widespread abuses, chronic underfunding, and progress in psycho-pharmaceutical treatments resulted in most state run institutions being closed. Much of the responsibility for mental health treatment was turned over to local jurisdictions and hospitals, and many mentally ill persons ended up homeless on the streets.

What we now know as Post Traumatic Stress Disorder, earlier often described as Battle Fatigue, often went untreated as soldiers returned home from the many wars of the last two hundred years. More complicated disorders such as schizophrenia, paranoia, psychosis, neurosis, bi-polar, and borderline and other personality disorders were treated with combinations of drugs and counseling, often only for insufficient periods to adequately treat those afflicted. Lobotomies and electro-shock treatments were largely halted by the mid-20th Century, though various strange treatments including sterilization of the mentally ill and developmentally disabled have been documented throughout much of that century.

Mental illnesses, though afflicting millions of people, too often remain unseen in modern society. Depression, even in its most debilitating forms, is often treated with medication prescribed by family physicians, sometimes in conjunction with counselling from various levels of practitioner. Inpatient treatments for mental illnesses have become rather rare, though the numbers of homeless persons with mental illness suggest that there are currently many unmet needs. Widespread alcoholism and drug abuse may mask mental illnesses as those suffering self-medicate.

UU congregations frequently include several mental health practitioners, including Psychologists, Psychiatrists, Social Workers, School Counselors, and various other marriage and family therapists. Though we may not all stay informed on issues of mental health, we tend to be much more aware of mental health issues than the broader population. Perhaps it is because we do know so much about mental illness that we rarely speak about it.

Over the years, I have done a fair amount of pastoral counselling, especially around grief issues, but I rarely mention it in sermons or facilitate classes around mental health. Of course, in the years since the HIPAA Laws were put in place, many of us are more cautious of mentioning anything around any health issues, but especially around any kind of mental illness. Mild depression is common along with grief around many transitions such as loss of partners, close family members, relationships, jobs, or health issues.

Unitarian Universalists tend to seek professional therapists more quickly than a number of other groups who might tend to go to a priest or minister for help. That is probably true of most highly educated groups who tend to be more aware of what a psychologist, social worker, or psychiatrist can offer. I rarely get asked by UU church members for a referral, but there are many people out in the community who do not know how to find the mental health professionals who can make their lives better. In some vocations, professions, and industries there is still some stigma about seeking assistance with mental health. At least politicians are allowed to cry occasionally without questions being raised about their stability and mental health, though that is pretty recent. Police officers and members of the military are still not as free to express emotion as many in society.

High stress situations, joblessness, homelessness and high stress jobs can all exacerbate both mental health and addiction issues. In some ways it is amazing that as crazy as the world is, there aren't more mentally ill persons! Even mild depression can make our lives seem unmanageable, leaving us struggling to find a sense of meaning. When paired with alcohol or drug addiction, often resulting from the effort to make the pain go away, lives can be destroyed and family and friends may be hurt or driven away.

Many mental illnesses have no cure, but only ways to mitigate the worst effects or symptoms through medication and/or counseling. Some persons suffering from severe psychosis may need to be in locked facilities for their own protection and the protection of society. Most people with mental illness can be managed in society with medications and/or counseling but there is a fairly high frequency of persons with mental illness going off their meds and having problems. Many of the older psycho-active medications left patients feeling and acting like zombies, or at least not feeling like themselves. This along with the dangers of drinking or taking other drugs while on such medications resulted in many patients stopping their medications in order 'to feel more like themselves' or 'to feel more alive.' I suspect that the decision to go off meds also tends to increase the number of mentally ill persons who are homeless and on the streets. And because they are off their meds, & often self-medicating with cheap beer or wine, they are even harder to deal with for the community.

People with mental illness, especially when off their meds do not think or act like other people. They become something other than ordinary, and ordinary people often are afraid of or less interested in interacting with those who are 'other.' Not many ordinary people go out to visit homeless camps or take much notice of people who may look disheveled or smell from alcohol or urine. The plight of homeless mentally ill persons is particularly discouraging for their families and friends. There are just no good answers to the problem, and it is too easy to think that such people made a simple choice to live on the streets. Without community support, shelters, and care centers, the mentally ill persons on the streets will likely die on the streets either as victims of crime or due to heat or cold. It will take many multi-faceted care programs like St. Mary's Dining Room and Interfaith Community Services to provide for basic needs and help to get both mentally ill and other persons in unfortunate situations off the streets and into some kind of decent living situation.

In this and so many ways, the United States falls short of being the caring, compassionate nation that we purport to be. We do not do nearly as much as many other countries to care for those who are most in need. We do not care well for the elderly, nor for the mentally ill, nor for those with addiction issues, nor for those with limited abilities. We imagine ourselves to care, but we pass by those who are 'other' with barely a glance. We pass laws to make the homeless criminals, to keep them out of our parks, to keep them somewhere else.

And there is also the question of the criminally insane, those who as a result of psychosis, lack of inhibition, or the absence of a conscience are responsible for horrific acts. There are murderers, arsonists, rapists and abusers who are mentally ill, and who really are not responsible for their actions due to their illnesses. Many of these persons could have been helped by appropriate treatment if given early enough in their lives.

With our emphasis on business and bottom lines, we allow too many lives to be wasted that might have been channeled into artistic creativity of some kind. Painting, sculpting, music and dance, photography, animal care and so many other disciplines might have been of interest to those who do

not have the mind for business or banking. When society does not value the things that such persons can do, it leaves too many people on the streets. Just because someone is crazy doesn't mean they can't have a beautiful and fulfilling life!

And as always, the question is what we can do to make a difference. We can volunteer at St. Mary's and in other community service organizations reaching out to the homeless. We can support efforts to create greater access to mental health services. We can advocate for those in need. We can support parity in mental and physical health care plans administered or overseen by the government. And we can support groups that are making a difference. I want to briefly mention 2 groups, in the words from their own websites!

Mental Health America (MHA) – founded in 1909 – is the nation's leading community-based non-profit dedicated to helping all Americans achieve wellness by living mentally healthier lives. Our work is driven by our commitment to promote mental health as a critical part of overall wellness, including prevention services for all, early identification and intervention for those at risk, and integrated care and treatment for those who need it, with recovery as the goal. All of our work is guided by the Before Stage 4 (*#B4Stage4*) philosophy – that mental health conditions should be treated long before they reach the most critical points in the disease process.

NAMI, the National Alliance on Mental Illness, is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. What started as a small group of families gathered around a kitchen table in 1979 has blossomed into the nation's leading voice on mental health. Today, we are an association of hundreds of local affiliates, state organizations and volunteers who work in your community to raise awareness and provide support and education that was not previously available to those in need. NAMI relies on gifts and contributions to support our important work. What We Do

We educate. Offered in thousands of communities across America through our NAMI State Organizations and NAMI Affiliates, our education programs ensure hundreds of thousands of families, individuals and educators get the support and information they need. We advocate. NAMI shapes the national public policy landscape for people with mental illness and their families and provides grassroots volunteer leaders with the tools, resources and skills necessary to save mental health in all states. We listen. Our toll-free NAMI HelpLine ([800-950-NAMI](tel:800-950-NAMI) info@nami.org) allows us to respond personally to hundreds of thousands of requests each year, providing free referral, information and support—a much-needed lifeline for many. We lead. Public awareness events and activities, including Mental Illness Awareness Week (MIAW), NAMIWalks and other efforts, successfully combat stigma and encourage understanding. NAMI works with reporters on a daily basis to make sure our country understands how important mental health is.

These 2 organizations have helped our nation to be more aware of mental illness and encouraged more compassionate responses to those who are mentally ill and their caregivers and supporters. This is Mental Health Month and so it is a particularly good time to make ourselves more aware of the needs of the mentally ill and to see how we can help.

May it be so! Amen!