

**AMERICAN BAPTIST
RESOLUTION ON MENTAL ILLNESS**

According to the National Institutes of Mental Health, an estimated 26.2 % of Americans age 18 and older - about 1 in 4 adults - suffer from a diagnosable mental disorder in a given year. This figure translates to 57.7 million people. The main burden of mental illness is concentrated in a much smaller population - about 6% or 1 in 17 - who suffer from serious mental illness. The U.S. Department of Health and Human Services reports that at least 1 in 5 children and adolescents have a mental health disorder. At least 1 in 10, or about 6 million people, have a serious emotional disturbance. Since so many are affected in some way by mental illness, so also our churches, communities, institutions, hospitals and governmental entities are all deeply affected.

Although symptoms of mental illness may be present in many situations, the term mental illness is used here to describe disorders causing severe disturbances in thinking, feeling and/or relating, the result of which is a substantially diminished capacity for coping with the ordinary demands of life.

With the emphasis on patients' rights to treatment in the "least restrictive settings," and the Community Mental Health Centers Act of 1963, deinstitutionalization became the watchword of mental health. The number of persons hospitalized in state psychiatric institutions plummeted from 560,000 in 1955 to today's 62,000 (2006).

Although a lofty ideal, deinstitutionalization failed, due to a lack of sufficient community education and social support networks and a lack of sufficient financial and personnel infusion into community mental health systems. Though not planned, eviction rather than resettlement occurred. At the same time, the hospitalization of those needing treatment to curtail the devastating effects of mental illness was made difficult, and even impossible in some cases, by the new rules intended to protect against inappropriate admissions, unnecessary legal commitments, and to reduce costs.

According to the Substance Abuse and Mental Health Services Administration, up to 800,000 people are homeless on a given night. Roughly 200,000, or 20% to 25%, of these individuals suffer from a severe mental illness. This does not include the homeless with alcohol or drug problems. The conditions of homelessness (malnutrition, sleep deprivation, and the stress of marginal survival) also foster mental illness in many.

A new generation of persons with mental illness, the first to have lived totally without the experience of lengthy hospitalization, is now arising. Many of its members are single males suffering the dual disabilities of chronic mental illness and chemical dependency. Their serious mental health needs are being cared for on a crisis basis, without benefit of ongoing professional supervision.

With the increasing strain on state budgets, many states have decided that care for persons with mental illness is an unnecessary financial drain, even though mental health care involves a small percentage of the total budget, and so turn to mental health as an easy place to cut.

Furthermore, the age-old stigma of mental illness leads to forms of discrimination in addition to that practiced in state government. People who have been treated for mental illness state that the biggest problem they face is the inability to be accepted by others. They have difficulty finding friends, housing and work, and feel the sting of discrimination in almost everything they attempt. Thus, persons with mental illness and those-recovering

are often among the poor and oppressed, the outcasts of society.

However, Jesus Christ became known as the one who healed persons with mental illness and demonic possession as well as physical illness (Mark 5:1-20).

He did not avoid persons who had symptoms of mental illness, but had compassion for them, and wished them to be freed from their distress. He preached good news to the poor, deliverance to the captives, recovery of sight to the blind, and the setting free of the oppressed (Luke 4:18). Jesus offered comfort to the burdened (Matthew 11:28).

Today we are still uneasy when people with these types of disorders become too visible in a congregation or neighborhood. The conditions of today should cause people who are followers of Jesus Christ to burn with compassion in their hearts and minds to have that same drive to risk with people.

Therefore,

We, the people of the American Baptist Churches in the U.S.A., solemnly resolve:

- to examine our hearts, our theology, and our actions to see that there is no judgment of or avoidance of persons who suffer from the effects of mental illness;
- to address those factors contributing to mental illness in our society that could be corrected;
- to educate American Baptists that mental health is related to faith and should be included in church school curriculum for adults, youth and children, in seminary curriculum, special themes and emphases, and worship/preaching series;
- to provide a living witness as individuals, families, congregations, associations, regions and national boards and agencies, by exemplifying a mature Christianity which affirms life and encourages mental health;
- to offer a ministry of hospitality and caring which is based in our congregations, but which influences community attitudes and includes acceptance and support of persons with mental illness and their families, befriending them, and integrating them into the church and the larger community;
- to encourage interprofessional cooperation among psychiatrists, social workers and clergy;
- to seek ways for persons with mental illness to recognize their own gifts and strengths, and use them in service and ministry to and with others in congregations and communities, including employment.
- to assess needs in the community and recognize the relationships between deinstitutionalization and homelessness and mental illness;
- to respond as appropriate with programs of respite care, aftercare, support groups, supportive housing, food pantries, volunteerism in mental health care facilities, socialization and recreation and special emphases; and to support already existing public and private health services that serve persons with mental illness;

- to advocate for non-discriminatory and humane practices throughout society, and in particular to press for revision of legal commitment procedures to balance protection of one's civil rights with the genuine need for treatment, using "optimum therapeutic setting" rather than "least restrictive setting" as the criterion;
- To utilize ABC publications to highlight examples of the above resolutions, and other models and resources for ministry with and by persons with mental illness and their families overall;
- to affirm and live out an internally liberating as well as an externally liberating Gospel;

Adopted by the General Board of the American Baptist Churches - June 1992
 170 For, 0 Against, 0 Abstentions
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Policy Base

American Baptist Policy Statement on Health, Healing & Wholeness

American Baptist Resolution on Alcohol and Highway Safety

American Baptist Resolution on Alcoholism and Other Chemical Dependency

American Baptist Resolution on Disabilities (The Church and Persons with)

American Baptist Resolution on Employment of the Handicapped

American Baptist Resolution on Family Violence

American Baptist Resolution on Housing and the Homeless

American Baptist Resolution on Welfare and Human Services