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A CHRISTIAN ENVIRONMENT FOR OUR MENTALLY ILL

—Arthur Jost

Mental illness can be dealt with most effectively when it is recognized and accepted as a sickness. Among the Mennonite and Brethren in Christ churches there is good interest in providing for the mentally ill "in the name of Christ." In presenting the need and the plan to our churches, several factors indicate that the time is ripe to initiate this work.

First, the conviction is shared unanimously that the spiritual and physical welfare of our mentally ill brethren and sisters should be the concern of us as Christians. Having registered this conviction, however, many questions of a very practical nature arise. "Do we have so many mentally ill as to justify a separate hospital? Can we afford to give this service? Do we have sufficiently trained personnel? Does the state institution prove inadequate?" Those of us who have surveyed the need and who are aware of the potential support, those of us who have worked and lived within our state institutions, feel that the answer to the above questions must be in the affirmative.

Second, the personal concern of many of the brethren and sisters in the church for the spiritual as well as physical well-being of their mentally ill family members or friends is evident. This concern finds expression especially among those who have a first-hand knowledge of conditions as they exist in mental institutions and who have some evidence that their loved ones are not in a place of desirable spiritual and physical environment.

Third, the insight of many of our brethren and sisters into the conditions of our mental institutions is a motivant for their support of a church program. While it is true that many folks never find admission beyond the "visitors' ward" and form their opinions from a superficial examination, many others have had a closer view. Some may have been employed in such institutions while others may have been patients. Such groups give ready assent and support to a mental hospital program where Christian

standards of treatment and care are maintained throughout.

The mental hospital program of the Mennonite Central Committee is designed to strive for the following objectives:

First, it is to provide for the mentally ill a loving, understanding, and sympathetic—Christian—environment. As Christians and Mennonites we have become environment-conscious. For our youth we have to a certain extent provided the opportunity of a Christian environment through our church schools; for our brethren and sisters of the church we are constantly seeking a more effective ministry; for our older people we are providing hospitality and a wholesome environment for the twilight of life in our homes for the aged. For the oft-confused mind and the despairing spirit of the mentally ill, a Christian environment is of untold importance.

The relative isolation of our state institutions and the limited experience of dealing with mental patients has apparently discouraged the extension of the services of our churches and pastors to that area. A hospital superintendent of a large institution told the writer that they did not classify Protestant patients into their various denominations as there were no inquiries concerning such data. At the same time the Catholics were classified because that church was concerned for her patients.

There is rarely opportunity in our contemporary mental institutions for pastoral counsel when desired. The writer once witnessed where a patient, while pleading to see a minister after a chapel program, was bodily taken away to her ward. Recently the writer was informed of a Mennonite patient who had been persuaded to accept a cult. With weakened or impaired mental faculties the entire gamut of temptations peculiar to institutional life often overwhelms the patient. The creation of a Christian environment is perhaps the most valid point favoring our church mental hospital.

A second objective is to provide kind and proper physical care. It is a

farce which has been totally disproven and discredited that mental patients must be handled with brutal force. To meet emergencies with control and kindness does mean that an adequate and well-trained staff must be on hand. Patients in our church hospital shall at all times be handled as our own fathers, mothers, sisters or brothers, which they are in a very real sense. They shall be given comfortable beds, chairs on which to sit, clothes to wear, and shall be kept free from filth and vermin. To many readers the above requirements are perhaps assumed but many ex-CPS hospital men can testify to a lack of any one or all of these "conveniences."

Perhaps most of the reports given by returning CPS men who worked in mental institutions centered around the physical aspects of patient treatment. To be sure this aspect proved the most shocking to many of us. The contrast between the average mental institution and one manned by Christian personnel is truly significant.

A third factor is supervised treatment. It is important that the specialist (psychiatrist) who gives treatment understands our Christian convictions and our background. It is possible to do untold damage to the confused mind if this is not taken into consideration. Our own hospital will engage only such specialists and personnel who are understandingly sympathetic towards our Christian faith.

It should be understood that the state institutions are in a state of transition, and we should support every effort to improve them for the sake of humanity. In the next ten years it is quite possible that mental institutions may truly become mental "hospitals." Environmental standards may be comparable to those of our other state functions such as schools. But even though the physical standards may be improved in the future, we cannot hope for the state mental hospitals to develop a Christian atmosphere. To attain that Christian environment (and we must not be content with anything less than this for our mentally ill brethren and sisters), the church mental hospital seemingly is the only satisfactory solution.