

# AM I MY BROTHER'S KEEPER?

## Some thoughts on Polarization, Power, and Compassion

— William Greer, MS, LCSW  
Executive Director, Mental Health Center of Dane County, Inc.



**T**hese are disturbing times. Polarization is rife. We live in red or blue states. "Patriotism," "Faith" and "Family" have become fighting words. Our communities are segregated by design or by default. Locally and globally there is a widening gap between the "haves" and "have nots." Our rush into separate camps is often fueled by fear, greed, or ignorance.

What is the role of helping professionals in these times? I think it is to provide hope and understanding and to help people bridge the gaps that separate them. Never in recent history have our skills in these areas been more needed. Every day I have the privilege to work with people who strive to climb over the barriers that separate them from "mainstream" society whether they be class, race, culture, or disability. Their courage and persistence in the face of poverty, prejudice, illness and apathy is inspirational.

Early on in my career I encountered Mary (not her real name), a mentally ill woman who had gained a reputation as a "trouble maker" in the system.

*"I am cognizant of the interrelatedness of all communities and states. I cannot sit idly by in Atlanta and not be concerned about what happens in Birmingham. Injustice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly."* — Martin Luther King, Jr.

Mary had the annoying habit of disagreeing with what we professionals knew was best for her. She was bright, assertive and at times self destructive. I usually encountered her in emergency rooms or police stations, and we were seldom happy to see each other because usually our purposes were antithetical. Over time, however, we developed a grudging respect for each other's persistence.

Then one day Mary dropped out of sight. I did not see her again for almost 3 years. One night, out of the blue, she called the crisis line and asked to speak to me. She said she was passing through town and needed my assistance. It was unusual that Mary would ask for my intervention into her affairs. I agreed to meet her at our offices.

When she showed up, I was struck by the change in her appearance. Her hair was mostly gray and her face was lined with care. She said she had traveled East to be near family but found a community that was less hospitable than Madison to the mentally ill. Between stints in psychiatric facilities, she lived from hand to mouth. Her family was not supportive and the local community mental health resources for poor people were practically nonexistent.

Mary read in a magazine about a commune in Northern Wisconsin that took in anybody who was willing to work and follow its rules. She saved enough money to make the trip by bus.

She was on a lay-over in Madison and used her last money to call me. She wanted food and access to a telephone. I provided both. Apparently, Mary needed to know if what she had read in the magazine was true. It would be better to be disappointed by telephone than in person. I watched her dial the number and begin speaking. Then I gave her some privacy. When I returned, she was smiling through tears. When I asked her what the commune staff had told her, she said, "They said they'll be waiting for me." I never saw Mary again after that night, but I like to think that she found rest and peace at the end of her journey.

The poet, Robert Frost, described home as "the place where when you have to go there, they have to take you in." I believe our polarizing policies and values are creating a form of psychological homelessness for some in our country. Psychological homelessness results when a grieving mother is denied an audience with the Commander-In-Chief of the Army in which her son died, even though she has literally camped on his doorstep. It results when same sex couples are legally forbidden to marry. And it results when the 40 million men, women, and children who lack health insurance in our country are forced to choose between basic necessities (food, clothing, shelter) and treatment for persistent physical or mental health problems. These individuals have been

denied a sense of place and worth in our society. They have been effectively "unhomed."

Martin Luther King Jr. was one of the unhomed. He allowed his displacement and that of his followers to be exacerbated through civil disobedience for the sake of justice. Forty-two years later, his words to his fellow clergy from the Birmingham jail still ring true. "I am cognizant of the interrelatedness of all communities and states. I cannot sit idly by in Atlanta and not be concerned about what happens in Birmingham. Injustice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly."

I believe that the aforementioned polarization tears at the fabric of King's "garment of destiny" and diminishes our ability to sustain the values of justice and equality upon which this nation was founded. Am I my brother's keeper? Yes I am, if I want to live in a civilized society. Am I my sister's keeper? Yes I am, if I understand how tenuous is my own hold upon health, prosperity, and public approval. Am I my neighbor's keeper? Yes I am, if I am unable to sit in silence at the banquet that is America and watch as the powerful remove chair after chair from a table that is loaded to the point of embarrassment.

## STIGMA

Life opportunities for some individuals in our community (such as those who have a mental illness) are undermined by stigmatizing attitudes and discriminating behaviors. Research suggests that people who are viewed to be personally responsible for their mental illness are likely to be viewed negatively and are unlikely to receive help from others. Conversely, we extend compassion and assistance when we view people as not responsible for their mental illness. For those we perceive as being "dangerous," and thus feared, we recommend community avoidance or segregation.\*

Dr. David Satcher, past Surgeon General, wrote extensively about the effects of stigma in his 1999 report on Mental Illness.\* "Even more than other areas of health and medicine, the

mental health field is plagued by disparities in the availability of and access to its services. These disparities are viewed readily through the lenses of racial and cultural diversity, age, and gender. A key disparity often hinges on a person's financial status."

He also speaks to the "subtle" and "overt" forms of stigma. "It appears as prejudice and discrimination, fear, distrust, and stereotyping. It prompts many people to avoid working, socializing, and living with people who have a mental disorder. It reduces access to resources and opportunities, e.g. housing, jobs and leads to low self-esteem, isolation, and hopelessness. It

***"Even more than other areas of health and medicine, the mental health field is plagued by disparities in the availability of and access to its services. These disparities are viewed readily through the lenses of racial/cultural diversity, age, and gender. A key disparity often hinges on a person's financial status."*** – Dr. David Satcher, Surgeon General '98 - '02

deters the public from seeking, and wanting to pay for care. It gives insurers in the public sector as well as the private sector permission to restrict coverage for mental health services in ways that would not be tolerated for other illnesses."

In his report to the country, the Surgeon General came to the following conclusion – "Stigma results in outright discrimination and abuse. More tragically, it deprives people of their dignity and interferes with their full participation in society."

While Dr. Satcher was focusing on the stigma that challenges those who experience mental illness, his sobering statements can be extended to others in our community; particularly those who are dependent on alcohol/drugs, live in poverty, have experienced trauma, are homeless or undocumented.

The fact remains that these individuals/families are our neighbors, relatives, co-workers, and friends. Investing in ALL of our citizens, strengthens us as a community.

## CALL TO ACTION

I urge everyone who reads this to get involved personally, politically, and spiritually in supporting the vulnerable and disenfranchised among us. Non

profit organizations in Dane County are facing another year of zero percent increases in the face of overwhelming demands for service.

What can the average citizen do to help besides paying taxes? Consider offering your time or money to the charity of your choice or educating yourself about the human service programs in your community and the populations they serve, so you can be an informed voter and advocate.

As citizens of Dane County we can also begin to recognize the destructive impact of stigma and the barriers our attitudes and perceptions can create,

both to the individual and the community as a whole.

There are too many people in our community and in our country for whom hope is a scarce commodity. It is nurtured by our empathy, our neighborliness, and our steadfastness in the face of crisis. What you have to give as a volunteer, worker, donor or advocate and what you will receive in return is ultimately what makes us a vital community.

## POSTSCRIPT

Since I wrote the article above, Hurricane Katrina has come and gone leaving in its wake devastation, misery, and outrage. This unprecedented natural disaster has expanded the ranks of the homeless and jobless in our country by tens of thousands. It compels us to answer the question, "Am I my brother's keeper?" at governmental, corporate, and interpersonal levels. Hopefully, the emerging answer will help define public policy and private behavior for the foreseeable future.

\* Chicago Consortium for Stigma Research [<http://www.stigmaresearch.org/>]

\*Mental Health: A Report From the Surgeon General; [<http://www.surgeongeneral.gov/>]

# MENTAL ILLNESS AWARENESS WEEK

Starting with 1990, Congress proclaimed the first week of October as Mental Illness Awareness Week as a means to increase research, community education, and awareness on issues related to mental illnesses. Our hope is that this effort is not limited to one week, but remains with us throughout the year.

## FACTS

# Mental Health Facts

### General Health

- People who have untreated mental health issues use more general health services than those who seek mental health care when they need it. (APA, '04)
- Seventy-five percent of visits to doctors' offices concern stress-related ailments. (APA, '04)
- Stress is linked to the six leading causes of death: heart disease, cancer, lung ailments, accidents, cirrhosis of the liver, and suicide. (APA, '04)

### Children and Families

- Only about 21% of children in the U.S. who need mental health services actually receive them. (AJP, Sept. '02)
- Parents in 19 states surrendered custody of nearly 13,000 children in '01 to get their kids the mental health treatment the parents could not afford. (GAO, '03)
- Nearly two-thirds of boys and three-quarters of girls in juvenile detention centers have a psychiatric disorder. (AGP, '02)
- About every two hours, a young person kills himself or herself. (AAS, '02)
- Suicide is the third leading cause of death among people under age 24 after accidents & homicide. (CDC, '02)
- Families with children constitute the fastest-growing segment of the homeless population – 41 percent, up from 34 percent in 2000. (NCH, '03)

### Older Adults

- Medical treatment outcomes are worse when complicated by mental health problems – e.g., rehabilitation from a hip fracture or a heart attack is less successful/more expensive when complicated by depression. (NIMH, '03)
- Older men are far less likely to seek and receive treatment for depression than older women. (UCLA, '03)
- Older adults enrolled in Medicare pay 50% of outpatient mental health treatment costs, but they pay only 20% of costs associated with other medical services. (AMA, '02)
- 83% of suicides by people over age 65 were by men. (CDC, '01)

### Workplace

- Mental health conditions are the second leading cause of workplace absenteeism. (APF, '04)
- In a typical workplace with 20 employees, four will likely develop a mental illness this year. (NIMH, '04)
- The percentage of employers who offer insurance coverage for mental illnesses dropped from 84% in '97 to 79% in '02. (SHRM, '02)

### Policymakers

- As many as 8 million Americans with serious mental illnesses do not receive adequate treatment each year. (HU, '02)
- Only 33% of African Americans enrolled in Medicare managed care health plans receive follow-up care after being hospitalized for a mental illness compared with 54% of white Americans. (JAMA, March 24, '02)
- One-third of all Latinos (33.2%) lack health insurance coverage, a far higher proportion than any other ethnic group. (USCB, '01)
- About 70% of Southeast Asian immigrants to the U.S. who receive mental health care have symptoms of post-traumatic stress disorder. (USSG, '01)
- American Indian and Alaskan Natives have the highest rate of suicide in the 15-to-24 age group of all American ethnic and racial groups. (CDC, '04)
- Untreated and mistreated mental illness costs the U.S. \$105 billion in lost productivity and \$8 billion in crime and welfare expenditures each year. A 5.5% increase in spending by businesses and government on mental health treatment could cut these costs by half. (BJP, '98; NMHA, '01)
- Full mental health insurance parity will increase insurance premiums by only 0.9 percent. (CBO, '00)

– Information taken from, National Mental Health Association, "Fast Facts" found at: [<http://www.nmha.org/may/FastFacts.pdf>]

Website contains listing of abbreviations.

A nonprofit agency dedicated to comprehensive mental health & substance abuse services, and advocacy

# MHC MENTAL HEALTH CENTER of Dane County, Inc.

625 W. Washington Ave., Madison, WI 53703  
608-280-2700, [www.mhcdc.org](http://www.mhcdc.org)

NONPROFIT ORGANIZATION  
U.S. POSTAGE PAID  
MADISON, WI  
PERMIT NO. 1870

Newsletter Vol. 3, Issue 2, Oct, 2005

## AM I MY BROTHER'S KEEPER?

*The poet, Robert Frost, described home as "the place where when you have to go there, they have to take you in."*

### Mental Health Center of Dane County, Inc.

The mission of the Mental Health Center of Dane County, Inc. is to provide individuals and families with high quality, community based and recovery oriented mental health, substance abuse, and advocacy services that respect cultural differences and foster hope, strength, and self-determination. We will give priority to individuals/families with high needs & low resources.

Children, teens, adults, seniors, and families have received MHCDC services for 55 years. With nine agency locations and outreach to community sites (homes, schools, workplaces, senior center, etc), the MHC is one of Dane County's largest community nonprofit agencies.

### Useful Websites

There are many local and national organizations, groups, and advocates who are valuable resources for mental health and substance abuse awareness and education. A few are:

- Mental Health Center of Dane Co., Inc [[www.mhcdc.org](http://www.mhcdc.org)]
- WI United for Mental Health [[www.mentalhealth.org](http://www.mentalhealth.org)]
- National Institute of Mental Health [[www.nimh.nih.gov](http://www.nimh.nih.gov)]
- NAMI of Dane County [[www.namidaneconomy.org](http://www.namidaneconomy.org)]
- National Alliance for the Mentally Ill [[www.nami.org](http://www.nami.org)]
- National Mental Health Association, [[www.nmha.org](http://www.nmha.org)]
- SAMHSA [[www.samhsa.org](http://www.samhsa.org)]

# MHC

1948-2005  
55+ YEARS

Supporting the diverse strengths and needs of individuals &

families as they work through challenges and towards goals.

Adult Clinical Services • Alcohol/Drug Treatment • Blacksmith House • Child, Adolescent, Family Services • Clinical Assessment • Community Treatment Alternatives • Consumer Alliance • Cornerstone • Emergency Services • Gateway • Jail Services • Mobile Outreach to Seniors • Medication Services • New Directions Info • Southeast Asian/Kajsiab House • Yahara House • Youth Crisis

Newsletter published by the Mental Health Center of Dane County, Inc. for the purposes of education/advocacy. Please address editorial comments and inquiries to: Terri Pellitteri, MHCDC, 625 West Washington Ave., Madison, WI 53703, 608-280-2407.

Reproduction with permission only. Website – [www.mhcdc.org](http://www.mhcdc.org)

**CARE fund** – Consumer, Advocacy, Recovery, Education  
To learn how you can contribute call 608-280-2661.

