The Church: Building and Supporting Healing Communities

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Dedicated to my beautiful brother Sawyer Joseph West,

May God bring healing and peace to your soul.

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Acknowledgements

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Abstract

This thesis targets our local, Seattle, churches and mental health system in the hopes of seeing a more productive and healing system take root. Mental illness has brought distress to our communities, and with this comes debates over the best ways in which to care and treat it. The local mental health system has gone from mental asylums, institutions, hospitals, streets, jails, and back again. Yet, we have failed to find a solution that is successful in offering healing and rehabilitation to the affected group. Funding, stigma, politics, religion, and fear have all plagued the advancement of a system moving forward towards a more successful model. Our society is in need of finding a better alternative for caring for people with a mental illness. I will offer that our local faith communities, such as the Church, should take more responsibility in caring for people with a mental illness through building residential healing communities.

Introduction

Mental illness is a complicated topic that very few people are comfortable discussing. Even less are willing to offer support and services in order to help bring healing and restoration to people with a mental illness. Mental health is often one of the first sectors to receive government funding cuts and is also often the last to receive funds from the private and public sector. Years of neglect, debate over care, fear, stigma, and lack of proper research has left a large population with a mental illness without access to adequate care or support. If you were to walk the streets of Seattle you may grasp the intensity of this problem. Is this how God intended His children to live? If Jesus were to walk the streets of Seattle surely He would not walk past the man begging on the corner or the woman sleeping in the doorway. He would offer love, restoration, companionship, hope and healing. So how is it that we, the Church, are failing to offer these? It is not only the calling of the Church but also our responsibility to provide support and services to bring healing and rehabilitation to people with a mental illness. The purpose of this paper is to help churches recognize their shortcomings, but also recognize their potential to assist in the issues that pertain to mental illness. This thesis claims that the way in which the churches can offer care is for them to partner with other local churches to build healing communities for people with a severe mental illness in order that they may pursue more healthy and stable lives.

What is Mental Illness?

The United States carries many stigmas towards mental illness due to the many cultures this society houses. With all of the different understandings, mental illness is most known as a scary and uncontrollable disease that brings fear and anxiety to people around it. How can our

medically advanced society carry such stigma towards a disease that can be treated with medication and therapy? Even more, how can our largely Christian population carry such stigma towards a disease that causes us to abandon and ignore the needs of this suffering population?

De-stigmatizing mental illness is an effort in itself and aims to bring compassion and understanding to people with a mental illness in order that our society may find better solutions for bringing healing. National Alliance of Mental Illness (NAMI) is one such organization that aims to de-stigmatize mental illness. Their approach is through education and public awareness campaigns. NAMI (2010) describes mental illness as "medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning" (What is Mental Illness section, para. 1). Mental illness is similar to other medical conditions such as diabetes in that it is a malfunction of an organ that can be treated by proper medications, treatments, and therapies. Chaplian Rennebohm in *Call to Ministry* (2010) described mental illness as:

> The most complex organ of the body is the brain: billions upon billions of cells organized in intricate flotillas of specialized activity; a vast ocean of operation; almost infinite lines and amplifiers and modulators and waves of communication issuing in the rich experience of human feeling, thought and behavior. A call to mental health ministry understands that the brain and the mind can malform and malfunction, be in disorder and distress, and be in need of healing. A call to mental health ministry invites us to care for those of us who suffer in brain, in mood and thought, in fear and anxiety, in addiction and isolation. (p. 1)

There are a number of severe mental illnesses such as "major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD) and borderline personality disorder" (National Alliance on Mental Illness [NAMI],

2010, para. 2). Alzheimer's and Dementia are other forms of brain disorder. We care for the elderly that suffer from brain disorders; we value them and willingly provide housing, food, medical care, and community. It would be cruel and unjust to abandon the elderly population, the same that it is cruel and unjust that we, as a society, have abandoned people with a mental illness.

History of the Movement

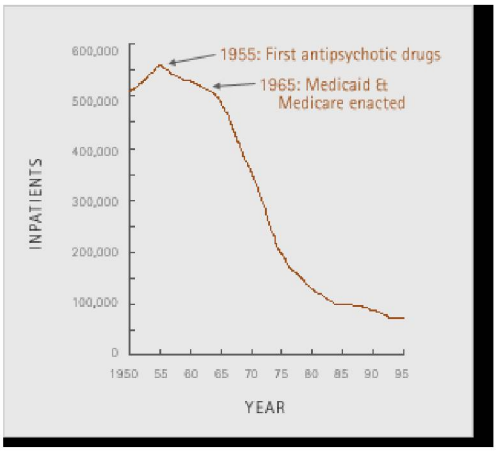
The mental health sector has witnessed two drastic changes over the last half century that directly shaped a movement towards what we now identify as a broken sector. The first is deinstitutionalization. Prior to the 1950's, people with a mental illness were sent to hospitals and institutions where they experienced little improvements in health and wellness leaving them with little hope of recovery. Torrey (2008) explained that, "Massive overcrowding and a lack of effective treatments had led to conditions that were inhumane on the best of days and often much worse" (p. 1). By tucking them away, mental institutions provided a "hidden cure" for mental illness. Several abuses began to be reported and as the truths of the inhumanness of these institutions became public, people demanded a change. Leading up to 1955, up to 178,000 mentally ill patients where admitted to mental health hospitals annually, and the average daily census was of 559,000 patients (The Milbank, 2005), by 2006, that number reportedly dropped to an average of 40,000 patients in mental hospitals (Torrey, 2008).

World War II (WWII) began a change in treatments as practices used in the military for outpatient care proved effective. In the early 1950's, anti-psychotic drugs were developed and made it possible to ease symptoms of mental illness for the first time (Torrey, 2008). The new medications allowed for people to be discharged from the hospitals and a new vision of

community treatment began to take root. The government and military began to believe that this could be used on a broader scale on the public. Policies such as the creation of the National Mental Health Act of 1946, the National Institute of Mental Health (NIMH) in 1949, the passage of the Community Mental Health Centers (CMHC) Act in 1963 all aided the deinstitutionalization of thousands of patients (Milbank, 2005). By the 1970's, entitlements such as Medicaid, Social Security Disability Insurance (SSDI), Supplementary Security Income (SSI), food stamps, and housing supplements all provided resources that allowed people with serious disorders to reside in the community (Milbank, 2005). Thus, the age of community care for people with mental illness began, but the lack of centralization and structure has caused great confusion of care responsibility and has left thousands of patients to live on the streets or in jails.

Below I have included a graph to illustrate the decrease of patients in mental institutions between 1950 and 1995. I want to highlight that as these people were being released from the mental institutions, they were not offered an alternative for care, thus leaving thousands of people with a severe mental illness to seek refuge on the streets or in the jails. Dr. Raphael's (2000) research found a direct link between the release of patients with a mental illness from mental institutions and the increase in jail population.

Figure 1.



Out of the Shadows: Confronting America's Mental Illness Crisis by E. Fuller Torrey, M.D. (New York: John Wiley & Sons, 1997)

The second change to mental health came after the destruction of WWII and the illuminations of inhumane treatments that took place; people began to demand a different way of living. The creation of human rights doctrines such as the Universal Declaration of Human Rights of 1948 and the Civil Rights movement beginning in 1954 all brought about a new understanding of human worth and the ways in which every person deserved to be treated (Torrey, 2008). Civil liberty lawyers attacked mental hospitals because of the violation of rights that had occurred to patients and fought to close them down permanently. The lawyers also created policies that made it almost impossible for people to be involuntarily admitted to a mental hospital or center, unless they were a danger themselves or others. Legal actions took place between 1960's and 1980's; while deinstitutionalization emptied the hospitals, civil rights kept the mentally ill from going back. Torrey (2008) stated that, "These two flooding streams coming together, complementing each other and synergistically causing much more damage than either could have done alone. Downstream, the devastating effects - homelessness,

incarceration, victimization, violence, and homicides - are all clearly visible today" (p. 5). In a Frontline interview, Torrey (1997) further described

> For a substantial minority, however, deinstitutionalization has been a psychiatric Titanic. Their lives are virtually devoid of "dignity" or "integrity of body, mind, and spirit." "Self-determination" often means merely that the person has a choice of soup kitchens. The "least restrictive setting" frequently turns out to be a cardboard box, a jail cell, or a terror-filled existence plagued by both real and imaginary enemies.

Though institutions brought inhumane treatments, it did provide an avenue for care and treatment. Deinstitutionalization has not brought an alternative for care, leaving thousands of people with mental illness untreated. We traded abuse for neglect, which is another form of abuse.

Mental Health Today

According to the National Institute of Mental Health (NIMH), 4.5 million Americans are living with a severe mental illness (2011). This includes bipolar disorder (2.3 million) and schizophrenia (2.2 million), with 1.8 million going untreated for one of these two disorders (NIMH, 2011). There are approximately 200,000 people with a severe mental illness that are currently homeless and 280,000 that are incarcerated. Dr. Raphael (2000) found that, "at the national level the declines in the U.S. mental hospital population have occurred concurrently with sharp increases in the prison population" (p. 7). On average people with a severe mental illness will spend twice as long serving a sentence in jail then someone without a mental illness and they are more likely to commit suicide in jail (NIMH, 2011). An average of five percent (1,000 deaths) of all homicides are caused by someone who is suffering from a severe mental

illness (NIMH, 2011) and about 6,000 people with a mental illness commit suicide a year (Treatment Advocacy Center, 2009). NIMH (2011) described the realities of suicide as:

> …the number one cause of premature death among people with schizophrenia, with an estimated 10 percent to 13 percent killing themselves. Suicide is even more pervasive in individuals with bipolar disorder, with 15 percent to 17 percent taking their own lives. The extreme depression and psychoses that can result due to lack of treatment are the usual causes of death in these sad cases. These suicide rates can be compared to the general population, which is approximately one percent.

Of the 4.5 million with a severe mental illness only about 400,000 are the most problematic by committing crimes, engaging in violence, and ending up in jails (Torrey, 2008), which leaves the remaining four million people with a mental illness stigmatized as violent and dangerous. This stigma has caused most American's to be scared of mental illness and unwilling to sympathize or offer help.

People with severe mental illness can often be found in the large cities as this is where they are discharged from hospitals and jails to find their home on the streets. When left to live on the streets, people with mental illness lack the support and resources they need in order to find recovery and healing for their illness. Without medication, doctor visits, food, water, shelter, heat, sanitation, or transportation it is easy to see why a person's mental illness progressively worsens. When people are left untreated is usually where we see acts of disturbance. A 1998 MacArthur Foundation Study reported by NIMH (2011) stated:

> People with serious brain disorders committed twice as many acts of violence in the period immediately prior to their hospitalization, when they were not taking medication,

> compared with the post-hospitalization period when most of them were receiving assisted treatment. Important to note, the study showed a 50 percent reduction in rate of violence among those treated for their illness.

The major issues we see with mental illness usually come from people that are going untreated for their illness. As people receive the proper treatment, the rates of violence and crime drop dramatically.

Government funding continues to be cut due to policy change and the recent recession; perhaps affecting this group the hardest due to the lack of alternative resources offered. Black (2010) wrote that:

> When seriously mentally ill people have access to treatment, they are no more prone to harming others or themselves than any member of the general population. Mental illness does not need to be linked to violence and premature death. But for people who don't have access to appropriate care, it often is. People with untreated mental illness die on average 25 years sooner than the general population. They are more likely to succumb to substance abuse and chronic homelessness and more likely to become victims of street crime. In the most extreme situations, the ones that make the headlines, untreated mentally ill people can themselves become violent. (para. 3)

This is why effective mental health care is so important, especially today when unemployment, foreclosures and other economic challenges are putting extra pressure on vulnerable people who are close to the breaking point.

Left to the streets, people with a mental illness often find they have to break laws in order to survive, resulting in ending up in jails. The U.S. Department of Justice Source Book on Criminal Justice Statistics (1996) stated that it spends $15 billion dollars a year on people with severe mental illnesses that are incarcerated. Add to that the costs of police services, ambulance use, emergency room services, social services, and court costs and that bill totals more than that person may make in a lifetime, but since they are often not in a condition to hold a job to pay for these services, government dollars cover these expenses.

The judicial system's purpose is to punish people, not to treat and heal them. People do not receive the proper care they need in the jails, and yet the jails act as a revolving door for people with mental illness as it is usually the only place where they can receive food, shelter, and medications. Frontline (2010) reported that:

> Because these inmates have difficulty following prison rules, a disproportionate number are placed in solitary confinement."People who are just so unsocialized and so psychologically fragile to begin with are deprived of any kind of social support, any kind of psychological stimulus. And they just fall apart," says Fred Cohen, a prison litigation specialist.

An already vulnerable population, people with a mental illness often times get sicker as they spend time in the jails. The judicial sector is being exhausted by needs of people with mental illness and they are beginning to wonder if there is a better alternative then putting them in jails.

Police are being retrained to be able to address issues pertaining to mental health as a high percentage of incidents they respond to are dealing with persons with mental illness. The

police are traditionally trained to detain and arrest, but as the jails are overflowing with inmates with a mental illness due to minor violations the police academy is wondering what it can do differently to create better results. Snohomish County Police is one department that recently conducted a training program on mental illness. These officers displayed an eagerness to learn about this topic. The officers I interviewed said that 50% of the cases they see end up involving a person with a mental illness, and that they don't know what to do, or how to respond to situations dealing with mental illness. They are trained to enforce the law, which usually means bring them to jail, but they know that these people need help and not jail and they don't know what resources are available to help (Personal Communication, June 9, 2010).

People do not get better in jail; in most cases, symptoms and disease severity deepen as they rotate between the streets, hospitals and jails. Frontline (2010) covered mental illness in our jails and stated that:

> Fewer than 55,000 Americans currently receive treatment in psychiatric hospitals. Meanwhile, almost 10 times that number -- nearly 500,000 -- mentally ill men and women are serving time in U.S. jails and prisons. As sheriffs and prison wardens become the unexpected and often ill-equipped caretakers of this burgeoning population, they raise a troubling new concern.

Our jails have become the new institutions. I can't imagine the kinds of abuses that take place in the jails being any less than the abuses people experienced in the mental institutions.

The current mental health system is in shambles and has done little to bring relief to the people that need it the most. The cycle from the streets, to the hospitals, to the jails, and to the streets again has left thousands hopeless that they will ever receive the help they need.

Continuous budget cuts add to the already desperate situation these people face. By taking beds away from the already scarce centers that offer a place to stay, by causing centers and shelters to close, by taking away medication options that are too costly and only offer generic alternatives, and by creating extensively long waiting list to receive benefits such as food stamps, medical, and temporary housing, the budget cuts have worsen the already desperate situation that people with mental illness face daily.

Personal Experience

My inspiration for writing this thesis is based on the experiences I have encountered in walking through a mental illness with my younger brother, Sawyer. I feel that this paper would lack full illustration unless the reader understood that I am not writing just on behalf of stories I have heard, but that I can relate because my family's experiences have been quite similar.

My brother, Sawyer, was a "normal" teenage boy. He played sports, was in a band, had friends and girlfriends, and loved his family. In August of 2009, when he was only 18 years old, Sawyer experienced his first psychotic break. My mom awoke to him pacing the yard, which he proceeded to do for six hours, refusing to sleep, eat, drink, or bathe. Not knowing what to do, we called 911 and an ambulance came out to evaluate him. He refused to go with the medics so they called a mental health specialist to come evaluate him. The specialist did not find him a threat to himself or others so she refused to force him to receive treatment. My mom pleaded with the mental health professionals for days to admit him since he was not eating, drinking, or sleeping, and finally three days later they brought him in for evaluation. They medicated him for a few days and then released him, where he continued to pace the yard and not care for himself.

The cycle of calling the ambulance, begging them to admit him for treatment, medicating him for a few days to a few weeks, releasing him, and then watching him continue to get worse went on for a year. Desperate, we went to our church where we hoped we would find support and resources. But instead we were left with apologies and unfulfilled promises of being contacted for follow up. Disappointed, I began to lack respect and hope in my home church.

Fortunately, I got plugged into a non-profit organization called National Alliance on Mental Illness (NAMI) where I walked in community with other families going through similar things and I began to be educated on the realities of mental illness in our country. Behold, a thesis was birthed. In the beginning I struggled with blaming the government for such injustices, but I soon came to realize I can't blame the government unless I first blame myself and my community. What we found to be true along with hundreds of other families is that churches are often times first responders to individuals and families dealing with mental illness, and they need to become equipped to walk with and to offer support to people with mental illness and their families.

Calling on the Church

The issues facing people with severe mental illness are tragic and unnecessary. What's even more tragic is the lack of response from our communities and nation. The Christian Church is one of the many groups that have failed to offer much relief. White's (2006) research showed that:

> Most cities have few strategies and limited means to deal with deranged and disturbed souls who wander in the care and custody of the streets, or each other. Worse yet, in my city of 450 churches, there is no coordinated attempt to deal with the vast issue

> of mental illness…It isn't even discussed…The homeless mentally ill clog city services and clinics, and scare the general populace away from the district of town where they wander…Could 450 churches collaborate to provide specialized training that would travel from church to church? Could we fund a residential center? (p. 77- 78)

This is not how God intended us to live. I do not want to discredit the work and services that hundreds of churches have contributed to people with mental illness. Instead I aim to highlight that most of these efforts have not brought much relief nor offer many solutions to issues surrounding mental illness resulting in more people going untreated, living on the streets, or ending up in jails. God is calling the church to be the answer and be the light that God has called us to be, "Let your light so shine before men, that they may see your good works and glorify your Father in heaven" Mathew 5:16 NKJV. According to the Bible, the church is responsible for caring, loving, and providing for peoples such as the ones with a mental illness.

The Gospel says that as a Christian we are to serve and love like Christ did, for He is our ultimate model for how we are to live our life and we will be judged upon this criterion. Jesus said in Luke 3:11 that "…whoever has two coats must share with anyone who has none; and whoever has food must do likewise", and Jesus also said in Mathew 25:40 that "Whatever you did for one of the least of these who are members of my family, you did for me." The United States is one of the wealthiest nations in the world. We have abundance of possessions, and instead of sharing our second coat, we want a third. Our greed has built a wall that separates us from being selfless and caring for the poor and the sick. Groody (2008) stated that:

> In the United States, many go to bed hungry and go without proper medical care, education, clothing, or housing. One out of every eight Americans lives in poverty and

> one out of every three Americans lives in poverty at least two months out of the year. Overall, in the richest country in the world, more than thirty-seven million people live in poverty, which is more than the entire population of Canada. (p. 7)

How can we, Christian Americans, justify this? We are a greedy and individualistic society that has stopped caring for our family, friends, and neighbors.

Jesus did not ignore the needs of the poor, He devoted His life to them, and to us, "From the scriptural evidence, God is the defender, protector, and liberator of the poor, and God commands those who follow him to do likewise for those who are weak and defenseless (Ex. 22:21-22; Dt 15:7; Pss 82:3-4; 103:6; 140:12; 146:7)" (Groody, 2008, p. 38). In his book on liberation theology, Groody (2008) discusses how love for neighbor and social justice are the heart of the Bible, "…Do not, therefore, adorn the church and ignore your afflicted brother, for he is the most precious temple of all (Homily 50 on the Gospel of Mathew, P. 58:508-509)" (p. 59). His depiction of Christianity is about bringing us out of the churches and into the streets of poverty to live with, worship with, and to serve the poor and the sick. Groody (2008) also said, "Lived out in its personal and public dimensions, Christian spirituality is the way in which the invisible heart of God is made visible to the world" (p. 241). By serving and loving the poor we are demonstrating God's love for others through ourselves.

We are failing God when we are not living in obedience with His Word. Wolterstorff (2008) said that, "…God holds us accountable for doing justice as the consequence that when we fail to do justice, we wrong God. We not only fail in our obligations to God. We wrong God, deprive God of that to which God has a right (p. 91). Wolterstorff, a Christian philosopher, argued that God is the creator which bestows upon Him the ultimate right to be treated a certain

way; we are breaking rights by not acting in accordance to His will. He also argued that because God created us and loves us we inherit rights as well and that creates obligations of how we are to treat others and be treated, "One is guilty if one had failed to do what one was obligated to do; one is wronged if one has not been treated as one had a right to be treated" (Wolterstorff, 2008, p. 8).

The Declaration of Human Rights outlines rights given to each person; these rights are similar to the rights that God gave us and are described in the bible. Groody (2008) described these rights as to, "ensure that people have access to adequate food, clothing, housing, medical care, schooling, work, and social services, all of which are necessary in order to live dignified lives" (p. 111). Wolterstorff (2008) created a theological argument for the basis of these rights, instead of them being man made and created like the Declaration of Human Rights, they are found in God's worth and being. He stated that, "… being loved by God gives a human being great worth…God loves equally and permanently each and every creature who bears the imago dei…Bearing that property gives to each human being who bears it the worth in which natural human rights inhere" (Wolterstorff, 2008, p. 353). By being children of God we are given rights and rules for treating others, we become accountable to God for our behaviors and actions (or lack of) and we will have to give an account of these behaviors one day standing before our Creator.

God created us to live together in community, to work together, and to care for each other. We were created to be helpers of one another and to walk through this journey together. Groody (2008) stated:

> None of us is self-sufficient even as regards bodily needs, but we need one another's help in getting what is necessary. For just as the foot has certain powers but lacks others, and without the help of the other limbs neither finds its own strength sufficient for endurance nor has the support of what is lacking…since God the creator ordained that we need one another as it is written, (1 Cor 12:12-26), in order that we may be linked with one another. (p. 68)

God created marriage, family and the church to act as pieces of this style of community in which we are supposed to live. We are each given a set of strengths that are different from anyone else's so that we can help others that need those strengths in their life. We are the body of Christ, each of us is a different part, but united we make the full body of Christ. Groody (2008) stated that, "Christian theology asserts that any reality that in the end divides, degrades, and diminishes a significant part of the human community rather than unites, uplifts, and enriches it is contrary to the will of God" (p. 26). We are all created to live in community, not just the healthy, but also the sick.

Our God is one of justice and desires that we live in love, community, peace, and health and to seek justice in areas that lack these things. Wolterstorff (2008) elaborated by stating

> What God loves is the presence of justice in society. And God loves the presence of justice in society not because it makes for a society whose excellence God admires, but because God loves the members of society – loves them, too, not with the love of admiration but with the love of benevolent desire. God desires that each and every human being shall flourish, that each and every shall experience what the Old Testament writers call shalom. Injustice is perforce the impairment of shalom. That is why God

> loved justice. God desires the flourishing of each and every one of God's human creatures; justice is indispensable to that. Love and justice are not pitted against each other but intertwined. (p. 82)

As Christians we need to reform our purpose as a church and bring the church of justice that seeks healing, love, and community to the poor and sick. We have been called as the Church of Christ to seek justice and act with love for our neighbors. We need to serve selflessly as if our religion depended on it, because its advancement does. If we are not united we are divided, if we are not seeking justice we are allowing injustice. Groody (2008) stated, "…whenever a community ceases to care for the most vulnerable members of society, its spiritual integrity falls apart" (p. 32). Jesus was the greatest man of integrity that ever lived; we are doing Him an injustice by not modeling His love to all the peoples of this world, including people with a mental illness.

The Response: Church, Healing, and Community

Mental illness and all its affects have caused great distress in our communities. The issues can seem so overwhelming that many are left frozen and unable to react to the needs. With the system so broken and the need so vast it's easier to do nothing then it is to do something. Like most people, I have struggled to fully understand mental illness which has left me living in fear instead of in action. Fortunately, I serve a loving and knowing God who does understand mental illness and wants to see healing instead of suffering brought to these people.

Healing is available to people with mental illness, Karp and Sisson (2010) quoted Judith Herman in saying that, "Recovery can take place only within the context of relationships; it cannot occur in isolation"… "trust, autonomy, initiative, competence, identity, and intimacy"

necessary for individual growth can only be fostered through nurturing social relationships" (p. 218). God has created the answer that we have been seeking for bringing healing to mental illness, it's called the Church. Chaplian Rennebohm (2010) stated that, "…60% of individuals with a mental health issue go first to a spiritual leader for help…Congregations provide a place to connect and support for many of us when we face illness and life challenges"(p. 1). Churches are first responders and can have a dramatic effect in communities if they choose to get involved.

Community and relationships are crucial in pursuing healing for mental illness. Dr. Bentall (2009) noted that:

> Good relationships, it seems, are a universal therapeutic good, and may yet turn out to be the single most important ingredient of effective psychiatric care. Effects to improve therapeutic relationships are therefore likely to result in substantial benefits for everyone concerned. Through the church we can provide love, support, community, and resources to people with a mental illness and can bring healing, joy, and dignity into their lives. (p.260)

Research is finding that medication alone cannot bring healing to mental illness; relationship, community, and support are just as important in bringing relief to this population.

We serve a God who loves and heals. In Luke 6:17 it described such love through healing, "…who came to hear Him and be healed of their diseases, as well as those who were tormented with unclean spirits. And they were healed. And the whole multitude sought to touch Him, for power went out from Him and healed them all." We also serve a God who wants to see us live together in love, community, and healing. Luke 9:1 stated, "Then He called His twelve disciples together and gave them power and authority over all demons, and to cure diseases." As

a Christian community we have the authority and responsibility to support and heal the sick, and it is in community we can perform such miracles. Perkins (1982) stated:

> We Christians must assume far more responsibility for shaping compassionate, effective, community-based responses to the poor. We must provide the leadership. We must become personally involved in providing services to the poor in ways that affirm their dignity and reflect God's love and concern for them…The government cutback of social programs offers the Church a golden opportunity as never before. For far too long we have neglected our scriptural responsibility to the poor with the excuse that "that's the government's job." We should never expect the government to provide for the needs of the poor without the Christian's active involvement. The only institution in America with the human resources adequate to meet the needs of the poor is the Church. (p. 177)

The Church was not meant to serve our selfish needs, but instead it was meant as an avenue for us to share in community, love, worship, and resources. We have a responsibility to put in as much as we take out. Our churches are well equipped to meet the needs of people with a mental illness. The question is do they have the will and dedication?

Chaplain Rennebohm (2008) described how in Geel, Belgium, community care is taken seriously and is very successful in serving people with a mental illness. The system is a collaborative effort which includes support from the churches (which founded 80% of the clinics), the neighborhoods, and the government. He described how every neighborhood has a community mental health house, and each house is supported by a five-person team of a psychiatrist, a psychologist, a nurse, a social worker, and a family practice physician. These houses serve the outer community by offering services such as recreational activities. Residents

are involved in the community and are trained to utilize their skills in order for them to find work (Rennebohm, 2008). Chaplain Rennebohm brought Geel's model to Seattle and helped to found Plymouth Healing Communities.

Plymouth Healing Communities

Community style mental health care has been an idea since the beginning of the deinstitutionalization era and has yet to become a system that has been fully developed. The creators of this movement had the right idea that community homes could treat people with mental illness better then hospitals and institutions, but they failed to develop a road map to see such a system built. Sixty years later the consequences of the lack of planning is still evident. Private parties have built such community centers, but the downfall is that they are expensive and have limited beds.

One church that is trying to redefine the structure of community care is Plymouth United Church of Christ in downtown Seattle. The church has designed, sought funding, and staffed and launched an organization called Plymouth Healing Communities (PHC), which consists of several residential options in downtown Seattle with a program that supports people through their walk towards healing.

Plymouth Healing Communities has been in existence for 10 years and has seen great successes in its model. PHC founder Chaplain Rennebohm, and House of Healing Manager Lisa Bakke, both stated that residents who go through the PHC program have on average a 82% less re-hospitalization occurrence and/or return to the streets then people who do not go through the program (Personal Communication, March 23, 2011).

Plymouth Healing Communities mission statement is:

> By offering a small, neighborhood-scale shelter and companionship to individuals who are recovering from an acute episode of mental illness, Plymouth Healing Communities breaks the cycle of hospitalization and homelessness and provides a positive alternative to living on the street. Reaching out. Renewing hope. Rebuilding lives. (Plymouth, 2011, para. 1)

Lisa Bakke, of Plymouth Healing Communities, stated that PHC's House of Healing model is focused just as much on companionship as it is housing, "We don't do one without the other" (Personal Communication, March 23, 2011). Through companionship and housing PHC is able to offer a truly unique and successful model for community style care. Chaplain Rennebohm (2008) stated that, "In companionship, the Spirit moves to support the healing and growth of the soul…Companionship is the vehicle through which God heals (p. 72). By offering companionship, we as humans are communicating our love and commitment to one another.

Plymouth Healing Communities aims to "restore hope and connection" through community to people with a mental illness (About section, 2011, para. 3). In order to achieve this they offer housing options, one being the House of Healing, which is their short-term facility for persons just released from the hospital. This house can accommodate up to eight residents at a time with a one-to-one ratio of companions to residents, four companions and four residents. This structure allows 24 hours of support in order to fulfill the needs of people that are trying to transition from the streets and hospitals to a more stable environment. The House of Healing provides routine and support in several ways, one such is through regular evening meals with all the house members. Residents live at the House of Healing for a few months before they may transition to a more independent and permanent style of housing.

Plymouth Healing Communities also owns other styles of housing, the Hofmann House and Agape House offer temporary to permanent housing along with several apartment complexes. These were created for people with severe mental illness that are able to live more independently. Companionship is still an important part of the structure, along with programs and activities. PHC and Harborview Mental Health Clinic place the residents where they deem fit. Along with healing, greater independence is also a goal that PHC hopes its residence will achieve over time.

When residents move to more permanent housing, they are encouraged to continue using PHC's services in order to continue receiving support, encouragement, community, and structure. PHC offers a program called the Community Companionship Program where residents are paired with companion volunteers and are able to meet with and walk with each other through the phases of healing. Through this structure they are able to see the cycle of hospitalization and homelessness become less frequent. Plymouth Healing Communities (2011) reported that, "In the two years before coming to Plymouth Healing Communities, residents had 57 hospitalizations. In the two years following their stay, there were just nine, with three-fourths of residents having no re-hospitalizations" (Our Impact section, para. 1). Breaking the cycle helps everyone. With one in four people in our society being affected by mental illness it's important that services such as the ones PHC offers exist.

Building the Community

There are many ways in which to build a successful healing community. This process should be very organic and unique to each healing community. As an example, I have created a

grant proposal that lays out the structure, funding, and goals of a healing community (see appendix I). In this grant proposal I write from the perspective of a thought up organization called Healing Us Together (HUT), which would act as a central planning organization to help collaborate and create healing communities. I believe that one of the biggest obstacles to creating a sustainable system of healing communities is the lack of collaboration and centralized planning. An organization such as HUT would help to seek funding, staff, partner churches together, and offer support and resources to the planning, building, and sustaining of healing communities. HUT is a project and paper in its self. Below we will stay focused in discussing the actual creation of a healing community.

The beginning of building a healing community would require that local churches partner with two to three other churches to create a strong foundation in which to build a community upon. These churches should have different strengths and talents to offer in supporting a healing community. The churches need to understand that this is a long term commitment and that their congregations need to be fully in support of healing communities in order that they will see the best possible results in these communities. The churches need to spend some time in the beginning dedicated to prayer, discussions, and education in the areas of mental illness and recovery so that they are fully prepared to move forward.

Once they decide to move forward, funding becomes the next venture. Below is an estimated outline of money to be received and money to be spent on building a healing community.

HEALING COMMUNITIES

Budget per Healing House

Sources of Income	
One time Purchase Grant Funding	$250,000
Annual Church Funding (3 churches)	$90,000 ($30,000 each)
Annual Government Grant/Services per resident	~$18,000
Foundation/Non-profit giving	~$30,000
Private/Public individual/corporate giving	~$30,000
Total received for first year	~$388,000
Total received after first year	~$168,000

Item	Estimated Cost	Time Line
Startup Costs for First Year		
House Purchase	$250,000	July-September 2011
Furniture/Equipment	$20,000	September-December 2011
Staff (1 person)	$40,000	January-December 2012
Companions (4 persons)	$30,000	January-December 2012
Miscellaneous	~$10,000	Throughout 2012
Total	~$350,000	End of 2012
Average Yearly Costs after first year	~$120,000	

Each community will have different costs and different means of raising money. Each community should be prepared to seek funding from several avenues as to not exhaust one source.

Once the funding comes through, the purchasing of the first house is the next step. A six or eight bedroom house is ideal since there will be an even number of residents to companions. The houses should be bought in neighborhoods that have access to bus lines and are close to city centers. Once the house is purchased, it's time to start focusing on the details, such as remodeling, insuring, furnishing, staffing, and program planning. Once the house is furnished and fully staffed the first residents can move in.

Program and companions are just as important in this structure as the housing aspect. Research must take place in order that appropriate programs and structure are infused into the residence routine that will encourage healing and stability. Healing Us Together will offer guidance, classes, and other resources to the staff and volunteers of the healing communities in order that they are prepared to offer proper support to people with a mental illness. HUT will also link the different healing communities together so that they may share wisdom and failures with each other in order that they may help build each other up. (For more details pertaining to the building, staffing, and evaluating of healing communities please see appendix I).

Building healing communities takes dedication and hard work. Only churches that feel God has called them to this task should pursue being a part of building these communities. Tackling mental illness is a long term commitment but is well worth it when we see people with a mental illness begin to walk in healing and confidence towards a more stable and loving life.

Healing communities can offer healing and love to people with a mental illness. We need an army of churches to join together to see that this happens.

Vision for the Future

The realities facing people with severe mental illness are devastating and at times can appear to be impossible to resolve. Through Jesus Christ I know that there is hope for mental illness. Through God's love we can offer hope and healing to these people. Chaplain Rennebohm (2010) stated, "This spirit of love welcomes us into lives of wholeness, encourages us to understand our vulnerabilities and brokenness, and calls us to share our gifts of healing in creating communities of care" (p. 1) Healing communities are a gift from God, let the churches deliver this gift to the people that need it the most.

My hopes for the future of the Church is that we recognize our God given purpose, we learn to live in community and love for one another, and we act in accordance with the Gospels message. God's intentions were not for us to live life fighting alone but instead, for us to live it fighting for each other, in community. Jim Bloss (2011) of NAMI stated:

> That the biggest obstacle facing people with mental illness is that we (individually and as a society) just don't love each other enough to see that any of these kinds of issues that impact even a few of us in reality affect us all - in that as humanity, as human beings, we need to see that we need and are dependent on each and every one of us to survive in this (still) difficult and imperfect world. (Personal Communication, March 16, 2011)

Bloss, a mental health advocate, believes that without love for one another we will never see the eradication of poverty and injustice. Jesus speaks of this love as being the most important virtue we can possess. God did not create us independently from another, but instead He made us from

each other and we are bonded through flesh, families, communities, and love. Rennebohm (2008) stated that, "The spirit works in company with others in our lives. To be human is not simply to find a life alone with God, but to be born in relationship with others" (p. 45). Let us pursue the life and purpose that God has intended for us. To love is our responsibility, within community is our strength, and to experience healing is our gift from God.

Appendix I

Grant Proposal and Healing Community Model

This section offers an example of the structure of a community development model along with its needs and funding. I am including this as a template in order that future healing communities have a visual for recreating and also building off the work that has already been done in order to structure and fund their own community. The perspective of the grant proposal is coming from a prospective future company called Healing Us Together (HUT). It will act as a neutral third party with the function to educate and unite local churches together in order for them to form their own healing communities together, and is based on the Plymouth Healing Communities model. In my grant proposal I am writing to the National Institute of Mental Health, which offers grants to mental health programs. Although there are several other programs that offer assistance to mental health programs; I am using NIMH as an example. Also, the numbers and figures of costs and funding are all estimates; these numbers will need to be re-calculated in accordance to the actual project costs and needs. Healing Us Together aims to provide a central system of operations that will create a home base and a place for support and resources for the creation of healing communities. Please note that there are several ways to formulate healing communities and also several ways of creating a business structure and grant proposal. I do not intent to create a standard, but instead I hope to offer aid and support for the overall process.

Grant Proposal

Letter of Inquiry

February 9, 2011

National Institute of Mental Health

Center for Scientific Review National Institutes of Health

6701 Rockledge Drive

Room 1040/MSC 7710

Bethesda, MD 20892-7710

Dear NIMH Grant Committee,

I am honored to be writing on behalf of Healing Us Together (HUT) to inform you of the wonderful plans this organization has for people with mental illness in the greater Seattle area. Healing Us Together was established to respond to the desperate needs of people with mental illness including housing, medication, therapy, community, job training, along with many others. By addressing these needs HUT aims to build healthier and more stable communities all around. Healing Us Together is asking for a $250,000 grant to help create a new community of healing in the North Seattle area to be able to offer housing and services to people in need.

About our Organization

Healing Us Together is a not-for-profit 501(c)(3) organization established in 2011 to emulate the success of the Plymouth Healing Communities (PHC) model in providing healing and support to people living with severe mental illness and their families. Plymouth Healing Communities has served as a successful residential model, and has demonstrated that healing communities are needed in order to provide a place for healing and recovery for people with a mental illness. Plymouth Healing Communities has stated that individuals who go through the

healing community program have an 82% lower chance of re-hospitalization for their mental illness.

As of 2010 it is estimated that about 9,000 (Rosenthal) people are homeless on the streets or in the shelters of Seattle on one given night. Your organization (NIMH) mentioned that up to 25% of the homeless population suffers from a severe mental illness which would indicate that about 2,300 people living on the streets of Seattle have a severe mental illness. These numbers are alarming and in need of being addressed.

Healing Us Together wants to see The Plymouth Healing Communities program extended and replicated throughout the greater Seattle area to address the crucial needs brought on by mental illness. HUT's mission statement is "A program of support to lift up the local by creating a community of healing and opportunities for peoples with a severe mental illness." Some goals set forth by HUT are 1) to create a centralized organization to oversee and encourage the growth of healing communities, 2) to provide innovative and creative options for people with mental illness in terms of housing, education, job training and therapies, and 3) to help this group of people reach their most healthy independent potential so they can live a life of quality and dignity.

Statement of Need

Healing Us Together is asking the National Institute of Mental Health for a $250,000 grant in order to begin the creation of a new healing community in the North Seattle area. This money would go directly towards the purchasing of an eight bedroom home near the Lake City area that would house up to eight persons at a given time before they continue into more independent living housing options. With the recent government budget cuts in the areas of

disability and housing, there is a growing need for grant money to provide housing options for people with mental illness. The alternative for this population is the streets, homeless shelters, and jails, none of which can fully provide holistic care that would encourage healing and living more independent lives.

Estimated Budget

The total startup costs for a new healing community is roughly $350,000 and is laid out below. This does not include medical costs, food, and clothing as these are all pending in government assistance programs such as health care and other social services.

Item	Estimated Cost	Time Line
House Purchase	$250,000	July-September 2011
Furniture/Equipment	$20,000	September-December 2011
Staff (1 person)	$40,000	January - December 2012
Companion (4 persons)	$30,000	January – December 2012
Miscellaneous	$10,000	Throughout 2012

The Plan

The goal for the new healing community is to receive funding by June of 2011 and begin purchase, furnishing, and staffing by the end of 2011. HUT hopes to admit its first residents by January of 2012 and fully fill the beds by March of 2012. The $250,000 grant will allow HUT to purchase a home in order to begin the creation of this community. HUT is seeking additional funds from other private and corporate donors in order to succeed in fully funding the first year of this project. This community will be built to house an estimated 24 people in one given year and serve hundreds more in its programs and therapy options.

Conclusion

There is life after mental illness and we hope that you will partner with us to help lead in that recovery. Attached is all the information and documentation on our organization, goals, needs, and how you can be involved. Please take the time to consider us for this grant; I am confident you will share in this vision to help bring health, hope, and healing to our communities through the services we offer. I would love to meet with you and discuss how you can partner in this effort. Thank you so much for your time and consideration.

Sincerely,
Ashleigh E West
CEO and Founder

Executive Summary

As you know, mental health touches all aspects of our society and its making. As affected populations grow sicker so does our community as a whole. When mental illness goes untreated it can lead to severe problems in a society such as homelessness and violence. But when treated a person with mental illness can find recovery and can live independently and actively in a community. With up to 200,000 people in the United States going untreated for their mental illness a year, and a large percentage of the homeless and jail population suffering from a severe mental illness, it's no wonder this has become such an overwhelming issue.

Healing Us Together (HUT) aims to combat this issue through building communities of healing through the local churches and community. Modeled after the successful organization called Plymouth Healing Communities, HUT aims to bring housing, medical care, therapies, community, and support to peoples with a mental illness and their families. Plymouth Healing Communities stated that peoples whom go through their program have an 82% lower rate of re-

hospitalization and are more able to reach independent living then on their own or through some of the other programs. HUT's goal is to have each healing community supported by a group of churches that will help fund, staff, and offer volunteer personnel to help create a more sustainable model for housing and care for this groups of people.

Healing Us Together is asking for a $250,000 grant from National Institute of Mental Health, to help purchase a house and begin the construction of a new healing community that will be located in the North Seattle area. Initially the housing costs will be the highest cost for the program, once the houses are purchased the communities will be supported between governments, church, private, and non-profit sectors.

The Statement of Need

Since the de-institutionalization of mental hospitals that occurred in the 60's and 70's and continue today, thousands of people with a severe mental illness have found themselves abandoned and left on the streets. The goal of de-institutionalization was to create a more holistic and monitored approach to caring for the mentally ill after hundreds of complaints were filled about abuses taking place in mental institutions. Instead of institutionalizing people into hospitals the government issued a series of commissions to create community care clinics and houses to support people with mental illnesses. The lack of planning, funding, and centralization caused this plan to deflate. Thousands of people with a mental illness can now be found on the streets, in shelters, and in jails. The continuous budget cuts to this sector are causing more beds to be lost in the few hospitals that are left and they are also hurting housing options, medication availability, doctor options, and even homeless shelter availability. The affect of these failures are very visual if you just walk the streets of Seattle on any given day.

In recent years, several private sectors have created community style homes and centers to address the vast need of the mentally ill, but they have not been able to provide any program large enough to reach the thousands in the Seattle area alone. Healing Us Together is committed to addressing this issue. Continuing on a successful model of a healing community by Plymouth Church, HUT aim's to create several similar healing communities throughout the Seattle area to provide housing, education, therapy, medication, job training, and community support. Healing Us Together goal is to get Seattle faith based communities such as churches to support the building, staffing, and program development of several healing communities throughout the Seattle area.

Project Description

Objectives

Healing Us Together objective is to provide a system that creates healing and long term stability for peoples with severe mental illness. We believe that healing and stability will allow peoples with severe mental illness to live a life of quality and dignity. We aim to meet these goals by designing the program as a multi step system that meets each person where they are and allows them to proceed through the different steps as they grow in the healing and stability.

The first step is an emergency style facility where people experiencing a psychotic phase can get the most one on one help through doctors, therapies, and structure. On average a person will stay at this location for six months. Once they are stable they will move to a less intense more independent style house where they will still have structure, doctor visits, and therapies but in a more independent group home style. A person's stay at this phase can be anywhere from six months to a few years, depending on their recovery success. Once they demonstrate the ability

to take care of themselves and manage their illness they are encouraged to begin the transition to a more long term independent housing that we also provide such as small group homes, apartments, or with family.

Once a person is living more independently, they are encouraged to still participate in therapies and group activities with the program in order to stay connected to community and to serve as role models to the peoples still living in the more intense program part. HUT program and housing is all voluntary and will enforce strict acts of conduct to ensure the safety and appropriateness in our facilities. Through this structure we aim to meet our objective of creating a system that allows a platform for people to heal and live more independent and stable lives.

Methods

Funding is crucial in the building and planning of these housing communities. Fortunately once these communities are built the cost to maintain them will be much less then the startup costs. Research shows that community style housing programs are a more affordable way to provide services to peoples with mental illness then the money it costs for them to be in a hospital or jail. After funding comes through, the purchasing and building of the housing community begins. At first we plan to buy a single house, and then over the next five years we hope to purchase two to three more homes to add to this particular healing community. The total process between funding, purchase, construction, furnishing, and staffing a single house is estimated to take about one year. Once the facility is running the costs to maintain its operations reduces, as government funding helps pay for the patient's services, food, medication, and doctors.

Staffing

Staffing will mainly be provided by either the church community that is supporting the healing community or Healing Us Together. Each house will have one paid staff, and up to four companions paid through stipends, and the rest will be of volunteers and medical teams of doctors and therapists. The paid staff will need to meet a series of qualifications such as education and experience in the mental health field and a back ground check. There will always be a staff, companion, or volunteer present at the house to ensure constant support to the residents. The volunteers will be carefully selected and trained to appropriately interact with peoples with severe mental illness. The volunteers will mainly act as support and offer community to people walking through the journey of restoration and healing. The volunteers will mainly come from the churches that are supporting the community to keep things consistent and in check.

Evaluation

Healing Us Together will be in charge of evaluating each healing community based on its objectives and goals. HUT will use a standard Outcomes Based Evaluation for Non Profits program. The main evaluation will be the success of people moving through the program to living more independently and also on the rate of re-hospitalization of residents after participating in the program. Evaluations will be conducted through a collection incident reports on residents, program self evaluation, community response or complaints, and congregation involvement. Through evaluation we hope to provide feedback and assistance to healing communities in order for them to continue to offer outstanding services to peoples with mental

illness, their families and the local community. Below are the components of Outcome Based Evaluation (2011) borrowed from their website:

- Inputs –

  These are materials and resources that the program uses in its activities or processes, to serve clients, e.g., equipment, staff, volunteers, facilities, money, etc. These are often easy to identify and many of the inputs seem common to many organizations and programs.

- Activities –

  These are the activities, or processes, that the program undertakes with/to the client in order to meet the clients' needs, for example, teaching, counseling, sheltering, feeding, clothing, etc. Note that when identifying the activities in a program, the focus is still pretty much on the organization or program itself, and still is not so much on actual changes in the client.

- Outputs –

  These are the units of service regarding your program, for example, the number of people taught, counseled, sheltered, fed, clothed, etc. The number of clients served, books published, etc., very often indicates nothing at all about the actual impacts/benefits/changes in your clients who went through the program -- the number of clients served merely indicates the numerical number of clients who went through your program.

- Outcomes –

  These are actual impacts/benefits/changes for participants during or after your program

-- These changes, or outcomes, are usually expressed in terms of:

-- -- knowledge and skills (these are often considered to be rather short-term outcomes)

-- -- behaviors (these are often considered to be rather intermediate-term outcomes)

-- -- values, conditions and status (these are often considered to be rather long-term out comes)

- Outcome targets –

  These are the number and percent of participants that you want to achieve the outcome, Outcome indicators –

  These are observable and measurable "milestones" toward an outcome target. These are what you'd see, hear, read, etc., that would indicate to you whether you're making any progress toward your outcome target or not.

Sustainability

Healing communities will be partially sustainable but will mainly rely on outside funding to support the program. By creating a union of churches to support these communities we are hoping to create a more sustainable and stable source of income. The communities will also be supported by government grants, government services such as medical, disability, foundation grants, and public and private donors. Healing Us Together is in the process of developing a job training and income generating program to teach the residents skills and provide a form of income for them and the healing community. This will hopefully be in the future model but is not developed at this point in time.

HEALING COMMUNITIES

Budget per Healing House

Sources of Income	
One time Purchase Grant Funding	$250,000
Annual Church Funding (3 churches)	$90,000 ($30,000 each)
Annual Government Grant/Services per resident	~$18,000
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Miscellaneous	~$10,000	Throughout 2012
Total	~$350,000	End of 2012

Average Yearly Costs after first year ~$120,000

Conclusion

Thank you for taking the time to consider Healing Us Together to receive your grant. We are very excited about the work we are pursuing and hope that you find yourself interested in partnering with us. As you know, mental health affects all aspects of our society and it is also one of the most neglected sectors. Your funding is crucial to providing services and housing to this population to ensure a healthier future for people with a mental illness, their families and community. We look forward to hearing from you.

Appendix II

Future Research Resources

Plymouth Healing Communities is not the only style of community that is successful. There are several other communities that are doing a great job of treating people with a mental illness. Below is a list of some of these organizations that will allow for a more detailed and alternative approach to community care.

L'Arche - http://www.larcheusa.org/

"L'Arche is a sign of hope to the wider world of the essential values of the heart. L'Arche communities, family-like homes where people with and without disabilities share their lives together, give witness to the reality that persons with disabilities possess inherent qualities of welcome, wonderment, spirituality, and friendship.

Perhaps an extraordinary notion in our fast-paced and consumer-driven society, L'Arche believes that these qualities, expressed through vulnerability and simplicity, actually make those with a disability our real teachers about what is most important in life: to love and to be loved.

From the first community begun in France in 1964, many communities have developed in various cultural and religious traditions around the world. The first L'Arche community in the United States was founded in 1972 in Erie, Pennsylvania. Today, L'Arche USA has 16 communities and three projects nationwide" (L'Arche, 2008, para. 1-4).

Rainer School - http://www.dshs.wa.gov/ddd/rainier.shtml

"Rainier School is a residential facility for about 370 adults with developmentally disabilities located within the city limits of Buckley, Washington about a mile-and-a-half from

downtown. The campus is situated in a peaceful country setting with a unique and prominent view of Mount Rainier. Rainier School's first residents arrived in October 1939 from what is now known as Lakeland Village. Then named Western State Custodial School, Rainier School was the only such facility in Western Washington. Resident population peaked in 1958 at 1,918. The facility was renamed Rainier State School in 1947 and then Rainier School in 1956.

Today, Rainier School's population is about 370 adults with a wide variety of abilities and needs. 24-hour residential care and specialized care or teaching is provided in the areas of work or vocational training, leisure activities, social relationships, and everyday life tasks. Programs and services are individualized and designed to enhance self-determination and maximize independence" (Rainier, 2009, para 1-3).

The Interfaith House - http://www.interfaithhouse.org/about

"Interfaith House provides residential care for homeless men and women in medical recovery. This 64-bed center on Chicago's West Side, offers interim housing and support to ill and injured homeless adults who would otherwise lack a stable and safe place to heal. As the only agency of its kind in Illinois, Interfaith House fills a critical gap in services for homeless individuals who have been discharged from area hospitals and emergency shelters and who require housing and support. Interfaith House also provides comprehensive psychological and social support services that are critical to helping homeless individuals return to health and to break the debilitating cycle of homelessness" (Interfaith, 2008, para. 1).

Geel Community Services - http://www.geelcommunityservices.org/Home.asp

HEALING COMMUNITIES

"Our Mission

Our goal is to offer New York City's needy and mentally ill safe, stable, reliable places to live and provide individually tailored counseling and supportive services that give them a sense of self worth, leading them on a path to independence. Every day in every Geel program it is our aim to coach those in our care to achieve their greatest degree of competence and gain self-respect.

Our Philosophy

Central to our philosophy is the belief that people with mental illness thrive when they take increasing responsibility for themselves and become more productive in their communities. We passionately believe that by recognizing and addressing emotional, educational and behavioral issues that touch homeless mentally ill people, we can help those in our care re-enter the community and live independently to the best of their ability.

Our History

Founded as a nonprofit 501(C) 3 in 1976 by mental health professionals and community members in the Bronx, we embrace a celebrated tradition of successfully and compassionately caring for the mentally ill pioneered more than 700 years ago in Geel, Belgium. Since we began our work almost thirty years ago, we have grown from offering counseling services and a roof over the heads of a handful of people, to providing housing and comprehensive support services to hundreds of formerly homeless and mentally ill people in New York City today" (Geel, n.d., para 1-3).

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