

'A BALM IN GILEAD' MENTAL HEALTH CARE & THE CHURCH

PROPER 20, YEAR C

Lectionary Texts: Jeremiah 8:18-9:1 Amos 8:4-7 Psalm 79:1-9; 113
I Timothy 2:1-7 Luke 16:1-13

Focus Text: Jeremiah 8:18-9:1

¹⁸My joy is gone, grief is upon me, my heart is sick. ¹⁹Hark, the cry of my poor people from far and wide in the land: "Is the Lord not in Zion? Is her King not in her?" ("Why have they provoked me to anger with their images, with their foreign idols?") ²⁰"The harvest is past, the summer is ended, and we are not saved." ²¹For the hurt of my poor people I am hurt, I mourn, and dismay has taken hold of me. ²²Is there no balm in Gilead? Is there no physician there? Why then has the health of my poor people not been restored?

¹O that my head were a spring of water, and my eyes a fountain of tears, so that I might weep day and night for the slain of my poor people!

NRSV

ADDITIONAL TEXTS

How long, O LORD? Will you forget me forever? How long will you hide your face from me? How long must I bear pain in my soul, and have sorrow in my heart all day long? How long shall my enemy be exalted over me? Consider and answer me, O LORD my God! Give light to my eyes, or I will sleep the sleep of death, and my enemy will say, "I have prevailed"; my foes will rejoice because I am shaken. But I trusted in your steadfast love; my heart shall rejoice in your salvation. I will sing to the LORD, because God has dealt bountifully with me.

Psalm 13

O LORD, God of my salvation, when, at night, I cry out in your presence, let my prayer come before you; incline your ear to my cry. For my soul is full of troubles, and my life draws near to Sheol. I am counted among those who go down to the Pit; I am like those who have no help, like those forsaken among the dead, like the slain that lie in the grave, like those whom you remember no more, for they are cut off from your hand. You have put me in the depths of the Pit, in the regions dark and deep. Your wrath lies heavy upon me, and you overwhelm me with all your waves. You have caused my companions to shun me; you have made me a thing of horror to them. I am shut in so that I cannot escape; my eye grows dim through sorrow. Every day I call on you, O LORD; I spread out my hands to you. Do you work wonders for the dead? Do the shades rise up to praise you? Is your steadfast love declared in the grave, or your faithfulness in Abaddon? Are your wonders known in the darkness, or your saving help in the land of forgetfulness? But I, O LORD, cry out to you; in the morning my prayer comes before you. O LORD, why do you cast me off? Why do you hide your face from me? Wretched and close to death from my youth up, I suffer your terrors; I am desperate. Your wrath has swept over me; your dread assaults destroy me. They surround me like a flood all day long; from all sides they close in on me. You have caused friend and neighbor to shun me; my companions are in darkness.

Psalm 88

When he returned to Capernaum after some days, it was reported that he was at home. So many gathered around that there was no longer room for them, not even in front of the door; and he was speaking the word to them. Then some people came, bringing to him a paralyzed man, carried by four of them. And when they could not bring him to Jesus because of the crowd, they removed the roof above him; and after having dug through it, they let down the mat on which the paralytic lay. When Jesus saw their faith, he said to the paralytic, "Son, your sins are forgiven." Now some of the scribes were sitting there, questioning in their hearts, "Why does this fellow speak in this way? It is blasphemy! Who can forgive sins but God alone?" At once Jesus perceived in his spirit that they were discussing these questions among themselves; and he said to them, "Why do you raise such questions in your hearts? Which is easier, to say to the paralytic, 'Your sins are forgiven,' or to say, 'Stand up and take your mat and walk'? But so that you may know that the Son of Man has authority on earth to forgive sins" – he said to the paralytic – "I say to you, stand up, take your mat and go to your home." And he stood up, and immediately took the mat and went out before all of them; so that they were all amazed and glorified God, saying, "We have never seen anything like this!"

Mark 2:1-12

SCRIPTURE COMMENTARY

BY DR. WARREN KINGHORN, PSYCHIATRIST,
GRADUATE STUDENT, DUKE DIVINITY SCHOOL
MEMBER, PRESBYTERIAN CHURCH (USA)

For those of us saturated in the rich folk traditions of American Christianity, the phrase “balm in Gilead” likely conjures up warm feelings of comfort and hope, of softly perceptive Marilynne Robinson novels, of slow-sung spirituals. *There is a balm in Gilead*, we remember, *to make the wounded whole. There is a balm in Gilead that heals the sin-sick soul.*

We are in for a surprise, therefore, when we turn to Jeremiah 8:18-9:1. The prophet Jeremiah lived in the turbulent and dark last days of the independent kingdom of Judah, a society at the brink of what philosopher Jonathan Lear would call “cultural devastation.” The Assyrian empire had largely dismantled the northern kingdom of Israel, and Judah, the last survivor of the Davidic kingdom, was under threat from the growing empire of Babylon which would sack Jerusalem three times between 598 BCE and 581 BCE and ultimately carry its leaders into exile. Jeremiah saw his culture collapsing both from without and from within. In Jeremiah’s view Judah had acted faithlessly toward God (cf. 8:4-7), and he interpreted Judah’s destruction as divine judgment. The God of Israel, the One who “[acts] with steadfast love, justice, and righteousness in the earth” (9:24), had, in Jeremiah’s view, “doomed us to perish, . . . given us poisoned water to drink . . . We look for a time of healing, but there is terror instead” (8:15). There is debate among scholars whether the speaker in 8:18-9:1 is the prophet himself, the personified city of Jerusalem, or God, but it is clear that the prevailing spirit of the people was one of fear, despair, and perceived abandonment by God. “Is there no balm in Gilead?” the prophet cries, and for those who asked, the answer seemed to be emphatically, *not for you, not for your people.*

The bleakness of the prophet’s lamentation here is startling, but it is important to remember that it is not the last word, even for Jeremiah. The Babylonians, of course, did sack Jerusalem, destroy the temple, and carry many into exile under conditions of profound suffering (see, for example, Psalm 137). But the book of Jeremiah contains a subsequent letter to those Babylonian exiles, those who “wept . . . by the rivers of Babylon” (Ps. 137:1), reporting that God enjoins them to “seek the welfare of the city where I have sent you into exile” (29:7) and that after seventy years God would restore them to Jerusalem, “for surely you know the plans I have for you, says the Lord, plans for your welfare and not for harm, plans to give you a future with hope” (29:11).

It is good for us to remember that the spiritual “There is a Balm in Gilead” originated in a community which had experienced a very different, though no less horrific, exile – that of the American slave trade. *There is a balm in Gilead to make the wounded whole; there is a balm in Gilead to heal the sin-sick soul.* These words were sung by those who, like Jeremiah, longed for that balm and did not find it present. When we sing the hymn today, it is the legacy of their subversive and prophetic hope that even in the deepest darkness, “the Lord has ransomed Jacob, and has redeemed him from hands too strong for him” (31:11).

PASTORAL REFLECTION

BY DR. WARREN KINGHORN

Those of us enculturated into the health-and-wealth tendencies of modern American Christian speech are sometimes surprised at the many biblical texts which witness to the reality of profound emotional and existential suffering in the lives of the faithful. The plaintive cry of the psalmist, “you have put me in the depths of the Pit, in the regions dark and deep. Your wrath lies heavy upon me, and you overwhelm me with all your waves” (Ps. 88:6-7), together with the brutal confession of the writer of Lamentations that “my soul is bereft of peace; I have forgotten what happiness is” (Lm 3:17), both reflect the visceral anguish which is commonly part of the modern experience of mental illness. The bitter cry of Christ on the cross – “my God, my God, why have you forsaken me?” – is rooted in the Psalms (22:1). The biblical writers were, indeed, no strangers to the most painful kinds of suffering: they experienced it, they gave voice to it and often denounced oppressive systems which caused it, and they witnessed to a God who could hear their most heartfelt cries and still remain their God.

In witnessing to this profound anguish, the Bible makes clear that suffering, even intense suffering, is not something to be ignored, marginalized, or explained away, but rather shared with God and with the worshipping community. It is important to remember that for God’s people, death and despair and evil do not have the last word. Psalm 88 must be read in light of the rest of the Psalms; Lamentations 3:1-20 must be read in light of Lamentations 3:21-33; Jeremiah 8:18-9:1 must be read in the light of Jeremiah 29; and all of it, for Christians, must be read in light of the ultimate triumph of God’s cause made possible through the work of Christ: “Death has been swallowed up in victory. Where, O death, is your victory? Where, O death, is your sting” (1 Cor 15:54-55)? Christian hope is not an emotion, not a sentiment, but rather an affirmation that however dark the present, the light still shines in the

darkness; however tight the shackles of oppression, justice will one day roll like waters; however putrid the abyss of hate, confusion, and despair, there is Love at our beginning and at our end.

The church must not forget either the biblical witness to suffering or the reality of Christian hope while caring for those who are mentally ill. Rather, the task of the church, in general terms, is both to *suffer with* and also, at the same time, to *hope for* those caught in the tangled web of mental illness. The first, to *suffer with*, is extremely important. "Weep with those who weep," the scripture tells us (Rom 12:15); and yet the need of those who are mentally ill is so complex, the chasm so apparently deep and dark, that many would prefer, like priests and Levites, to pass by on the other side of the road (Lk 10:31-32). Christ, however, enters that chasm and commands us to follow. Christ suffered with and for us and sometimes calls us to join in his suffering with and for others (Col 1:24, 1 Cor 12:26). Jesus' ministry on earth was marked by compassionate care and advocacy for those who suffered, many of whom, in our day, would be labeled mentally ill. The gospel witness testifies that when we care for those who are in need, we care for Christ himself, and that when we do not, it is at our peril (Mt 25:31-46).

Suffering with is imperative, but the church is called also to *hope for* those who are mentally ill. To *hope for* does not mean that we "wish them well," or that we "hope that they get better." That, according to James, is wholly insufficient (Jam 2:14-17). Rather, the church is called to *do the work of hoping* for those who are not able to hope for themselves. Mental illness takes many forms, but a frequent theme is that those in the depths of depression, the terrors of psychosis, or the prison of substance abuse find that they lose the ability to hope, such that life itself, God's most basic gift, is a curse. It is in these times that the church must *do the hoping* for the person unable to hope. Just as the determined friends of the paralytic man *were* the hands and feet which brought him to Jesus for healing (Mk 2:1-12), so also the church is called to be the unyielding voice demanding high-quality mental health care for those who cannot advocate for themselves; to be the memory for the person with dementia who can remember no more; to be the hands which cook for the person too depressed to cook for himself or herself; to be the rational guide of the psychotic person whose reason is temporarily unreliable; to be the supportive arms which surround the person committed to escaping the shackles of substance abuse; to be the eyes of hope reminding the suicidal person blinded in darkness that light will eventually infuse the horizon.

My God, my God, why have you forsaken me? The psalmist's cry was Jesus' cry, and it may at some time be ours as well. But the church can witness that God did not forsake the psalmist, did not forsake Jesus, and – however unlikely this may seem – does not, ever, forsake us either.

WORSHIP AID - 'A BALM IN GILEAD'

RESPONSIVE READING

We pray for those who are affected by illness, anguish, and pain.

Heal them.

Grant courage to those who are struck by mental illness.

Encourage them.

Grant strength and compassion to families and friends who give their loving care and support.

Strengthen them.

Grant wisdom to those learning about mental illness. May they overcome their apathy, fear, and ignorance.

Advise them.

Grant perseverance to those in search of compassionate care and treatment.

Inspire them.

Grant clarity of vision and strength of purpose to the leaders of our institution and our government. May they be moved to act with justice and compassion.

Guide them.

Bless and heal us all. Amen

(adapted from "A Service of Healing,"

www.umc-gbcs.org/site/apps/ntl/content2.asp?c=fsjNK0PKjrH&b=1048921&content_id=%7BCB132613-BE4E-47AC-A44B-2C9C46670C26%7D¬oc=1)

PRAYER OF CONFESSION

We confess that we are still uninformed about mental illness and how it impacts persons and their families.

At times, because of our lack of knowledge and understanding we find ourselves separated from our sisters and brothers with mental illness, their families and ourselves.

There are lines drawn between us because we may define wholeness and normality with different words, but not a different spirit.

Because of our lack of knowledge we live cut off from sources of strength and power that would help us be more present to people with mental illness. This lack often makes us feel that we cannot act.

So many events, meetings and needs call to us, grabbing for our attention, that we find ourselves stretched to a fine, thin line. In the face of all this, we continue to seek knowledge and understanding of mental illness that will bring liberation and shalom to us and those we serve.

O God, our liberation and shalom, we seek the power of your Spirit, that we may live in fuller union with you, ourselves and our sisters and brothers with mental illness. Also grant that we may gain courage to love and understand each other. Amen.

Adapted from "A Litany of Closing, Confession and Hope" by Chaplain Patricia Robertson, Brook Lane Psychiatric Center, Hagerstown, Maryland by Susan Gregg-Schroeder in *Mental Health Mission Moments Resource Guide*, http://www.shadowvoices.com/topics/Worship_Resources.asp

SUGGESTED HYMNS

❖ <i>There is a Balm in Gilead</i>	AM 425/CH 501/NCH 553/MW 500/ TH 676/PH 394/BH 269/UMH 375/ GA 648
❖ <i>O Christ, the Healer</i>	UMH 265/PH 380/CH 503/NCH 175
❖ <i>Silence, Frenzied Unclean Spirit</i>	CH 186/UMH 264
❖ <i>Have Thine Own Way</i>	BH 294/AM 345/CM 125/CH 588/ UMH 382
❖ <i>Healer of Our Every Ill</i>	GA 882

◆ Hymnal Legend ◆

† AM	— African Methodist Episcopal
† BH	— Baptist Hymnal
† CH	— Chalice Hymnal (Disciples of Christ)
† CM	— Christian Methodist Episcopal
† GA	— Gather Hymnal (Roman Catholic)
† LW	— Lutheran Worship
† MW	— Moravian Book of Worship
† NCH	— New Century Hymnal (UCC)
† PH	— Presbyterian Hymnal
† TH	— The Hymnal 1982 (Episcopal)
† UMH	— United Methodist Hymnal

ADDITIONAL PRAYERS

A Responsive Reading Based on I Corinthians 12

Reader 1:

For just as the body is one and has many kinds of members, and all the members of the body, though many, are one body, so it is with Christ. For by one Spirit we were baptized into one body — those with wisdom and health and those with disabilities or mental illness — and all were made to drink of one Spirit.

Reader 2:

For the church does not consist of one kind of member, but of many. The person in a wheelchair says, "Because I am not able to walk, I cannot enter your building. Yet, I am no less a part of this body." The person with schizophrenia says, "Because I hear voices, I cannot stay for an entire service. Yet, I am no less a part of this body." The person who is tone deaf says, "Because I am tone deaf, I cannot sing on key. Yet, I am no less a part of this body."

Reader 3:

If the whole church were teachers, where would the learners be? If the whole church were well off, where would the needy be? As it is, God arranged the kinds of people in a church, each one of them, as God chose. If all were a single kind with the same mind, where would the church be?

Reader 1:

As it is, many kinds of people are needed, yet there is one church. People who are able to read litanies cannot say to non-readers, "We really don't need you." Nor can folks who are emotionally stable say that they don't need those who are emotionally ill. On the contrary, the people of the church who seem weaker are indispensable. For God has so composed the church, giving greater honor to those who have disabilities and mental illness, that there may be no discord in the membership and that members may have the same care for one another.

All Readers:

If one member suffers, all suffer together; if one member is honored, all rejoice together. Now you are the body of Christ, and each one of you is a part of it!

(adapted from Mennonite Central Committee, "Mental Health and Disabilities Worship Resource,"
www.mcc.org/canada/health/resources/worship/MHD_Worship_Resources.pdf)

Pastoral Prayer

Loving Creator, we turn to you because we know that you are a God of love and compassion. We come as people of all creeds and all nations, seeking your presence, comfort, and guidance. We come as consumers, family members, friends, co-workers, and mental health professionals. We come this day because we believe that you, Divine One, love each one of us just as we are and you walk with us on our individual journeys through life. You see the ignorance and injustice that divide and separate people struggling with mental illness, and you weep with us.

Give us courage to face our challenges and open us today to the many ways you are already working in our midst. Help us to identify mental illness as the disease it is, that we might have courage and wisdom in the face of ignorance and stigma. Inspire us as we seek to overcome fear, acquire knowledge, and advocate for compassionate and enlightened treatment and services.

Lead us as we open our hearts and homes, our communities and job opportunities, our houses of worship and communities of faith. Enable us to find ways to be inclusive of people living with mental illness in our everyday lives. Be with doctors, therapists, researchers, social workers, and all those in the helping professions as they seek to overcome ignorance and injustice with care and compassion.

Sometimes, Divine Spirit, we feel discouraged and hopeless in the face of so many challenges. Help us to see ourselves as you see us...persons of value and worth...persons of creativity and potential. May we come to understand the interconnectedness of mind, body and spirit in bringing about health and wholeness. And may we go forward into our communities with a renewed sense of vision, hope, and possibility for the future. **Amen.**

(adapted from Susan Gregg-Schroeder, National Day of Prayer for Mental Illness Recovery and Understanding,
www.pathways2promise.org/pdf/2005-national-day-of-prayer-flyer.pdf)

ADDITIONAL HELPS

▣ QUOTES ▣

We affirm the responsibility of the Church and society to be in ministry with children, youth, and adults with mental, physical, developmental, and/or psychological and neurological conditions or disabilities whose particular needs in the areas of mobility, communication, intellectual comprehension, or personal relationships might make more challenging their participation or that of their families in the life of the Church and the community. We urge the Church and society to recognize and receive the gifts of persons with disabilities to enable them to be full participants in the community of faith.

United Methodist Church—"Social Principles"

Within their capacities, people living with a mental illness want what we all want: independence, a sense of belonging, self-esteem. Limited resources put many of the things we take for granted out of reach. Simple practicalities can pose enormous problems. Public aid can't stretch far enough.

National Alliance for the Mentally Ill—Faithnet

▪ PERSONAL VIGNETTE ▪

SUPPORT GROUP HELPS FAMILIES STRUGGLING WITH MENTAL ILLNESS

BY REV. SALLY HARBOLD, ASSOCIATE RECTOR, ST. PAUL'S EPISCOPAL CHURCH, CARY

I feel blessed to be someone with whom people like to sit and talk. It is especially fitting since I am a priest, and sometimes I find that people really want to talk with a 'spiritual leader'. About four years ago I found it interesting that there were three women church members coming to talk with me who each had a family member being treated for bipolar disorder. As I listened to their stories I began to sense that it might be a good thing for them to meet one another. I had a dream that they might be of help to one another. And so eventually I asked, and they agreed to meet. There was much anxiety in the beginning because I had not shared names, but once the four of us were in one room, they could see that they were very much alike. They were women of about the same age, raising children, and struggling in very intense ways with mental illness in their families.

For nearly a year we met once a month for a couple of hours over lunch. We began to engage in conversations about a variety of topics: the stigma of mental illness, methods of treatment, different medications, and, most importantly, the individual stories of each of the women and her family members. We took a great leap of faith and invited another woman to come and visit our group. This was an active church member who was herself diagnosed with bipolar disorder and was willing to share what it felt like to live with this illness. Her stories and her life became an invaluable resource for the group members, and she remains an 'honorary' member of our grassroots community.

It was wonderful to watch these women become friends over that first year. And then something started to happen. They were finding it easier to talk about their lives and their experiences with others and were learning that it would be helpful to expand their numbers. They invited people they had met or heard about and within two years our group had grown to include 12 people. We had become a true support group in the best sense of that name. I love hearing about the times that these women gather without me. It may be for a supper out, to bring their children together for play or help one another with child care, or simply to listen to one another over the phone during critical moments in their lives.

Our society and our culture still keep mental illness at arm's length. Shame and fear still haunt the lives of women and men who are living with a diagnosis which becomes misunderstood by others. Some of those with mental illness are contributing well at home and at work, yet they are afraid for us to know them. Likewise, their family members are often afraid to ask for our support. The mental health care system is in disarray. Services continue to diminish and people suffer. However, church communities can provide much needed leadership. May we invite a new way of talking about this important issue so that we can break the silence and normalize the topic of mental illness. And, may our care, conversations and advocacy bring new life, health, and well being to all members of our church communities where so many suffer in silence.

▪ CONTACTS AND OTHER RESOURCES ▪

- ✦ www.mha-nc.org – *Mental Health Association in North Carolina, Inc.* is a private, non-profit mental health organization addressing advocacy, education and service. MHA-NC's mission is to promote mental health, prevent mental disorders and eliminate discrimination against people with mental disorders. Their website offers information about mental health as well as opportunities to volunteer and engage in advocacy on behalf of people with mental disorders.
- ✦ www.naminc.org – *National Alliance on Mental Illness in North Carolina* seeks to improve the quality of life for individuals and their families living with the debilitating effects of severe and persistent mental illness. Utilizing advocacy, education and support, they work to protect the dignity of people living with brain disorders. As members of this nationwide alliance, NAMI-NC partners with over 210,000 members and 1,200 local affiliates across the country.

- ✦ www.dhhs.state.nc.us/mhddsas – North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services is responsible for providing people with, or at risk of, mental illness, developmental disabilities, and substance abuse problems, and their families, the necessary prevention, intervention, treatment, services and supports they need to live successfully in communities of their choice.
- ✦ www.dhhs.state.nc.us/mhddsas/ebi/index.htm – Elimination of Barriers Initiative – North Carolina is a federal pilot program that is designed to identify the approaches to public education that are effective in countering the stigma and discrimination often leveled towards people with mental illnesses.
- ✦ www.cpdmi.org – The Coalition for Persons Disabled by Mental Illness was formed in 1981. It is composed of state-wide, non-profit advocacy, consumer, family and provider organizations who advocate for adequate, quality public services for citizens of North Carolina with mental illness. Links to its member organizations may be found on the homepage.
- ✦ www.nimh.nih.gov – National Institute of Mental Health is the lead federal agency for research on mental health and behavioral disorders. The mission of NIMH is to reduce the burden of mental illness and behavioral disorders through research on mind, brain, and behavior. This public health mandate demands that we harness powerful scientific tools to achieve better understanding, treatment, and eventually, prevention of these disabling conditions that affect millions of Americans.

KEY FACTS

DID YOU KNOW?

Common Mental Illnesses¹

Panic Disorder

Panic disorder affects about 2.4 million adult Americans and is twice as common in women as in men. A panic attack is a feeling of sudden terror that often occurs with a pounding heart, sweating, nausea, chest pain or smothering sensations and feelings of faintness or dizziness. Panic disorder frequently occurs in addition to other serious conditions like depression, drug abuse, or alcoholism. Panic disorder is one of the most treatable of the anxiety disorders through medications or psychotherapy.

Obsessive-Compulsive Disorder (OCD)

OCD affects about 3.3 million adult Americans, and occurs equally in men and women. It usually appears in childhood. Persons with OCD suffer from persistent and unwelcome anx-

ious thoughts, and the result is the need to perform rituals to maintain control. For instance, people obsessed with germs or dirt may wash their hands constantly. Feelings of doubt can make another person check on things repeatedly. Others may touch or count things or see repeated images that disturb them. OCD responds to treatment with medications or psychotherapy.

Post-Traumatic Stress Disorder (PTSD)

PTSD affects about 5.2 million adult Americans, but women are more likely than men to develop it. PTSD occurs after an individual experiences a terrifying event such as an accident, an attack, military combat, or a natural disaster. With PTSD, individuals relive their trauma through nightmares or disturbing thoughts throughout the

day that may make them feel detached, numb, irritable, or more aggressive. Ordinary events can begin to cause flashbacks or terrifying thoughts. People with PTSD can be helped by medications and psychotherapy.

Social Anxiety Disorder

Social phobia affects about 5.3 million adult Americans. Women and men are equally likely to develop social phobia, which is characterized by an intense feeling of anxiety and dread about social situations. These individuals suffer a persistent fear of being watched and judged by others and being humiliated or embarrassed by their own actions. Social phobia can be treated successfully with medications or psychotherapy.

(Continued on page 36)

Schizophrenia

More than 2 million Americans a year experience this disorder. It is equally common in men and women. Schizophrenia often begins with an episode of psychotic symptoms like hearing voices or believing that others are trying to control or harm you. The delusions – thoughts that are fragmented, bizarre, and have no basis in reality – may occur along with hallucinations and disorganized speech and behavior, leaving the individual frightened, anxious, and confused. Treatment may include medications and psychosocial support like psychotherapy, self-help groups, and rehabilitation.

Depressive Disorders

About 18.8 million American adults experience a depressive illness that involves the body, mood, and thoughts. Depression affects the way a person eats and sleeps, the way one feels about oneself, and the way one thinks about things. People with a depressive illness cannot just "pull themselves together"

and get better. Without treatment, symptoms can last for weeks, months, or years. Treatment, usually in the form of medication or psychotherapy, can help people who suffer from depression.

Depression can occur in three forms:

Major Depressive Disorder which involves a pervading sense of sadness and/or loss of interest or pleasure in most activities that interferes with the ability to work, study, sleep, eat, and enjoy once pleasurable activities. This is a severe condition that can impact a person's thoughts, sense of self worth, sleep, appetite, energy, and concentration. The condition can occur as a single debilitating episode or as recurring episodes.

Dysthymia involves a chronic disturbance of mood in which an individual often feels little satisfaction with activities of life most of the time. Many people with dysthymia also experience major depressive episodes in their lives

leading to a recurrent depressive disorder. The average length of an episode of dysthymia is about four years.

Bipolar Disorder, or manic-depressive illness, is a type of mood disorder characterized by recurrent episodes of highs (mania) and lows (depression) in mood. These episodes involve extreme changes in mood, energy, and behavior. Manic symptoms include extreme irritable or elevated mood; a very inflated sense of self-importance, risk behaviors, distractibility, increased energy, and a decreased need for sleep.

**Do not ignore remarks about suicide. If someone tells you they are thinking about suicide, help them get to a professional. If someone is in immediate danger, do not leave the person alone. Take emergency steps to get help, such as calling 911. You can also call The Hope Line Network at 1-800 SUICIDE (784-2433).*

- ✦ One in five individuals will experience a mental illness – many of whom find it difficult to afford treatment. Studies show that only 1 out of 3 adults, and even fewer children, receive the mental health services they need to recover and to live and work in our communities.²
- ✦ In the workplace, major depression costs employers an estimated \$44 billion in lost productive work time every year.³
- ✦ Over twenty percent of children have a diagnosable mental health or addictive disorder, and too often they lack the treatment they need to succeed at school. Nearly half of teenagers who have a mental health disorder drop out of high school – the highest rate of any disability group. The National Institute of Mental Health reports that half of all lifetime cases of mental illness begin by age 14, but there are long delays before people receive the help they need.⁴
- ✦ Over 30 states do a better job than North Carolina in providing equal insurance coverage for mental and physical illness for their citizens. North Carolina provides mental health parity only for state employees. As of this writing (May 2007) the House has passed parity legislation, though it excludes substance abuse and exempts small businesses entirely.⁵
- ✦ North Carolina inadequately funds the state's mental health programs. As of May 25, 2007, the House budget included only \$19.2 million in new spending for mental health initiatives. This amount falls far below the \$135 million in new spending the General Assembly's Mental Health Legislative Oversight Committee recommended earlier in the year.⁶

1. *The Elimination of Barriers Initiative, "Myths and Facts About Mental Health,"* <http://allmentalhealth.samhsa.gov/thefacts.html>.

2. Letter to the Editor, 3/27/07, Debra G. Dihoff, Executive Director, NAMI-NC, http://www.naminc.org/Public%20Policy/dihoff_op_ed_n_and_O_3_07.htm

3. Ibid.

4. Ibid.

5. <http://www.ncpolicywatch.com/cms/?p=8754>

6. http://www.ncjustice.org/media/library/955_btcrptmay1407hsebud.pdf