

Interview with Larry Hayes, author of *Mental Illness and Your Town: 37 Ways for Communities to Help and Heal*

Today, Tyler R. Tichelaar of Reader Views is pleased to interview Larry Hayes, who is here to talk about his new book, “Mental Illness and Your Town: 37 Ways for Communities to Help and Heal.”

For more than a quarter century, Larry Hayes served as the editorial page editor of the Fort Wayne Journal Gazette. His new book “Mental Illness and Your Town” demonstrates why he has won more than fifty state and national awards for editorials and columns. In 1986, he was a finalist for the Pulitzer Prize in recognition of his editorials challenging his city to desegregate its schools. Through editorials and personal urging, Hayes was instrumental in Indiana’s victorious fight to win parity 160 Mental Illness and Your Town of health insurance for persons with a mental illness. He introduced the Crisis Intervention Team to the city to help police better respond to a mental health crisis. He won support for the creation of the Suicide Prevention Council, and a county-wide Mental Health Coordinating Council. He played a key role in building public support for the Carriage House, a highly acclaimed rehabilitation center. He successfully lobbied Indiana University Purdue University, Fort Wayne to create the Institute for Behavior Studies, one of the first such programs in the country.

Hayes retired in 2000 to write books, starting with his memoir “Monday I’ll Save the World,” published in 2004. He serves on numerous boards and committees, living in Fort Wayne with his wife, Dr. Toni Kring, a retired educator. He has two children, Robyn, a Spanish teacher and mother to two teenage girls, and John, an advocate for the mentally ill who suffers from bipolar disorder.

Tyler: Welcome, Larry. I’m glad you could join me today. To begin, will you explain the book title—why did you decide to focus on mental health in the community rather than mental health in general or on the personal level?

Larry: You can find lots of fine books on mental health. I haven’t discovered any that address the entire community in such a practical and still personal fashion. My goal writing this book is to take the issue out of the shadows of doctors’ offices, private homes and psychiatric wards and make mental health truly a public health imperative. I believe it’s the only way all people who suffer from serious mental illness or just need guidance will find the help they need. No other group of people with a medical problem is so neglected or so poorly served.

Tyler: I understand your interest in mental health has its roots in your own family. Will you tell us more about your personal involvement with it?

Larry: When I studied for the ministry, I took classes in psychology and counseling. Years later, as a teacher, I fell into a deep depression and was hospitalized for more than a month. You might say I learned about mental illness the hard way. Then my teen-age son developed the disability, bringing it once again into the family circle. As journalist, I wrote numerous editorials and columns calling for better treatment. I championed the creation of new programs to help those with mental illness.

Tyler: Will you inform us about the history of how mental illness has been regarded in the past?

Larry: In the United States, with rare exceptions, persons with a mental illness have been treated as less than human. They've been subjected to cruel, sometimes barbaric treatments, from being dunked in ice water to lobotomies. Fortunately, the worst of it is history. But as recently as the mid 20th Century, persons with a mental illness have been locked away in large institutions, not treated and easily forgotten.

Tyler: How is treatment for the mentally ill today different from the past, and what do you foresee or hope for the future that still needs to be done?

Larry: In the 1960s, we started closing the large, state-run institutions. Yet President Kennedy's promise of treatment for these folks in their communities has never been fully realized. Any director of a community mental health center will tell you they only treat a fraction of those who need help. We need better funding. We need more specialists in mental health. And we need a much greater array of programs that help people get back into the mainstream. My new book discusses several, most notably the clubhouse rehabilitation model. The new medications have made a big difference. But lots of barriers to good treatment stand in the way.

Tyler: Could you tell us why the mentally ill are so neglected and poorly served? Are they ignored? Is it because there is stigmatism regarding mental illness?

Larry: I'm not sure any group of people with disabilities are well served in our society. But probably more than most with a disability, those with mental illness are doubly afflicted with a stigma that pushes them into the shadows. They're invisible. Old and discarded myths about the disability foster discrimination in treatment and services further.

Tyler: What do you feel is the biggest myth or misunderstanding people today have about mental illness?

Larry: It's not something people bring on themselves. It's not the person's fault. And very few people can recover or even learn to manage the illness on their own. One thing I should add is that the vast majority of persons with this illness aren't dangerous, although a number are at risk of suicide.

Tyler: I think many readers will be interested in your discussion of mental illness in relation to childhood and parents. Will you clarify that more?

Larry: There's a lot of evidence that the tendency to develop a mental illness is inherited. But abusive parenting—I don't mean just physical abuse—can also make a person vulnerable. Likewise, nurturing parents can help a child develop strengths that help him or her overcome inherited tendencies or deal successfully if an illness does befall the person.

Tyler: If a person knows someone mentally ill, or has a family member who is mentally ill, what resources would you advise them to use?

Larry: Most people are comfortable talking first with a family doctor. But the person should feel free to ask from that person for a referral. Some clergy are good at making referrals to professionals. Of course, any community mental health center will offer a range of services, and at an affordable cost. If we're talking about an adult, the first step is to listen to the person and give them feedback about what you're observing: "You seemed moody lately, you seem to have lost interest in the job...." Some people welcome the interest while others resist it. The person you're concerned about must feel a need for help. If we're talking about a child, you've got to enlist the parent. There again, you've got to listen most of all. Sometimes, long silences produce honest reflection, replacing defensiveness and denial.

Tyler: Will you tell us about the varying degrees of mental illness—for example you mentioned people who seem to have lost interest in their jobs—if they have jobs, they must be mentally capable of performing their jobs. What is the difference between mental illness compared to something like retardation—what about people who are bipolar

or schizophrenic? In using the term “mentally ill” are we lumping together too many people with various abilities or lack of them?

Larry: Mental illness shouldn't be confused with mental retardation, which is a congenital disability that causes the person to have low intelligence. The condition is neither preventable nor curable. Mental illness covers a range of problems from chronic anxiety to schizophrenia. I suppose clinical depression is the most common. Lack of normal intelligence is usually not the problem. Within each diagnosis you'll find a variety of symptoms, described in the American Psychiatric Association's diagnostic manual, DSM-IV. It's important to emphasize that these disabilities can be treated effectively and managed. With proper therapy and support of friends and family, most of those who suffer can learn to live a productive life. In some cases, persons can become pretty much symptom free.

Tyler: What can be done to help a mentally ill person who is resistant, in denial or defensive, or just plain unable to help him or herself?

Larry: Unless the person is threatening to hurt him or herself or another person, they can't be forcibly taken to a hospital or treated. Where the person is just sick and refuses treatment, the best strategy is for a caring person, sometimes a family member, sometimes not, to attempt to engage the resistant person in conversations, offer to take the person to a doctor or counselor. This kind of dialogue usually involves frequent initiatives, sometimes lasting months.

Tyler: Will you tell us more about your lobbying work for the rights of the mentally ill?

Larry: Well, this book constitutes the centerpiece right now, signing books, visiting with people about their experiences. Meantime, I've started a mental health committee at our church. I've talked up the need for greater focus on mental health at the Peace and Justice Commission. I often advise advocacy groups and individuals on how to approach foundations, the state legislature and potential employers.

Tyler: What can the individual do to help the mentally ill or build awareness of mental illness in his or her community?

Larry: Write letters to the editor or op. ed. columns. Invite speakers to your civic group, to your Sunday School class. (All religious traditions have much to say about mental health, though not necessarily in the same language.) Enlist reporters of newspapers and broadcast media to tell the stories of new programs and of persons with a mental health disability.

Tyler: What about family members specifically? What resources are available to them in helping them cope with having a mentally ill family member?

Larry: What resources are available to them in helping them cope with having a mentally ill family member? A conversation with the family doctor can get the family started. A contact with the community mental health center. And a contact with a member of the local chapter of NAMI, the National Alliance on Mental Illness, a huge family support and advocacy group.

Tyler: Larry, what do you think would make the biggest difference for mentally ill people in an individual community? What is the one thing you would most like to see happen?

Larry: I don't see one innovation creating a revolution. It would take a number of initiatives. I suppose the proliferation of regional depression centers, such as the country's first at the University of Michigan, would draw greater public attention to mental illness. I support the creation of the rehabilitation centers such as the clubhouse model to enhance services greatly. Putting mental illness into the school curriculum, inviting speakers who themselves suffer from mental illness. And national health insurance would greatly reduce the financial stress on those who suffer. I also envision much greater emphasis on mental health and mental illness in medical schools, particularly for those studying to be family practitioners.

Tyler: Thank you, Larry, for the interview today. Before we go, will you tell our readers about your website and what additional information they may find there about “Mental Illness and Your Town”?

Larry: You can order the book through any bookstore or from Amazon. I'm always available via e-mail at ljhayes38@aol.com. The website address is <http://communitymentalhealth.us/>

Tyler:: Thank you, Larry. I wish you much satisfaction in spreading your message and advocating for the mentally ill.