

GRACE | IS A
PRE-EXISTING CONDITION
FAITH, SYSTEMS, AND MENTAL HEALTHCARE

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This book is dedicated to:
my godfather, Patrick,
who reminds me that grace came before me;
and my goddaughter, Miriam,
who reminds me that grace will continue after me.

Ad majorem Dei gloriam

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Mental Health Voting

It is not lost on me that this book is being published in the same year as possibly the most closely watched election in United States history. In fact, I began writing this book just as conversations about the 2018 midterm elections were heating up, and there was much talk about healthcare and pre-existing conditions. I voted in 2018 with a high degree of awareness of the way in which that election would impact my and millions of others' access to care, as someone with a pre-existing condition and who, in the past, has had to rely on Medicaid expansion to cover mental healthcare costs.

But what does it mean to vote for a better mental health system? The National Alliance on Mental Illness (NAMI) has good issue-specific information on their #Vote4MentalHealth website,¹² but their focus tends to narrow on policy that directly relates to mental health. As I hope this book has made clear, many other systems impinge on the mental health of individuals and the health of our society. Here, then, are a few ideas for what to keep in mind when voting with a more just and equitable mental healthcare system in mind.

11. I'm grateful for the work of Teresa P. Mateus and the Mystic Soul Project, this intersection of trauma sensitivity, spiritual practice, and activism: www.teresapmateus.com/ and www.mysticsoulproject.com/. An accessible introduction to some basic practices for trauma sensitivity is her book *Sacred Wounds: A Path to Healing from Spiritual Trauma*, published under Teresa B. Pasquale (St. Louis, MO: Chalice Press, 2015).

12. www.nami.org/Get-Involved/Take-Action-on-Advocacy-Issues/Vote4MentalHealth.

Vote to protect coverage for pre-existing conditions and parity in coverage for mental health.

Any attempt to repeal or dismantle the ACA without a viable replacement that protects pre-existing conditions harms people with mental health struggles. Currently, the federal government has joined with twenty states to argue in federal court *against* these protections, while at the same time allowing for healthcare plans that lack such protections and also lack mental health parity,¹³ another issue that the ACA was designed to address. Mental health voters should challenge these attempts to return to the discriminatory policies of the past at both federal and state levels. To be clear, it is possible to propose an alternative to or replacement of the ACA that addresses these concerns; but absent such an alternative, the repeal of the ACA would lead to a vast gap in coverage for people with mental health conditions.

Vote to expand Medicaid.

As I mentioned earlier, I relied on expanded Medicaid to access mental and physical healthcare during a crucial time in my recovery. Many people with mental health struggles lack the resources to access care; the expansion of Medicaid, while not a magic fix, would provide coverage for millions more people including people with mental health struggles. Importantly, many people with disabilities rely on Medicaid in order to be able to live in their own homes and remain connected to their communities, a nuance that is often lost in conversations about the Medicare-for-All models. If private insurance were to be replaced by a universal Medicare system, it would be important to argue for and maintain the aspects of Medicaid that are uniquely related to disabilities.

13. "NAMI and Others File Lawsuit against the Short-Term, Limited Duration Plan Final Rule" *NAMI*, September 14, 2018, available online: <https://www.nami.org/About-NAMI/NAMI-News/2018/NAMI-and-Others-File-Lawsuit-Against-the-Short-Ter>.

Refuse to let mental health struggles be used as a scapegoat for difficult political conversations.

Too often, politicians are willing to talk about mental healthcare because mental illness is being raised as the “real issue” in order to avoid difficult political conversations around guns, extremism, gender, and race—in spite of the fact that people with mental illnesses are much more likely to be victims, rather than perpetrators, of violence. Mental health voters are willing to have a robust conversation about the importance of mental healthcare in creating a safer society for all, *without* allowing people with mental health struggles to be used as scapegoats by politicians who, often, turn out not to be serious about the conversation around mental healthcare.

Recognize that homelessness and mass incarceration have taken the place of a functioning mental health system in our country.

It’s clear that deinstitutionalization, while originally designed to end abuses and put more of a focus on care in community, has actually, when paired with budget cuts to healthcare and community programs, led to homelessness and an increase in mass incarceration. Mental health voters will pay close and critical attention to rhetoric around homelessness, incarceration, and crime, knowing that often these conversations demonize people who are struggling with mental health and trauma.

Recognize that tax cuts for those with the most means losses in care and services for those with the least.

Related to the last point, we will pay close attention to budget cuts—often hidden under language about tax cuts—that continue to make it difficult for people to receive the care they need, whether in a psychiatric bed or in a community setting.

Recognize that behind headlines about drug overdoses and the opioid crisis are stories about mental health struggles, substance abuse disorders, and trauma.

We ought to be talking about the public health crisis of opioid addiction, just as we previously ought to have talked about crack cocaine in terms of public health rather than crime. We ought to be talking about it in terms of underlying causes such as substance-abuse disorders, trauma, and mental-health struggles. If politicians are seeking to use the opioid crisis to bolster their campaigns but aren't talking about increasing resources for care and recovery while decreasing punitive measures and homelessness, we should raise questions. And if they're doing so while also talking about cutting taxes for those with the most, we ought to remind them those tax cuts mean losses in care and services for those with the least.

Refuse to shame or demonize people whose voting behavior is different from their own.

I think it is important to vote with the mental healthcare system in mind. I also think we shouldn't shame or demonize people who don't vote, or who vote differently from us, especially when we're talking about mental health voting. For some people with severe mental illness, getting to the polls is difficult under normal circumstances, much less in a time in which voting rights are being eroded by voter ID laws, the closing of polling places, and the purging of voter rolls. Rather than criticizing those who don't vote, we must vote with them in mind and help to cast an inspiring vision that can catch the hopes and interest of those who have stayed home out of disengagement and disinterest in past elections. Those of us with mental health struggles ought to understand, more than anyone, that feelings of disengagement and disconnection can be truly powerful, and that shaming and demonizing language, far from motivating us, tends to drive us deeper into the corner.

Obviously, there are many more aspects of this conversation to consider, but these are a few topics I've noticed rattling around in the

political sphere. If you are able to vote, consider these thoughts about mental health voting. The more we tell our stories, the more the system will have to change. The more the system changes, the more people will be able to access care. The more people are able to access care, the more sacred stories we will be privileged to hear. And we need to hear those stories. Gathered in a circle, around a shared meal, in the presence of Christ, we share our stories, and then we are sent out in the world to love and to work for the common good. Because planted within those stories are the seeds of real change.