From a Peer Perspective

Community by Daniel Sullivan

It is my firm belief that community is the most effective and essential component of recovery. Diet is important. What we put in our body affects our physical and emotional well-being. Exercise promotes blood circulation, which carries healing nutrients to all parts of the body. Meditation helps soothe the racing mind, reducing stress levels. Medication is used to combat our strongest symptoms. All of these we know greatly contribute to our mental health wellness.

However, I can’t stress more my conviction that community is the most crucial aspect of recovery. Man is a social being. I know I’m not the first person to say this. Few things make a person feel better than a sense of belonging; a sense of self-worth, the ability to say “Hey, these people accept me, like me, have time for me. I feel at home here. I have a place to go. People will call me if they haven’t seen me in a while. I can call and make plans with people who care.”

I was an in-patient at Mass General some years ago for depression. Pretty much all of us were in there for the same reason. One night someone took out a deck of cards and about six of us started playing 500 rummy. Soon we were joking and laughing and really having a good time. The doctor on call seemed to have no idea what to make of it. We all had our med regimen but it seemed obvious what was working. There I met an older gentleman who was also in for depression. We got to talking and it turns out that he’d been a bartender on the North Shore for decades. We older men like to tell stories, and if anyone has stories to tell, it’s a bartender from the North Shore. We laughed aloud as he recounted his stories from his unique point of view. Nothing like a friendly audience to alleviate a depression.

Upon discharge, I joined an organization called DBSA, the Depression Bipolar Support Alliance. The group meets at McLean in the afternoons four times a week and on Wednesday nights. Upwards of 100 people get together on Wednesday nights and we break into smaller support groups, such as bipolar, depression, young people's group, and friends and family. Every Christmas season we have a Holiday party, every Spring and Fall we have an ice cream social, and in the Summer we have a very well attended cook-out. Every 5th Wednesday we have an open mike featuring some very talented people. Most of my closest friends are from DBSA, and we often see each other outside the group.

After a rough bout of depression and subsequent hospitalization, about 6 months ago I began volunteering at the Cole Resource Center, a mental health support, job training and advocacy resource center for people with mental health challenges. Having been working in the field for 5 years, it was great to be able to, once again,
reconnect with my many colleagues across Eastern Mass. I'm once more giving presentations, teaching classes, and running support groups for NAMI, the National Alliance on Mental Illness. I'm facilitating meetings at DBSA and at the Cole Center. With my extensive network in the mental health community, I am now able to assume the role of coordinator. I also write for their newsletter and for several others.

I'm happy to have been able to argue my case of the importance of community in mental health care. Now briefly I'll argue another. I've seen over a billion dollars earmarked for research. Vast sums of money go into genetic research – looking for the magic gene, hoping for the magic pill. As this is all well and good, much of this money could be better spent in treatment. For instance, clubhouses, of which there are many in this area, are poorly funded and their members get shortchanged whenever there are budget cuts. We can better fund programs that we know work. There might be less glamour in this, but I've seen as glamorous the changes that community can make in people's lives.