

Psychiatric program helped troubled clergy

CLINIC, From 1B

counseling that explored each patient's religious background. In addition to individual therapy, patients gathered regularly in groups, probing for clues on the root of their troubles.

Psychiatric care in conventional settings often backfires on religious people, Hands said, because they tend to become the unofficial chaplains of their groups and are inhibited in their own recovery.

"The thought was that church people might understand church people better," he said.

Varied problems confronted

Soon, patients began arriving at Rogers Memorial 12 to 15 at a time, seeking help with problems as diverse as depression and anxiety, alcoholism, eating disorders and pedophilia.

Hands estimates that one-fourth of the patients were there for sex-related issues. Most had had forbidden relationships with adults, but at least a handful had committed child abuse. Those involved in criminal activity already were being dealt with by law enforcement.

Part of the attraction of St. Barnabas Center was its isolated location. Clergy from all across the



Hands



Moulthrop

country came for the solitude available on the shores of Upper Nashotah Lake in the Town of Summit, east of Oconomowoc.

Fehr said about half of the patients were Episcopalians, while the rest included Catholics, Lutherans, Methodists, Presbyterians and people from other denominations. About 75% were men, 25% were women.

Some ultimately found other occupations; others returned to ministries. Clinic administrators would report back to a bishop on each patient's progress and leave it to the bishop to decide where the recovering priest, nun or other professional should be placed.

In light of the current scandals, Fehr, who now leads a congregation in Greendale, said: "I imagine it's going to get to the point where they're not going to give anyone a second chance. And

maybe that's where they should go."

Financial pressures

After five years, changes in health insurance began to catch up to St. Barnabas Center.

Insurance companies uncertain of whether such specialized programs were the most efficient way to treat mental illness started refusing coverage for patients. Rogers Memorial was forced to subsidize St. Barnabas Center. Before long, the non-profit hospital found itself sinking fast.

"It was a drag on the hospital," said David Moulthrop, hired in 1992 as president and CEO at Rogers Memorial.

With the emergence of HMOs and other managed-care systems, insurance companies were increasingly insistent that mental health patients be treated in general hospital populations — or better still, on an outpatient basis. St. Barnabas Center was exactly the opposite: a program designed for one narrowly defined population and requiring several weeks of residential treatment at a cost of \$250 to \$450 a day.

"That was the fatal flaw," Moulthrop said.

It was of little consolation that similar programs were having the

same problem elsewhere.

In Hartford, Conn., a secular clinic called the Institute of Living faced a constant struggle with insurance companies over coverage for its psychiatric patients. The institute offered specialized treatment for clergy and other professionals plagued by work-related ailments.

As the financial outlook grew bleak, the Institute of Living in 1994 accepted a merger offer from Hartford Hospital, the largest hospital in Connecticut.

"It was either that or go under," hospital spokeswoman Lee Monroe said.

In Oconomowoc, Rogers Memorial saw no hope of a bailout and instead pulled the plug on St. Barnabas Center in May 1993.

Hands and Fehr had just gone to publishers with a book, "Spiritual Wholeness for Clergy," documenting some of their findings at the clinic.

Hands, who now counsels prison inmates, said the best measure of success at St. Barnabas Center is the long list of clergy who went there to reclaim their careers — and perhaps their lives.

"I thought we were unique; I thought we were needed," he said. "I don't know where people go now."