In 1940, the United States passed the United States Selective Service and Training Act that gave Conscientious Objectors (COs), those not participating in war due to personal convictions, the option to work in the forest service or National Parks during WWII. Many of these COs were Mennonites. However, some of these men did not find this work fulfilling and wanted more meaningful jobs, ones that put them in direct contact with other people.

Initially, several COs were assigned to work in mental hospitals in 1942. One group went to Lima Ohio State Hospital for the Criminally Insane. Immediately, the COs made a positive impression. Attendants at the hospital were required to carry batons, but the COs requested an exemption. This worked so well for them that the hospital took the batons from all hospital employees! This made way for better attendant-patient relationships.

During the next four years of the war, about 1,500 American Mennonite and 80 Canadian Mennonite COs worked in hospitals caring for the mentally ill. Their Civilian Public Service (CPS) was very influential in bringing about reforms in mental health care. *Life* magazine published an article based on the evidence gathered by the CPS men entitled “Bedlam 1946: Most U.S. Mental Hospitals are a Shame and Disgrace.” It called for reform, outlining the lack of manpower, deplorable conditions, and detached care of the patients. According to Elmer Ediger, “Through their engagement in the CPS program, the 200,000 Mennonite membership in the United States probably encountered the biggest experimental impact of any Christian group in all history regarding mental illness and treatment.”

As interest grew in the Mennonite community to be involved in such a ministry, Mennonite Central Committee (MCC) in 1945 posed this question: Should the church establish and maintain hospitals for the mentally ill? William J. Ellis, State Mental Health Commissioner of New Jersey, and Paul Goering, CPS Hospital Leader, both referred to the mental health precedent set by the Quakers and the Russian Mennonites, as well as the opportunity to implement ideals of love and nonviolence.

This was not a new idea in the Mennonite community. The first Mennonite hospital for the mentally ill was founded in Ukraine.
The Bethania Hospital ran from 1910 to 1927 and would prove to be influential in the formation of other Mennonite mental health hospitals. Henry P. Wiebe founded the Bethesda Hospital in 1932 in Vineland, Ontario, when a local Mennonite minister had a mental breakdown. Wiebe took the minister into his home and, in 1937, purchased a farm and immediately began taking more patients. Nurses and attendants who had worked in the Ukrainian Bethania Hospital, and later immigrated to Canada, were instrumental in helping start Bethesda. The Hoffnungsheim mental health hospital was then established in the Chaco, Paraguay, also by Mennonite immigrants, those that settled in Filadelphia, Paraguay, in 1945. By the 1980s, it was absorbed into a three-colony program called Servicios Menonitas de Salud Mental.

By June 1945, Mennonites responded positively to MCC’s query, agreeing to work with MCC in the establishment of mental health hospitals. Mennonite Mental Health Services (MMHS) was formed in 1946 with board members Elmer Ediger, Richard Kreider, and Arthur Jost. However, MCC’s involvement with the formation of mental health facilities was not without some disagreement, as MCC had usually been involved in emergency/short term relief projects. Primarily functioning in times of war and conflict, there were questions about how MCC would continue to function in times of peace. The development of mental health organizations and the voluntary service programs became ways to justify MCC’s continued existence.

MCC helped establish three mental health institutions: Brook Lane Farm (1949), Prairie View Hospital (1954), and Kings View Homes (1950). Brook Lane (Maryland) was set to treat the acute mentally ill, Kings View (California) the chronically ill, and Prairie View (Kansas) was to be a center for training and education. These would not be the only MCC mental health hospitals. Oaklawn Psychiatric Center (Indiana) was opened in 1958 and Kern View (California) was opened in 1966.

Through the wartime experiences of COs in Canada and the United States, the desire among Mennonites to respond to the mental health needs in their own neighborhoods has remained strong. Mennonite mental health facilities have opened in the United States and Canada, dedicated to providing the highest quality mental health services within a Christian environment where everyone is treated with dignity and respect (e.g., Philhaven Hospital [Pennsylvania] in 1952 and Eden Mental Health Centre [Manitoba] in 1967).

Prairie View and Kings View have received the American Psychiatric Association’s Gold Award for excellence in their field. Each now has multiple locations and have expanded their fields of research. For instance, Prairie View grew very successful in the 1960s by implementing the treatment philosophy that individuals are responsible for their behavior. This was not the common practice at the time. The community has become the main focus in all locations—not only serving the mentally ill in the community but also the general population. Kings View has held symposiums on teen suicide, sexual assault, child abuse, depression, and drug additions to better educate people on these sensitive topics.

Mennonite mental health services are just one example of many that show the Mennonite commitment to aid and helping those in need.