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It takes a community

Partnerships among churches, health-related providers and community service groups offer the best hope for helping people affected by mental illness.

By Doug Ronsheim

People with mental illness often wonder, “Can I love myself? Can someone love me? Am I worthy of God’s love and redemption?” After a series of sessions with a pastoral counselor, one woman struggling with depression finally was able to declare, “When God finished the job of creating the world, our Creator said, ‘It is good!’ Now I believe this includes me.”

Unfortunately, the stigma associated with mental illness keeps many others from feeling included in the community of God. Often the stigma is caused by fear and lack of knowledge. Even in Scripture, we find stories in which people with mental and physical illnesses were feared, mistrusted and isolated from the larger community because their conditions were believed to be the result of sin or demon possession. (For example, see the story of the Gerasene demoniac in Luke 8:26–34.)

The reality is, mental health problems affect some 450 million people around the world, according to the World Council of Churches. Statistics from the National Institute of Mental Health indicate that approximately 26 percent of American adults suffer from a diagnosable mental illness in any given year.

Though churches have been slow

to welcome people with mental illness, in recent decades the Presbyterian Church (U.S.A.) has been at the forefront of efforts to address issues related to mental health. And leaders of these efforts are recognizing that people affected by mental illness need the combined resources of a whole community—from families to congregations to healthcare and service organizations.

For example, the Presbyterian Serious Mental Illness Network brings together people across the country for advocacy and support. *Comfort My People*, a policy statement adopted by the 218th General Assembly (2008), is recognized even outside the church as a landmark publication (see “Learn more,” page 24). Several years ago I gave a copy of this document to Kathryn Power, a longtime administrator for mental health services at the state and national level. She said, “I had no idea that a church body was interested in this issue, let alone would publish a policy statement about serious mental illness. The reality is we should be working together on this essential and important topic.”

Understanding mental illness

The term “mental illness” is used for a wide variety of conditions, with symptoms that range from mild and manageable to severe and

debilitating. These include conditions such as major depression, postpartum depression, bipolar disorder, anxiety disorder, panic attacks and schizophrenia.

Just as a person with a family history of heart disease is predisposed to heart problems, a genetic predisposition also puts one at risk for mental illness. But emotional and physical well-being are also affected by environment—our homes, jobs, schools, communities and places of worship. Just as environmental factors such as poor diet and lack of exercise may exacerbate a heart condition, research increasingly is verifying that living conditions are significant in determining whether a person develops mental illness.

Since the early 1990s, researchers have been exploring the connection between Adverse Childhood

Statistics from the National Institute of Mental Health indicate that approximately **26 percent** of American adults suffer from a **diagnosable mental illness in any given year.**



CARING FOR ONE ANOTHER: Many people with mental illness long for spiritual care but are reluctant to discuss their mental health even with their own families. This can isolate people with mental illness and keep them from getting the support and understanding they need for healing.

Experiences (ACEs) and adult health. The findings confirm that traumatic childhood experiences, such as recurrent physical and emotional abuse, affect health and influence behavior throughout one's lifespan. The more ACEs a person experiences, the more severe the health outcomes are. This research suggests that understanding our past can be a pathway to improving our physical, emotional and spiritual well-being.

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Growing needs

The escalation of mental health issues among military veterans, with the return of soldiers who have served one or more deployments to Iraq and Afghanistan, has also drawn attention to the burgeoning mental health needs of the general population. The impact of these needs on families, friends, congregations and communities can be significant.

Results of a national survey published in 2005 by the Harvard School of Medicine showed that fewer than half of those who said they had a mental health concern actually sought treatment. Many people are reluctant to discuss their mental health, even with their own families. The reluctance to ask for help can isolate those with mental illness and keep them from receiving the support and understanding they need for healing.

In most congregations, during the time of sharing joys and prayer concerns, members are much more likely to hear from people who are physically ill or in remission from a life-threatening physical illness than from someone undergoing treatment for a mental health issue or celebrating three years of sobriety from addiction. A close friend of mine, the father of six young children, has been hospitalized with severe depression seven times in the last 10 years. Though active in his church, he has not been offered donations to offset the cost of the hospitalizations or any other overt support from the congregation. I suspect the response would be quite different for someone with a chronic physical illness.

Yet people with mental illness continue to turn to the church for help. The 2005 Harvard study showed that 25 percent of those who sought treatment for a mental health

concern turned first to a pastor or other church leader (17 percent contacted a psychiatrist or general medical doctor). Unfortunately, pastors and congregations often lack the knowledge and training to assist with the complex issues related to mental health. For example, in a 2001 report by the National Center on Addiction and Substance Abuse at Columbia University, more than 90 percent of faith leaders said they considered abuse of alcohol and drugs—a significant influence on both mental and physical health—to be an important problem in their congregations. But only 12.5 percent of faith leaders reported having completed coursework pertaining to substance abuse during their theological studies.

A look at the community beyond the church reveals an equally troubling shortage of resources for people with mental illness. Organizations that monitor the healthcare industry say current numbers of trained mental health professionals and psychiatric services are woefully inadequate to meet the growing need for services and care.

The weaknesses in the system are poignantly portrayed in a June 22 cover story in the *New York Times Magazine*. In “Love and Commitment: When My Crazy Father Actually Lost His Mind,” Jeneen Interlandi describes the “revolving door of emergency rooms, short-term psych wards and jail” her father encountered in his struggle to find help with bipolar disorder. “In reporting this article,” she writes, “I found scores of families trapped in the same fractured system They described programs that were underfinanced and overcrowded, not to mention involuntary commitment laws that were only haphazardly enforced.”

The promise of partnerships

There’s a growing consensus that responding adequately to the needs



EXTENDING WELCOME: Congregations can invite people with mental illness to participate in activities as they are able—for example, as a liturgist, choir member or member of a small group.

How congregations can help

EDUCATION

- Invite a speaker or offer a workshop related to mental health.
- Place educational materials in information racks and church libraries. For a good selection of resources: www.pathways2promise.org
- Highlight Mental Health Month (May) and Mental Illness Awareness Week (Oct. 7–13). For bulletin inserts and worship and planning resources: www.pcusa.org/phewa/psmin; www.pathways2promise.org
- Plan a health fair and include education about mental illnesses.

COMMITMENT

- Form a task force to assess the mental health needs of your congregation.
- Develop a statement expressing the congregation’s commitment to this ministry.

WELCOME

- Train ushers and greeters to be welcoming and supportive of all people. Some congregations train “companions” to accompany people with mental illness to worship, to talk with them or simply to help them find a quiet place to rest.
- Invite people with mental illness to participate in activities as they are

willing and able—for example, as a liturgist, choir member or member of a small group.

- Include people with mental health conditions in prayers, liturgies and sermon illustrations.
- Partner with local ecumenical or interfaith groups to identify people in need of transportation to worship. This may lead to helping with housing, employment, transportation to medical appointments and practicing social skills.

SUPPORT

- Train mentors through programs like Stephen Ministry or with the help of parish nurses or other health professionals.
- Develop and keep on hand a referral list of mental health services in your community.
- Organize a support group for people with mental health concerns and their families or invite community groups dealing with mental health issues to use your facilities.
- Visit or provide meals for people with mental illness who are not able to attend services.
- Look for ways to support family members of people with mental illness.

Adapted by permission from *Mental Illness & Families of Faith: How Congregations Can Respond*, a study guide for pastors and congregations. Download the study guide and other resources at www.mentalhealthministries.net.

of people with mental health issues and their families will require the formation of partnerships among people in all of the so-called “caring professions,” including pastors and other religious leaders. Strengthening relationships between faith communities and secular service providers and recovery programs will enable better coordination of care for people coping with mental health conditions and for their families.

A good place for a congregation to begin is to find out what initiatives already exist for responding to mental illness, substance abuse and related issues. For example, Pathways to Promise, a coalition founded by the PC(USA) and other faith groups (see “Learn more” box on right), and the American Association of Pastoral Counselors helped develop a training initiative on mental health and substance abuse for clusters of congregations and partner organizations in neighborhoods across the nation. Pilot partnerships are underway in several states. The result is reduced stigma and increased knowledge and skills so that congregations can more effectively welcome people with mental health conditions and promote their recovery. Congregations are developing relationships with service providers, which enables them to assist in coordinating appropriate care and services.

Involvement of the church is important because so many people with mental illness long for spiritual care. One year during Holy Week, a pastor and an elder went to the local psychiatric hospital to share communion with a woman in their congregation who was being treated for schizophrenia. They met in a room with plexiglass walls that made it possible for a staff member to view all of the patients. After praying before communion, the pastor looked up and noticed three patients gazing at them through the walls. Two of



SEEKING THE ROOTS OF MENTAL HEALTH: Current research suggests that understanding our past can be a pathway toward improving our physical, emotional and spiritual well-being.

LEARN MORE—Get involved

Here are three key resources to help Presbyterians get involved in ministry with those who have serious mental illnesses. See Tool Box, page 36, for more resources.

- » **Comfort My People: A Policy Statement on Serious Mental Illness**—an 82-page report and study guide approved by the 218th General Assembly (2008) of the Presbyterian Church (U.S.A.). To download the report: www.pcusa.org/resource (search for “Comfort My People”). To purchase copies: store.pcusa.org/0205209003; (800) 524-2612
- » **The Presbyterian Serious Mental Illness Network (PSMIN)**—a grassroots volunteer network of the Presbyterian Health, Education and Welfare Association (PHEWA), a program of the Presbyterian Mission Agency. PSMIN works to make the church a place of caring and empowering ministry with people experiencing a mental illness and their families. For more information on PSMIN and PHEWA: www.pcusa.org/phewa/psmin
- » **Pathways to Promise**—an interfaith coalition founded in 1988 by the PC(USA) and other faith groups to reach out to and promote the full inclusion of people with mental illness and their families. Pathways is a good source of liturgical and educational materials, program models, and connections between mental health professionals and the faith community. To learn more: www.pathways2promise.org

them—one standing and the other kneeling—had their hands cupped in front of them. The third patient kept her eyes fixed hungrily on the bread and cup.

It takes an informed and caring faith community to help meet that spiritual hunger. As part of a holistic support system, the church can

provide much-needed companionship and hope to people living with mental illness and to their families.

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