

Why Congregations Are Called to Care

Offering Hope: The Church's Role with Mental Illness



Reflections: Called to Care Within Our Church Communities

By Janet Ober

*If one member of the body suffers, all suffer together with it;
if one member is honored, all rejoice together with it.
— 1 Corinthians 12:26*

A member of your church is facing a prolonged hospitalization — how does your congregation respond? You pray. You send cards and notes of encouragement. The cooks among you prepare carry-in meals for the family. If there are children, you may offer childcare. In short, you love your brother or sister through their time of need in countless ways.

A member of your church survives a life-threatening illness — how does your congregation respond? You celebrate. You announce the good news in worship and give thanks to God. When your brother or sister returns to church that first Sunday, you greet him or her warmly. Your pastor may even acknowledge his/her presence from the pulpit to the sound of applause or words of praise.

Our congregations, in general, are loving and good. We care for our brothers and sisters in Christ deeply and generously. We hold sacred the covenant expressed by the hymn, “Bless’d Be The Tie”: We share each other’s woes, each other’s burdens bear,

and often for each other flows a sympathizing tear. But what happens to that generosity and good intent if we add a few details to the aforementioned

scenarios? What if the prolonged hospitalization involves a psychiatric unit and antipsychotic medications? Would we respond as fully and as generously with prayers, cards, meals and childcare? And what if the life-threatening illness was a deep depression that led to a suicide attempt? Would we still welcome our brother and sister warmly on his or her first Sunday back?

Too long misunderstanding, shame and secrecy have shrouded mental illness. And yet, those who suffer, both client and caregiver, are no less in need of their church family than anyone facing surgery, chronic illness, life-threatening disease or life-long disability.

Mental illness is an illness, with its own unique characteristics and challenges. It is not a curse, a flaw, a punishment or a possession. It is just an illness with which

*We will walk with you.
And God walks with you.
You will not go through this alone.*

Prayer

O Lord, you have searched us and known us
You know when we sit down and
when we rise up,
and know our innermost thoughts.
You search out our paths
and know all our ways.
Before we speak, you know our words.
When we were knit together
in our mother’s womb
You knew us as woman, as child, as man.
Wherever we go, Your hand will lead us.
So guide us along the pathways to hope,
that night becomes bright as day.
So lead us on our walk together,
that darkness is lifted from our hearts.
So encourage us that our sisters and brothers
Who have mental illness shall know
that they will never walk alone.

— Virginia Interfaith Committee on Mental Illness
Ministries, (800) 768-6040, ext. 153

thousands of people, including many within our own church families, learn to cope. And we, their brothers and sisters in Christ, can help.

We can help by reading the resources in this packet prayerfully and inviting God to lead our congregations toward a more complete compassion. Perhaps we might use this material in a Sunday school class or as part of a deacon's training. In my own congregation, a month-long elective on mental illness has opened us up in ways I had only dreamed possible.

But perhaps one of the most powerful ways we can help is to remember that any illness does not

wholly define a person. It is one aspect of his/her reality, but it is not who he/she is. For each of us is, ultimately, a child of God, with talents, skills, dreams, accomplishments, unique quirks and special qualities. Together, we are the body of Christ. And together, we "offer hope," one to another — by listening to, learning from and loving one another. In this, may God be glorified and may the church be blessed.

—Janet Ober
associate pastor for Children and Youth,
La Verne (Calif.) Church of the Brethren

Reflections: Called to Care Within the Wider Community

By Kathy Gingrich

God has already made it plain how to live, what to do, what GOD is looking for in men and women.

It's quite simple: Do what is fair and just to your neighbor, be compassionate and loyal in your love, and don't take yourself too seriously — take God seriously.

Micah 6:6-8, The Message, adapted

"To the Glory of God and our neighbor's good"

Christopher Sauer

The Church of the Brethren, a historic peace church, is also a servant church. Following the examples and teachings of Jesus, we seek to serve and to minister to the whole person, in local communities and around the world. In times of crisis, natural disaster, famine and war times, representatives of the Church of the Brethren have sought to be present and to bring healing to a broken and wounded world. Our participation and leadership in Heifer Project International, Church World Service, and Disaster Childcare programs are a few of the ways we have sought to "gird ourselves with a towel" to serve a hurting humanity. We base our kneeling down to serve on the example of Jesus Christ.

A new frontier many local churches, districts, and the Association of Brethren Caregivers are embracing is a call to participate in "mental health ministry." Some religious traditions have understood ministry to be the care, nourishing, and salvation of the soul. The Church of the Brethren embraces the

"whole person," and recognizes that ministry to the whole person will also mean addressing healthcare, justice and social issues such as homelessness, addiction, mental health, mental illness, domestic violence, abuse, and incarceration.

Mental illness is broadly defined as disorders in the brain that disrupt one's thinking, feeling or moods. Mental illnesses are disorders of the brain that impact one's ability to function in personal, social, and professional relationships. Mental illness is not the result of character defects, personal weakness, or personal failings! These disorders fall on a continuum of mild to severe, and can occur as a single episode or recurring event. Depression, anxiety/panic disorders, attention deficit/hyperactivity disorder, obsessive-compulsive disorders, borderline personality disorder, bipolar disorder, autism, schizophrenia and schizoaffective disorders are the most common "groupings" of mental disorders.

According to the National Institute of Mental Health's website, "An estimated 26.2 percent of Americans — about one in four adults — suffer from a diagnosable mental disorder in a given year ... in addition, mental disorders are the leading cause of disability in the United States and Canada for ages 15-44. Many people suffer from more than one mental disorder at a given time."

The impact of mental illness is huge. The ripple effects reach into relationships, families, economics, medical community, business productivity, faith communities, and cross local, state, federal and international borders, and so much more! Imagine, then, some of the long-term effects of living with mental illness and the devastation it can sometimes wreak on individuals, families and communities. Mental illness co-exists and impacts persons who are also coping with one or more of the following: homelessness, addiction, domestic violence, abuse, and incarceration.

Statistically, domestic violence shelters agree that one out of three women will experience domestic violence in their lifetime. Across studies of battered women, the incidence of post-traumatic stress disorder occurs in 54 percent to 84 percent; depression is present in 63 percent to 77 percent; and anxiety ranges from 38 percent to 75 percent. "On average, over half of women seen in a range of mental health settings are either currently experiencing or have experienced abuse by an intimate partner," states the Domestic Violence and Mental Health Policy Initiative (www.dvmhpi.org).

On any given day, 800,000 people are homeless in the United States, including 200,000 children in homeless families. This statistic does not include victims of Hurricanes Katrina and Wilma. (National Center on Family Homelessness)

The following statistics are from the National Law Center on Homelessness & Poverty. Among the homeless population:

- 41 percent are single men.
- 14 percent are single women.
- 5 percent are unaccompanied children.
- 40 percent are families with children.
- 67 percent are single parent families.

- 23 percent are mentally disabled.
- 10 percent are veterans.
- 30 percent are drug addicted/alcohol dependent.
- 50 percent are African American.
- 35 percent are White.
- 12 percent are Hispanic.
- 2 percent are Native American.
- 1 percent are Asian.
- 44 percent of the homeless population are employed.
- 18 percent of homeless adults have served time in a state or federal prison.

Reviewing these statistics, it becomes clear that mental illness plays a significant role in nearly a quarter of the homeless population, and that number rises if the drug addicted/alcohol dependent home is included in the count!

According to the U.S. Department of Health and Human Services and SAMHSA's National Clearinghouse for Alcohol and Drug Information, 44 percent of the adult U.S. population (age 18 and over) are current drinkers who have consumed at least 12 drinks in the preceding year.¹ Although most people who drink do so safely, the minority who consume alcohol heavily produce an impact that ripples outward to encompass their families, friends, and communities. The following statistics give a glimpse of the magnitude of problem drinking¹:

- Approximately 14 million Americans — 7.4 percent of the population — meet the diagnostic criteria for alcohol abuse or alcoholism (Gran et al. 1994).
- More than one-half of American adults have a close family member who has or has had alcoholism (Dawson and Grant 1998).
- Approximately one in four children younger than 18 years old in the United States is exposed to alcohol abuse or alcohol dependence in the family (Grant 2000).

In an interview at the National Council on Alcoholic and Drug Dependence, Daniel Hall-Flavin comments on the topic of dual diagnosis. Dual diagnosis is a term used to refer to persons who abuse or are dependent on alcohol and or drugs, and

have a co-existing mental illness. He notes from his research: “Individuals with other psychiatric disorders are two times more likely to develop an alcohol disorder and four times more likely to have a drug disorder in their lifetime.

- “Of individuals with an alcohol disorder, one-third will have at least one other psychiatric disorder in their lifetime.
- “For those with a drug-abuse disorder, 53 percent will have at least one other psychiatric disorder in their lifetime.”

Current research is also taking a look at the role of trauma in mental illness, substance abuse/dependency, and other addictions.

Overcoming the Statistics

All of these statistics can become overwhelming, and discouraging. Where does one begin? What difference can one person or one church make?

Scriptural teachings instruct us to love God, and to trust that God accompanies us in the ministries of hope and healing. We have a Biblical “mandate” to love our brothers and our sisters, and that includes those who are suffering from mental illness.

There are social service agencies that would welcome our “partnering” alongside their clients, offering a faith perspective, a spiritual assessment, and spiritual resources. The faith community can offer the endless resources of God’s love, faithfulness and steadfastness.

The Church of the Brethren anointing service offers healing to broken persons, broken souls, broken hearts, and broken bodies. And while we acknowledge that “sin” is not the root cause of mental illness, we can affirm that the anointing service reminds us that:

“God accepts us in our brokenness. God is faithful and just. We are comforted in the assurance that, as we confess our sin, God forgives us, and cleanses us from all unrighteousness. We believe, (name), that even those things that may be forgotten or that may be too deep for words, are not beyond God’s forgiving love. May God, who knows us completely, now bless

you through this service.”

Additionally the officiate states:
“You are now being anointed with oil in the name of God, for the forgiveness of your sins, for the strengthening of your faith, and for healing and wholeness according to God’s grace and wisdom.”
(For All Who Minister: A Worship Manual for the Church of the Brethren. Copyright 1993 Brethren Press.)

The good news is that for many people suffering from mental illness and the co-existing conditions of homelessness, substance abuse, drug dependency, domestic violence, abuse, and imprisonment, effective treatment is available. “Talk therapy,” various treatment modalities, pharmacological interventions, support groups, 12-step recovery groups, individual, family, and group counseling have been effective in treating, resolving or relieving the symptoms of mental illness for many of our brothers and sisters who live with mental illness.

We don’t have to have all the answers or a business plan in place before we can step out in faith to respond to our brothers and sisters who suffer from mental illness and the co-existing complications. Many other denominations and faith communities are also addressing these issues. Many web sites exist with helpful information and there are many social service agencies that welcome partnering with pastors and faith communities to address these issues.

Count well the cost as best we can, and also remember there is a cost for our lack of response. Some of these costs include the continued suffering, anguish, illness and in some instances, suicide, for our lack of response or inadequate efforts to address the multitude of needs of the mentally ill.

To help understand the issues more fully or offer assistance to a social service agency in your area, see the list of organizations named in the “Resource” section of this Health Promotion Sunday packet.

— Kathy Gingrich, hospital chaplain and member of Naperville (Ill.) Church of the Brethren

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