

Mental Illness and Families of Faith: How Congregations Can Respond

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One in four families sitting in the pews has a member dealing with mental illness. Yet our religious communities are often silent when it comes to understanding mental disorders as treatable illnesses. Persons struggling with a mental illness and their family members often become detached from their faith communities and their spirituality, which could be an important source of healing, wholeness and hope in times of personal darkness.

My depression began in 1991. I was in my third year of ministry at a large urban church. Despite my experience in pastoral counseling, I did not recognize or understand what was happening to me. Few people at church knew about my depression and hospitalization. For two years I suffered in silence, hiding my condition from the church community for fear of losing my job. With the support of my senior pastor, who had stood by me, believing in grace and believing in me, I finally decided to openly acknowledge my depression. I wrote an article for our church newsletter entitled, *The Burden of Silence*. My senior pastor wrote an accompanying article about the ignorance that is common regarding mental illness. Our parish nurse set up an informational meeting on depression, and we had a turn-away crowd of over 130 people.

A colleague asked me to speak at our Bishop's Convocation. The stories that my colleagues shared with me behind those closed doors made me realize that I was being called to speak out on mental illness in the church. I was especially concerned about my colleagues from certain groups where there was fear that such a disclosure could bring shame to the family, along with heightened concern that disclosure might negatively impact a person's future in ministry. The sad truth is that hundreds of our clergy have been forced to leave the ministry because of the stigma and ignorance associated with mental illnesses.

I am one of the "wounded healers" described by Henri Nouwen in his book "The Wounded Healer: Ministry in Contemporary Society." I have had subsequent hospitalizations and a variety of DSM-IV ("Diagnostic and Statistical Manual of Mental Disorders, 4th Edition") diagnoses that have changed over the years. But you cannot put a label on the human spirit. I know that I need to continue to have my medication monitored, maintain a good support system and practice good self-care as well as preventative care at those times when I feel most vulnerable. I've learned coping skills and have developed inner resources. I relate to the words of Louisa May Alcott who wrote in "Little Women": "I am not afraid of storms, for I am learning how to sail my ship."

The religious community has much work to do to address the shame, guilt and stigma associated with mental illness. Unfortunately very few seminaries incorporate adequate information about mental illness into their core curriculum. Studies show that a majority of individuals with a mental

health issue go first to a spiritual leader for help. Yet clergy are often the least effective in providing appropriate support and referral information.

After 13 years in the local church, I took a sabbatical leave and Mental Health Ministries was birthed in 2001. Mental Health Ministries is an interactive web-based ministry that provides educational resources to help erase the stigma of mental illness in our faith communities. Our mission is to help faith communities become caring congregations for both people living with a mental illness and those who love and care for them based on the “Caring Congregations” five step model first approved by the General Conference of The United Methodist Church in 1996 and amended and readopted in 2004 and 2012 (*The Book of Resolutions of The United Methodist Church* © 2004 by The United Methodist Publishing House). These steps, summarized below, are not linear. Rather the process of becoming a caring congregation is dynamic and unique to each community.

- **Education** is the first step and includes involving faith leaders, providing educational resources and offering classes to reduce the stigma.
- **Commitment** means that the community pledges to be intentional in seeking ways to become a caring congregation.
- **Welcome** is offering hospitality by seeking ways to integrate persons with a mental illness into the life of the community.
- **Support** can be offered to individuals and family members by training persons to be a caring presence, providing support groups, referral information, offering mutual respect and prayer.
- **Advocacy** means helping to better access care, funding and support for mental health treatment and speaking out on mental health concerns.

The Mental Health Ministries website offers a wide variety of downloadable print and DVD resources with many of the print resources available in Spanish. The website also has training materials and other resources developed by denominations and national groups working in the area of spirituality/faith and mental illness along with an Inspiration section with devotions, prayers and quotations. Congregations can choose from this menu of resources and adapt to their unique needs.

When I started Mental Health Ministries not much was attention given to addressing the stigma of mental illness in our faith communities. Since then we have seen increasing awareness of the important role of faith and spirituality in the treatment and recovery process and recognition of the unique position of congregations to serve as caring communities for persons living with a mental illness and those who care for them. When faith leaders and faith communities are well-informed about mental illness, they can be an important part of a support network, forming collaborative relationships with local mental health providers, advocacy groups, and other community partners.

We can all be seed planters. Most mental health outreach ministries begin small. We plant seeds in faith that others will help nurture and water those seeds. A seed is a promise. Some seeds take root

and grow in surprising ways with a harvest we could have never imagined. When I began sharing my story and connecting with faith communities, I never expected that my work would evolve the way it has which brings to mind the quote often attributed to Robert Louis Stevenson, "Don't judge each day by the harvest you reap, but by the seeds you plant."

For me the most painful part of my illness was the feeling of disconnection. A supportive faith community would have helped me feel that I was connected to something bigger than my own feelings of worthlessness and hopelessness. A supportive faith community would have embraced my family. We would not have had to suffer in silence. I pray that the time will come when families living with a loved one with mental illness will be silent no more.

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