

Running Head: A PRACTICAL GUIDE TO MEETING THE NEEDS

A Practical Guide to Meeting the Needs of the Mentally Ill in the Local Church

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### Abstract

Pastors and lay ministers are likely to encounter individuals and/or families in their congregation struggling with the effects of mental illness. Without the training necessary to competently treat serious mental disorders, a referral should be made to the appropriate licensed mental health provider. The congregation, however, remains vitally important to the recovery process. When utilized/engaged effectively, religious involvement is associated with buffering against future relapses, effective coping with symptoms, faster recovery times as well as promoting and sustaining mental health. This article offers clergy and lay ministers practical tips and resources aimed at helping the local church educate, support, supplement and provide continuing care in order to create a safe, loving environment in which those struggling with mental illness can find hope and healing.

Key Words: mental illness, Christian churches, practical, resources, clergy, pastors, family.

## A Practical Guide to Meeting the Needs of the Mentally Ill in the Local Church

Being a blind disease, mental illness does not recognize race, color or creed. It touches everyone from the man on the park bench to the woman on Park Avenue—from the woman in the business suit to the man in the prison jump suit. Those afflicted with serious mental illness require the assistance of trained and licensed professionals. These individuals may need psychotherapy, medication or a combination of both. Sometimes they require hospitalization in order to regulate and monitor their psychological health. The purpose of this article is to offer practical suggestions to congregations desiring to create a supportive environment for those struggling with mental health issues. This article is *not* intended to teach pastors or lay ministers to treat mental illness or provide psychotherapy; such a task is the job of mental health professionals. Rather, what will be discussed are ways in which the local church can educate, support, supplement and provide continuing care in order to create a safe, loving environment in which those struggling with mental illness can find hope and healing. In order to achieve this goal a mental health ministry, properly understood, should strive to integrate biblical truths with psychological resources. In doing so the Christian community shares in the burdens and struggles of fellow believers and becomes a visible incarnation of the Divine Physician.

### **The Church Has the Gospel and Gospel means Good News:**

If you have been actively involved in a congregation as a pastor, an elder, a small group leader or a weekly worshipper, then you have undoubtedly encountered either first-hand or indirectly someone struggling with a mental illness. Approximately 26.2% of Americans 18-years-old or older experience significant enough symptoms to meet criteria for a diagnosable mental disorder in a given year (1). This means that in one capacity or another many of us have been affected by mental illness. Perhaps we know a friend or family member who has struggled

with a mental disorder. Maybe we, ourselves, have been diagnosed with a mental illness. According to the World Health Organization's (2) projections, in the next 8 years Major Depressive Disorder will become the second leading cause of disability globally among all ages and both sexes (calculated according to disability-adjusted life year measure DALY). This means depression will trump war, road traffic accidents, arthritis, paralysis, etc. as the number one cause of disability. According to the years lived with disability (YLD) calculation, it is currently the *leading* cause of disability between both sexes in the age category 15-44 (2). Furthermore, among adolescents and young adults mental illness is already the leading cause of disability (DALYs), accounting for almost half of all disabilities in this age group (3). Young children suffer as well. Between children and adolescents, an estimated 1 in 10 suffers from a mental or emotional disorder that causes significant distress or impairment in their daily functioning at school, with friends, or in their families (4). Far from being immune to the effects of mental illness, families often bear the brunt of the confusion, sadness and pain associated with caring for a mentally ill loved one. A recent study among Protestant denominations revealed that approximately 1 in 3 families were affected by mental illness (5). Equally alarming was the fact that these families reported that their faith practices were negatively affected by the illness.

What is the point? What does this mean for the local church? The point is, mental illness exists among us. It is in our homes, schools and churches. Not only does it affect the life of the individual and the family unit, but in doing so it shakes the very foundation of the congregation. Often congregant's personal relationships with Jesus Christ, a source of grace and comfort, are weakened, damaged or destroyed by the direct or indirect effects of the mental disorders. Ignoring the problem does violence to the life of faith at the heart of each local church. The good

news, however, is that the church can be a source of comfort, support, and healing for those in its midst afflicted by mental illness.

### **And the Last Shall Be First**

When someone struggles with psychological problems or emotional distress, who is the first professional from whom they seek counsel and guidance? One would expect the answer to be their psychologist, psychiatrist, a medical doctor, or any other member of the mental health community. Those answers would all be wrong. When an individual is in psychological or emotional turmoil they are more likely to seek help from clergy and pastors than from mental health professionals (6). The counsel of those who are licensed and best trained to deal with such issues is sought after seeking guidance from a pastor or clergyman. As such, the burden upon pastors can feel overwhelming. Pulled for guidance and effective solutions the pastor may feel incompetent to deal with the psychological issue, but still desire to attend to the needs of the individual because they are a congregant. This tension may encourage the pastor to approach the problem from a perspective that is within his/her field of knowledge. Being comfortable with spiritual themes, he/she may deny or overly spiritualize the problem in order to feel a sense of competence in dealing with the issue. In this way the ill individual is not only denied a supportive environment that can promote mental health, but in some cases their personal faith is also weakened as a result of the interaction (7). How can a pastor, desiring to offer hope and healing, address the needs of a psychologically distressed congregant in a way that helps rather than hinders their recovery? The answer lies within the heart of the faith community.

### **The Church: A Healing Salve-ation:**

The word salvation is rooted in the word salve, meaning to make whole or heal. For Christians the Salvation found in Jesus Christ certainly heals the soul, offering an eternal and spiritual wholeness for the believer. The church, however, can be a source of salvation in another sense—a small “s” sense of the term. Social support is a great source of psychological health. As such it acts as a buffer against the potential onset of mental illness as well as an important vehicle of healing and recovery from the symptoms of mental illness. As the mystical body of Christ, the church is called to be a unified body of believers in communion with one another. For those suffering with mental illness this community can offer healing and wholeness simply by being a supportive community. As such, the local church provides a person already receiving professional help with a loving, supportive environment that will foster and promote their recovery rather than hinder it. It is equivalent to when a friend or family member comes home from surgery. You strive to create an atmosphere that will help the loved one recuperate by giving them a quiet place to sleep, reducing their physical responsibilities, and maybe even putting in a ramp to help them get up stairs. St. Paul instructs the Galatians, “Bear one another’s burdens, and so fulfill the law of Christ” (8). There are those among us in the pews suffering the burden of mental illness. By simply being a church—offering a community that seeks to understand and lovingly share in the burden of those suffering from mental illness—the Christian community can assist in a powerful way in the care and recovery of those with mental disorders.

## **Stigma**

Despite great strides in the mental health field, there is still a significant amount of misunderstanding and misinformation regarding the nature and causes of mental illness. Mental illness has been called the “no casserole disease” in some churches. This is because when a congregant has physical illness or ailment, church-goers usually rally to providing meals and

other forms of support. With mental illness, however, a manic or schizophrenic episode usually is met with either abandonment or misunderstanding from the church.

Severe mental illness is a disorder of the brain. The brain, like any other organ of the body, has the potential to fail to function properly. When this happens one of the results may be a mental disorder. Some of the most prominent stigmas regarding mental illness among Christian churches today are that these disorders are the result of personal sin, demonic influence, an insufficient prayer life or simple character weakness. Some 30% of individuals who approached clergy regarding mental illness reported their interaction with the church as negative. Of those 30%, approximately 60% were either abandoned or ignored by the church, while the remaining 40% were equally told that either their illness was the result of demonic influence or lack of faith/personal sin (7). This over-spiritualization represents a misunderstanding of the true nature of mental illness. This is not to say, however, that pastoral guidance/care does not have a place in counseling. It does. Not all cases of what might be considered depression and anxiety are in fact mental illnesses, properly speaking. There are cases in which individuals may be sad, depressed or anxious because they are living/behaving in way that they know is contrary to God's law and not in accord with their conscience. In such cases, pastoral or spiritual care may help the individual evaluate their priorities, align their life with principles of Christian discipleship, and dedicate themselves to prayer and other devotions. Such a remedy may cause the negative mood states may lift. These instances are different, however, from true clinical depression, anxiety disorders or other mental illnesses. An analogy might help. Let's look at Type I and Type II diabetes. In the case of Type I diabetes, an individual's pancreas does not produce enough insulin. Therefore, the person may experience symptoms such as thirst, hunger, weight loss or frequent urination. Type I diabetes results from the immune system destroying the insulin-

producing cells in the pancreas. It is a genetically-based immune system malfunction that does not depend upon the person's lifestyle or food behaviors. Type II diabetes on the other hand, while requiring a genetic pre-disposition, depends much more on the food behaviors of the individual. Obesity is believed to be the cause of Type II diabetes. Mental illness is like Type I diabetes. An individual's brain may produce excessive or insufficient amounts of certain neurotransmitters that are involved in thought, mood and behavior. In a sense the brain malfunctions. Pastoral and spiritual counseling deals with mood states and thoughts that are the result of a person's behavior (much like Type II diabetes). The difficulty for many pastors is that individuals that may benefit from pastoral care often present some of the same symptoms as those requiring professional help for a mental illness.

The stigma surrounding mental illness has, however, made it difficult or impossible for individuals suffering with these disorders to share with the church for fear of being perceived as sinful or weak. As "one body in Christ" the stigmatization of the individual not only wounds the person, but infects the faith life of the congregation at large and tears at the seams of unity.

### **You have to A.C.T.**

Creating an environment that is conducive to promoting and facilitating hope and healing for those receiving treatment for mental illness is simple, though not always easy. All you have to do is A.C.T: Acknowledge & Accept, Call to Communion and Teach. This simple acronym will help you meet the needs not only of the individual sufferer, but also family's who may be struggling with a loved one afflicted by a mental illness:

#### **Acknowledge & Accept:**



Acknowledging the reality of mental illness and accepting those suffering as having a legitimate claim to worship in the church and bring their sufferings to Christ are essential ingredients in creating a hopeful and healing environment. Acknowledgement and Acceptance begin, however, with the pastor. By openly addressing and discussing mental illness, the stigma that it must be relegated to the shadows of secrecy will fade. When mental illness is brought from the darkness into the light, it becomes less scary. What are some things a pastors can do to foster this environment?

*Generally:*

- As a community, pray in a general way each week for anyone suffering from mental and/or emotional illness
- Invite individual congregants struggling with mental illness to write down their particular spiritual and emotional needs. Read these during the weekly prayer intentions
- Prepare sermons that incorporate and acknowledge the struggle experienced by those with mental illness. [Sermon Starters](#) from NAMI FaithNet provides Scripture passages and sermon themes that are relevant to mental illness.
- Place an insert regarding a topic related to mental illness in the bulletin
- Start a monthly collection of funds to subsidize or pay for mental health services for those who cannot afford it themselves
- Invite a member of the church who has struggled with mental illness to witness to the congregation
- Place brochures and other sources of information regarding mental illness and available resources in the back of the church or in the pews

## A PRACTICAL GUIDE TO MEETING THE NEEDS

- Train ushers and greeters on how to be supportive and welcoming to all people. Also, train greeters to recognize signs and symptoms of severe mental illness, so that they are more attentive to the needs of individuals with mental illness. In this way these individuals will feel wanted and welcome
- Invite a mental health professional to speak or to offer a seminar in order to teach that mental illnesses are brain based disorders

### *Engaging Someone in Psychological Distress:*

- Don't be patronizing or disingenuous.
- Ask someone how they are doing and then *listen* to their feelings /response even if they are really sad, angry or hurt
- Don't tell someone how they should feel or what they should do.
- Be genuine. Be kind and compassionate, but honest. You can affirm and validate someone's experience without having experienced it yourself: "I don't hear those voices, but I believe you when you tell me that you do. That must be very scary and confusing for you."
- Help the individual remember that they are not an illness, but a person with an illness. Remind them of their strengths and gifts, not just their illness.
- Ask the individual what they want and what their needs are!

### **Call to Communion:**

The Christian is called to bear one another's burdens and to share in the sufferings and struggles of all Christian believers; it is a call to union and communion in Christ. The church, embodying this supportive community, has the opportunity and obligation to meet the material,

spiritual and emotional needs of its congregants. Here are some ways church leaders and congregations can answer the call to communion with the mentally ill:

- Put together a small task force and assess the needs of your congregation
- Gather a group of individuals that is willing to make weekly phone calls just to say, “I’m thinking about you” or “I’m praying for you.” This lets a person know that they have not been forgotten or abandoned. This same group can also send short notes or cards if the individual is not feeling well enough to communicate by phone
- Involve congregants in programs to provide meals or clean the houses of those struggling with mental illness. A person may be too tired, fatigued, depressed or generally overwhelmed to cook or clean for themselves if their illness is severe
- For persons who are in the hospital, residential facilities or are unable to make it to worship because of their illness, make prayer blankets, psalm pillows or care packages to let them know that they have not been forgotten
- If the mentally ill loved one is a child, consider creating a team of volunteers that supervises/cares for the child while their parents or guardians attend worship services
- Provide respite care for family members of mentally ill individuals—watch a movie, perform a play, or take a field trip
- Sponsor a drop-in center or social time (supervised if necessary) for individuals with mental illness to relax, play games, do project or just talk
- Provide opportunities for those struggling with mental illness to volunteer, sharing their gifts both in and outside of the church (e.g. music ministry, reading Scripture, committee member)

## A PRACTICAL GUIDE TO MEETING THE NEEDS

- Allow NAMI and other mental health support groups to use your space for meetings and educational courses
- Create support groups for people and family's affected by mental illness. Contact your local NAMI affiliate for resources and referrals
- Sponsor an evening of structured discussion based on a book, DVD or other material dealing with mental illness. Congregants can be encouraged to share about how mental illness may have affected their life directly or indirectly either in the past or presently
- Plan a candlelight vigil for *Mental Illness Awareness Week* or participate in activities during *May is Mental Health Month*.

### **Teach:**

It is only through educating yourself, your staff and congregation that you can successfully meet the mental health needs of your people. Become familiar with the following websites and the resources, referrals and recommendations they provide. You will find in these pages sermon starters, book recommendations, short videos and illustrations, educational material, bulletin supplements and brochures:

- Take suggested books, videos and literatures from the websites below and begin/supply your church library/resource section with information and materials on mental illness
- [Pathways2Promise](#)
  - An organization dedicated to helping faith communities develop their intrinsic capacity to be supportive, caring environments for those struggling with mental illness and their families. Offers program/ministry models, instructions for pastors

faced with mental health crises, educational materials and free liturgical resources.

- [Mental Health Ministries](#)
  - A website dedicated to providing educational resources on mental health issues, as well as models of ministry that may be effective in dealing with mental illness in the local Church. Offers free bulletin inserts, brochures and worship/liturgical resources on topics concerning mental health and faith communities. Also provides free video clips, DVD recommendations and a list of helpful books on the topic.
- [Mental Health Grace Alliance](#)
  - An organization dedicated to offering seminars and mental health trainings aimed at educating local churches about mental illness. Provides Christ-centered counseling, as well as, Christ-centered support groups (Grace Groups) for both those struggling with mental illness and their families.
- [Congregational Resources Guide](#)
  - A resource guide for mental health ministries from the Congregational Resources website. This article offers annotated bibliographies on a large selection of audio and visual resources for individuals, pastors and faith communities dealing with mental illness.
- [NAMI FaithNet](#)
  - NAMIFaithnet is an outreach organization aimed at assisting faith communities in developing supportive environments for those suffering with mental disorders and their families. They also seek to promote the value of spiritual growth in those caring for loved ones with mental illness, while emphasizing the importance of

spirituality in the process of recovery for those suffering from mental illness.

Finally, NAMI FaithNet offers numerous educational materials concerning mental disorders.

## **Closing**

In dealing with the inevitable reality of mental illness in the local church, allow the words of Christ to reverberate in your heart, mind and soul: “Be not afraid.” The local church can and ought to be a helper—a source of faith, hope and love. It achieves this goal by offering those suffering with mental illness and their family’s spiritual coherence and social support. Spiritual coherence occurs in the midst of the church encouraging helpful devotions, positive religious coping strategies and beliefs, as well as supplementary pastoral counseling. By offering study groups, home and hospital visits and educational trainings and resources, the local church creates a supportive social environment that fosters and promotes recovery from mental illness. The church instantiates the hope, healing and help of the Holy Spirit, becoming a source of consolation and peace for those in her midst bearing the heavy burden of mental illness.

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