OUT OF THE SHADOWS AT LAST:

OPENING DOORS FOR THOSE WITH MENTAL ILLNESSES

CONTENTS:

Two lessons adapted from "Becoming a More Caring Confgregation" by Irma K. Janzen (Winnipeg: Mennonite Central Committee, 2001) Mental Health and Disabilities Program, 134 Plaza Drive, Winnipag MB R3T 5K9.

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INTRODUCTION:

All of our churches want to be more caring, but often we are not sure how to do that well. This guide is meant to provide a starting point in understanding those who live with a mental illness. That is for both those living with the illness as well as their families and friends.

The key to be being a caring congregation is to understand the needs of people in the congregation, particularly those with special needs. Then you can identify specific ways of supporting people with those special needs, and make plans to meet those needs.

Session One: Introduction to Mental Illness

Session Two: Supporting People Who Have a Mental Illness

The following two sessions will need preparation. It would be helpful to get a copy of the video "No Longer Alone". There are 10 segments to the video, each covering a specific topic on mental Illness and our responses. You can fashion a series of adult study programs around those segments. Ask Jennifer Smart to use her copy. 3

SESSION ONE: Introduction to Mental Illness

Goals:

1. To understand the difference between mental health and mental illness.

2. **To understand how mental illness affects the person living with the illness as well as his/her family.**

Background:

The following has been prepared from a caregiver perspective, rather than from medical perspective. People with an illness should receive medical care. What the congregation needs to do is to give emotional, social and spiritual support. If people are not receiving medical help or therapy, members of the congregation can encourage them to do so.

a. Myths around mental illness

Certain myths surrounding mental illness have created barriers for people who struggle with these illnesses. The myths include:

☐**The idea that mental illness is the outcome of poor parenting**

☐**The idea that mental illness is the result of sin**

☐**The idea that the person with mental illness had enough faith he/she would be healed**

☐**The idea that the person with a mental illness is demon possessed. People who hallucinate or are delusional because of their schizophrenia are not demon possessed (In other words, hallucinations, delusions and demon possession are not the same thing)**

☐**The idea that if the person would only pull him/herself up "by the bootstraps" he/she would be well.**

Any of the above myths feel very judgmental to people who have a mental illness. These kinds of attitudes within a congregation create distance between the person with the illness and the congregation.

b. Stigma attached to mental illness:

☐**Myths help create stigma**

☐**Some stories we hear in the media give the idea that people with mental illness are dangerous. They are reported as violent. Whereas the percentage of people with mental illness who are dangerous is very low.**

☐**Stigma is perpetuated by silence. Even in church, people often hide mental illness in the same way that people hide alcohol abuse (often the pastor doesn't know)**

☐**Often the illness is cyclical, better, worse, better, and the sufferer withdraws during the worse times.**

Common fears surrounding mental illness:

- ☐ **Fear of offending someone who has a mental illness because he/she may be very sensitive**
- ☐ **Fear of not knowing what to say or do around the person who has a mental illness, that is fear of our own feelings of helplessness or our inadequacy to help**
- ☐ **Fear of exposing our own negative emotions or exposing another person's negative emotions**
- ☐ **Fear of long-term involvement with someone who has a mental illness without seeing great success**
- ☐ **Family members may fear rejection if others find out about the illness**

Mental Health and Mental Illness: What is the Difference??

There has been a common understanding that mental health and mental illness are on the opposite ends of a continuum, with most people being somewhere in between.

There is another way of looking at the difference which will be much more accurate. The stress is on difference rather than the opposing ends of that continuum.

We can term mental health as being the state where you face up to issues in your life and you deal with them. For instance if a parent has been screaming at the kids all the time, and then stops and identifies what is happening, and then changes their attitudes and behaviour, we would call that having good mental health. That's acknowledging the problem and seeking to correct it. The person with poor mental health says there is not a problem or will choose to ignore the problem. The problem will continue and may well get worse.

Poor mental health is different from a mental illness such as depression or schizophrenia, where a person has an illness of the mind or brain that distorts his/her thinking or perception. Mental illness requires medical treatment in the same way as diabetes or heart disease requires medical treatment. Often the medical treatment needs to be supplemented by counseling that will assist the person who is living with the disease, as well as developing the best possible ways of dealing with mental health issues. Some people with a mental illness may deal well with mental health issues and therefore have good mental health. Others do not and have poor mental health.

There are four general groups:

	Poor Mental Health
People with no mental illness and relatively Good mental health	**People with a mental illness but with poor mental health**
No mental Illness	**People with a mental illness who also have poor mental health**

(Adapted from John Toews, "No Longer Alone: Mental Health and the Church", 1995) 5

Not everyone fits neatly into these categories. Sometimes it may be difficult to know whether symptoms are the result of an illness or of mental health issues that are not being addressed. This is especially difficult when dealing with depression, since it is sometimes difficult to diagnose whether the depression is a result of a loss the person has suffered, is related to certain unresolved issues, or is due to a chemical imbalance. These may not be the significant issues for us as a caring community, as the diagnosis needs to be made by mental health professionals. Our responsibility is to be aware of how the illness affects the person, and to walk with the person in a caring way.

Reading about Mental Illness

Allow several minutes for people to review the document "A Brief Introduction to Major Mental Illnesses", and then lead in the discussion.

Discussion Questions:

1. In your own words describe what happens to the thinking process of a person who has schizophrenia. How does schizophrenia affect a person's judgment?

2. Do you know people who have schizophrenia? Have you observed some of the symptoms?? Have you observed how some symptoms remain even when the person is receiving medication? Give examples.

3. What are the differences between reactive and clinical depression? Why is it so dangerous to compare one with the other?

4. How does manic or bi-polar depression differ from clinical depression??

Wrapping up Session One:

It would be valuable at this point to think in terms of what we can do about it. Using a segment of the video "No Longer Alone" would be helpful, particularly the last segment on "The Church's response to people with mental illness". 6

Session Two: Supporting People Who Have a Mental Illness

Goal:

To identify specific ways of supporting people who struggle with mental illness.

Background:

Some ideas which you may wish to note:
All of us have times when we need extra care and some of us need more care than others.
The support and inclusion of people with mental illness and their families is similar to caring for anyone in the congregation. However, we need to be intentional about being supportive and inclusive.
We can give a higher quality of support if we are mentally healthy.
Being mentally healthy includes a good degree of vulnerability, and being prepared to deal with negative emotions and hard questions
We need to look at what the person with the illness gives to us -- it must never be one way.
Pray for much wisdom and discernment, listen to God and ask for guidance.

Introduction:

Arrange for volunteers to read parts in the attached role plays.
After the first role play ask people to respond as follows:
1. How did you feel as you were watching the role play?
2. How would you have responded to the person suffering a mental illness, or their family member?

Follow with the other role play (#3) as an example of what we might do.

Discussion Questions:

1. What other ideas do you have for supporting people with a mental illness??
2. What suggestions do you have for supporting families??

Wrapping Up with prayer.

Resources;

No Longer Alone, text and videos, by John Toews, (Scottsdale, PA; Waterloo, ON; Herald Press, 1995)

Mental Health...

Part 1 Getting behind the Stigma

"*We have difficulty being ourselves when confronted with someone who doesn't fit our criteria of "normal". It has to do with appearance and the expectations of our social set. Let's face it. We are conditioned by the stigma attached to mental illness*."

The young man with a mental disorder spoke of going to church, "After the service no one would talk to me. I tried to speak to a couple of old ladies and one of them looked down at my sandals and bare feet and cringed. Or at least that is the way it appeared to me. Nobody would look me in the eye, so I stood up against the wall and pretended to disappear. It worked. I felt very comfortable in my invisible state."

The experience of that young man may not be a true account. What happened and how he experienced it may be two different things. It is more likely that a number of the congregation had spoken to him. But in the general hubbub after the service, he may not have heard them. Mental illness usually leaves the individual with lessened social skills. How do you greet strangers? Do people want to know when they ask "How are you?"

Those who have schizophrenia or bi-polar disorder or any other mental illness will probably dress differently. They may be stiff and stare a lot, and react inappropriately to casual comments. Experiences such as the young man's after church will probably mean he will not return.

We have difficulty being ourselves when confronted with someone who doesn't fit our criteria of "normal". It has to do with appearance and the expectations of our social set. Let's face it. We are conditioned by the stigma attached to mental illness. In years past such people would have been locked away in an institution. Now they are out and about, and they are appealing for our understanding, acceptance, and love.

Jesus was able to meet and greet and take food with all people. They were a mixed bag: sinners, handicapped, and people from other cultures; those who were marginalized in His day. The change in treatment of mental illness in our day means we, like Jesus, should be ready to welcome the stranger in our midst.

All churches have a calling to work for the health and acceptance of all peoples. Our prayer is that churches move toward becoming true communities where individual needs find understanding and support. The fellowship of believers has always been a healing community: accepting, affirming, a context in which those wounded or handicapped find empowerment.

More specifically Baptist congregations are challenged to strive for mental health in individuals and their communities. We need to see mental health is not just the work of the few, or reserved for those paid to serve. With our conviction that mission and ministry are the responsibility of all believers, Baptists have a special calling in the area of Mental Health.

The Senate Committee headed by Senator Kirby last year made the case of "Community-Based Care" (The Standing Senate Committee on Social Affairs, Science and Technology). In its report entitled *Out of the Shadows at Last*, the Senate is advocating a concerted effort by the Canadian Government to focus on mental health. So far the Government has determined that it shall establish a national commission on Mental Health, and devote funding for such a special emphasis. Community Based Care assumes that there will be welcoming groups in our communities which would provide the support and understanding needed by those suffering from mental illness. If not the churches, then who?

Our Christian communities bring an essential perspective to such community-based care, and they see a spiritual dimension to the biological-psychological-social model of humanness. The Christian understanding of family is also a valued addition to the general view of the role of family. Christ puts the weight of his authority behind the basic Old Testament estimate of the family (Mark 7:10ff; 10:7,19) and presented his teaching in terms of the family (Luke 11:11; 15:11-32).

Within the Christian fellowship, consumers of mental health services and their families and caregivers, will find acceptance, friendship, supportive prayer, all of which can lead to strength and growth. This does not necessarily translate into cures of their mental disease, but rather a state of wellness that allows for meaningful occupations and opportunities to contribute to the life of the community.

Roger Cann

Roger and Sadie Cann served in India with Canadian Baptist Ministries. Their son Paul suffers from Schizophrenia, which was diagnosed in 1980 after he dropped out of university. Roger is currently a member of a small working group (Jennifer Smart, chair; Roger Cann; Shirley Pearce and Lois Mitchell) working on raising awareness within the Convention of Atlantic Baptist Churches around the issue of mental health.

Mental Illness Awareness Week is Sept. 30 - Oct. 6. The website is **www.miaw-ssmm.ca**.

Mental Health...

Part 2 A Mother's Prayer for Mental Illness

"*And he who searches our hearts knows the mind of the Spirit, because the Spirit intercedes for the saints in accordance with God's will.*" Romans 8:27

The onset of mental illness usually occurs during the 18 to 25 year period. There may not be any appreciable cause. This is distressing for parents and family members of the person with the illness. Recently parents of those suffering from mental illness have banded together for a National Day of Prayer for Mental Illness. One of the contributors told of her struggles with prayer which she was anxious to share with any and all. She said that much of the struggle came from not knowing what to pray for. She found herself a pioneer in the unknown land of schizophrenia.

As reported on the **www.schizophrenia.com** website: "I want to share a prayer I have written for all the parents who find themselves... (with) an enormous amount of pain and suffering.... For too often, my greatest fear was I had not only lost my son, but also I had lost my relationship with God.

A Mother's Prayer for Mental Illness

O God, as I stumble from my bed this morning, help me to remember to be gentle and kind. My child's mind is clouded and unordered. He lives in a constant state of anxiety. I can see it in his eyes. Give him peace.

Guide me as I interact with him day by day. Help me to know what to say. What to do. Fill my heart with healing love, understanding, and empathy.

Give me the strength of a thousand angels to hold back my tears. My heart is broken and a tidal wave of grief is overwhelming me with the need to cry. Give me the strength to bear it long enough to keep it from disturbing my child. Help me find someone I can safely bring it to.

Help me to answer my family's question with the same amount of compassion I want for myself. Help me to remember they are hurting too. This is an unwelcome assault on an entire family.

As my journey becomes more and more lonely, remind me that the lack of involvement on the part of family and friends is not always because of the stigma and the ignorance. For many, it is because they are hurting too. They have the privilege of turning to their own lives. This is my family's life now. I must deal with it whether I am hurting or not.

Send me your best physicians and healers. Give me presence of mind, as I walk through the exhaustion of my grief to not settle for just any one person no matter how tiresome the journey becomes.

Help me adjust to the idea, that although it appears my son is gone, there will be no goodbye. And that he is still inside somewhere waiting for us to find him.

Infuse the creative part of my mind with solution oriented thinking. Give me hope. Even if it is just a glimmer of hope. A mother can go for miles on just one tiny glimmer. Let me see just a flicker of the sparkle of joy in his eyes.

Guide my hands, calm my mind, as I fill out the multitude of forms for services. Then help me do it again over and over.

Provide me with the knowledge. Lead me to the books I need to read, the organizations I need to connect with. As you work though the people in my life, help me to recognize those that are here to help.

Give me the courage to speak my truth; to know my son's truth. And to speak for him when he is unable to do it for himself. Show me when to do for him what he is not capable of doing for himself. Help me to recognize the difference.

Help me to stand tall in the face of the stigma; to battle the discrimination with the mighty sword of a spiritual warrior. And to deflect the sting of blame and fault finding from the ignorant and the cruel.

Protect him from homelessness, loneliness, victimization, poverty, hunger, hopelessness, relapse, drugs, alcohol, suicide, cruelty and obscurity.

Lead us to the miracles of better medications, better funding, better services, safe and plentiful housing, meaningful employment, communities who care, enlightenment.

Most of all, give me the strength to deliver whatever I can to the work of unmasking the man made ugly by this disease and revealing the human and all of it's suffering beneath.

Finally, when it is my time to leave my son behind, send a thousand angels to take my place.

In the name of the compassionate Jesus, AMEN."

Roger Cann
member of CABC working group on mental health

Rev. Jennifer Smart, chair of Dr. Lois Mitchell's working group on mental health, writes: "This issue is very important. One in five Canadians is affected by mental illness in his or her lifetime! (Canadian Mental Health Association www.cmha.ca) Our Working Group is seeking to address the problem of stigma with mental illness. A year ago, Senator Michael Kirby and his Standing Committee published a report, "Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addictions Services in Canada". The report interviewed many, many groups across Canada, including universities, prisons, aboriginal groups, psychiatric departments of hospitals. However, Christian input was seriously lacking. The first two chapters focus on the personal experiences of the mentally ill and the experiences of the family members/caregivers. The passion in this report reflects a great need to improve the quality of mental health care delivery in Canada. In the meantime, the church should not sit on the sidelines with apparent ignorance and/or indifference!"

Mental Health...

Part 3 Watch Your Language

"*People with mental illness suffer... due to attitudes towards that illness*."

Don't call people "crazy". You might soften the language by saying they "do crazy things" but that is still judgmental. It is better to emphasize the person, not the affliction. Why not speak of a person "suffering from schizophrenia" or "with a mental illness".

Our language comes from our attitudes and those images deep within us. When you deliberately change your language, you start the process of changing your outlook. So it's not "mentally ill", but rather Molly or Rick, or whoever. That is a key element in addressing the stigma of mental illness. Use the person's name, or refer to them as "the person who suffers with …."

People with mental illness suffer greatly from the illness. They also suffer due to attitudes towards that illness. That is why we should not use terms like "schitzo", "nut case", "weirdo", and other derogatory names. The preferred term is "consumer of mental health services". That is what they do, and there is no judgment attached. It's a mouthful, but the emphasis is where it should be - on the individual person.

Jesus was confronted by the man with many demons on the Gadarene shore. Jesus did not turn away. He sought out the person being possessed. "What is your name?" The man replied with his unfortunate nickname "Legion", which he would have seen on the tombstones of Roman soldiers. Jesus sent that man back to his family and friends, in his right mind. We can imagine the joy that his parents felt to have their son restored to them.

The National Commission on Mental Illness, chaired by the former senator, Michael Kirby, sees the first task is to attack the stigma which is a burden of all those with mental illness. We can break the stigma of mental illness by talking about it. When we begin to understand mental illness, we begin to understand what it is like for the person who lives with it. We see this as another human condition in which the person suffers from limitations and seeks to cope as best they can.

All persons, including Christians, may be subject to mental illness. Many people of faith acknowledge that suffering, including mental illness, is part of the reality of life. Their faith can help them endure the hard times. Some people of faith feel additional guilt and fear; they feel they have failed, or are being punished. They need to understand that suffering is part of the human experience. God does not inflict individuals with disability as a consequence for their disobedience.

It is important to find people to talk to and get help. When we feel sick in our bodies, we go to a doctor. When our minds are not well, the same process should occur. Just like there are many types of diabetes and cancer, so too there are many kinds of mental illness. If your loved one seems to be out of touch with reality, they may be suffering from a psychotic episode. One person in every 100 people will suffer from psychosis in their lifetime. It is a serious but treatable brain disorder. It can happen to anyone, but primarily strikes during adolescence and early adulthood. And with early treatment, there are now very good outcomes.

It is important to know that nothing you did or did not do caused the illness, and nothing your loved one did or did not do caused the illness. Maintaining hope and love as things unfold is the best thing you can do. Learning about the illness is also an important tool to allow you to ask good questions of health providers and others who are trying to help.

A few examples of the stories of families:

"My child always did well in school, had a few very good friends, and was a quiet, introverted person. We had no idea he suffered from depression - he hid it so well. We never imagined that he was not mentally healthy."

"My son loved to discuss and debate things. At first we were impressed with his knowledge and his ability to talk, but after a while he wouldn't listen to reason and wasn't making any sense. He became more and more obsessed with his illogical thoughts and beliefs."

"My child always was someone who didn't care what he wore or how he looked. As his mood swings and bizarre behavior increased, so also his hygiene deteriorated. In hindsight, what I thought to be 'normal' teenage behavior was really the onset of illness."

These stories all suggest that the symptoms of mental illness are not widely known. That is a good reason for more open conversation about mental illness, so we can recognize it early and provide care and treatment. There is a bugbear about violence associated with mental illness. People who have schizophrenia tend to be vulnerable, fragile people. If violent, the violence is most often directed towards themselves: that is suicide.

To be part of a welcoming, supportive congregation when it comes to those who are mentally ill, an important step is to use "words with dignity". That means using terms which address the person and not their illness. Please watch your language.

Roger Cann

Mental Health...

Part 4 Seniors Suffering Depression

"*Depression is one of the most common mental disorders.*
...it will soon be the fourth leading cause of illness in the world!"

There may be a very good reason why the elderly lady who used to sit at the back of the church on Sunday morning hasn't been there lately. Her husband died last fall. Now she lives alone. Her children and their families are all out West. She had a bad cold in the summer. Just the set of circumstances that would put her at risk of depression.

Depression is one of the most common mental disorders. Dr. Catherine Hickey of the Dalhousie University Department of Psychiatry reported last spring that depression previously was viewed by many not to be a "real" illness like hypertension or diabetes. Now, the World Health Organization realizes that not only is depression an illness, it will soon be the fourth leading cause of illness in the world!

Your family doctor could identify depression in the elderly members of your congregation. It's not done by a specific blood test or x-ray. A case history would do, comparing the previous activities of a person and current behaviour. For instance, two or more weeks of a defeatist mood and general loss of interest, plus changes in sleep patterns, appetite, and levels of concentration, would be cause for concern. Watch out for the personal fallout of disastrous events in your community, such as fires, thefts, and more importantly any form of serious home invasion. Talk to a health professional.

We do have a lot going for us. We have the resources of our faith; a sense of the divine in our living, built up over the years through prayer and daily devotions. That is more than sufficient.

On the other hand let's be aware that there are a lot of things to be depressed about: violence in the world, dishonesty in our country, even rudeness experienced in the shopping mall. Those who seem most at risk are senior women, living alone, possibly with an illness, and a lack of supportive social network. Even a head cold can alter a person's thinking. A caring pastor once said, "Don't make major decisions when you are not feeling your best." What makes it difficult for friends to intervene is that generally seniors have a tendency to deny that there is a problem; they have an overriding obsession with being independent.

Many seniors do not feel their best, and have not for some time. Many aging persons have to contend with the subtle sacrifice of a loss of independence. In our culture we are urged to be maximally independent. So if this is the goal or ideal, how upsetting it is when events in the life cycle force us to surrender it, bit by bit. The upset is even worse when one incisive event, such as retirement or death of a spouse, produces many losses at once. And with those losses go self-esteem and a sense of being of value to others. What if no one calls for weeks on end?

Dr. Paul W. Pruyser of the Menninger Foundation writes: "The ideal of maturity (in our culture) prescribes self-sufficiency, self-help, competence in managing one's own affairs, a display of unshakable strength in the face of adversity, the ability to seek and organize one's own pleasures and to ward off pain effectively, skill in seeking our own sources of contact and support, capacity for making friends, ability to earn one's own money and strength to be a good spouse or parent or a satisfied single adult. All these skills are signs of our acquired independence and proofs that we have left dependency behind us, that we have 'made it'."

For the faithful, it should be easy to turn that around and begin thinking of our advancing years as a gradual discovery of some good and wholesome adult dependencies. Again that is one of the important resources of the faith, the fellowship of the Christian community. We are bound with the "glue" of a common faith in the Gospel. For Christians, we need to recognize our senior years as God's gift of grace, and we are bound to be good stewards of those years. One way is through guiding the next generation. That will gain for us all a sense of worth in Christ's Kingdom. It's worth living for.

A very specific instance of preventing the onset of depression is visitation of those who are very ill. Let's say that member of the family dies. It is unthinking to stop visitation when that person dies as that may leave the surviving member at a loss. Their grief needs loving attention. Grief can evolve into depression when prolonged and severe.

What can our church do about it?

Make regular, repeated contacts in the home of the person for whom you are concerned.

Invite them to any or all church activities and make it possible for them to attend.

Have a roster of friendly visitors to respond quickly at signs of depression.

Roger Cann

Dr. Roger Cann serves as a member of a small working group whose purpose is to raise awareness within the Convention of Atlantic Baptist Churches concerning the issue of mental health.