NAMI Faith Connections on Mental Illness
Feb. 14, 2022

5 Mental Health Ministry Tools Your Congregation Already Has

Welcome and thanks

- Thank you for inviting me, pleasure to be back at Faith Connections
- I'm sitting in my home office in Topsham Maine today: about 900 miles from you and many degrees cooler. Flowers year round are among the things I miss about North Carolina!

Why this book

- SLIDE
  This book was contracted just days after we all went into our first COVID lockdowns, in March 2020. So almost as soon as I started, we were hearing prophecies of a parallel mental illness pandemic.
    - Anxiety and depression on the rise.
    - Fear of increase in suicides – fortunately didn't materialize
- There was already some reason to think that many of our mental health challenges were, at least, worsened by cultural factors even before COVID
    - The percent of the population diagnosed and expected to be diagnosed kept rising. In the first 20 years of this century, from 1 in 4 households affected in some way to 1 in 2 people would be diagnosed.
    - Young professionals were using prescription stimulants to keep up with the extraordinary demands of their jobs
    - Suicide had become a top 10 cause of death in 2008, and has remained there, but was dramatically overtaken by overdose deaths in the last decade. That is to say: despair and hopelessness were driving a huge percentage of deaths
    - Surgeon General Vivek Murthy had identified loneliness as the root cause of many kinds of diagnosable mental health problems
- SLIDE Some of you also know I spoke at the State conference a few years ago, shortly before I moved to Maine, about some international research on mental health. And one particular study, by an epidemiologist at the LSE, stood out:
- SLIDE
    - Four-year study
    - 9068 Europeans aged 50 and up
    - 10 countries
    - SLIDE Findings

        - *Not sports clubs*
        - *Not political groups*
        - *Not educational programs*
        - *Not volunteer service groups*
        - *Not social clubs*
    - SLKIDE Faith communities: all kinds of faith communities

SLIDE "Participation in religious activities was the only form of social engagement associated with a decline in depressive symptoms 4 years later."

So that really piqued my interest.

What I attempted

- To look at several core elements of mental health, see how our culture might be undermining them, and consider how our faith communities might regain our proper place as supports to them

SLIDE Five mental health basics

- Meaning
- Purpose
- Belonging
- Value
- Hope

So we're going to walk through these 5 mental health essentials, see how they're currently being denied in our culture and how we can nurture and support them in our communities of faith.

SLIDE Meaning and Purpose

Handling together because closely intertwined. Both answer "Why" questions:

People find their meaning and purpose in all kinds of ways

- Caring for family and friends
- Working toward a community legacy of service

Cultural impediments

People struggle with lack of meaning and purpose in lots of ways also

- People whose capacities are greater than their jobs require
- People whose dreams are bigger than their circumstances seem to allow
- People who have been *promised* more than their circumstnaces will allow

(That's part of our COVID struggle, isn't it? We've been holding onto the

Where the community of faith can help

- In our Christian metaphor: that we are together one Body through which the work of good is done here, and the visibility or public rewards aren't the point: it's doing the work. I often joke that I'm a bile duct in the body … you need to keep me in the right place, lest someone be burned, but without me you can't digest what's coming in from outside

Belonging

In many ways, the hinge pin to these others. Scottish pastoral theologian John Swinton says:

"In a very real sense, we are persons-in-relation …
I am only a father because of my children,
a husband because of my wife, a lecturer
because of my occupation."

We know who we *are* when we discover where we *belong.* And we discover ourselves secure and less anxious when we can experience ourselves as both relied on and able to rely on others, as part of our community of belonging

Cultural Impediments

Nearly legendary how little experience of belonging people experience today.

- Loneliness
- Isolation

Some of this is structural. 28% of our adult households in the US are one person living alone, with another 9% a single parent with children. So that's nearly 4 in 10 households with only one adult. And that puts us pretty much at the top of the world for physical isolation of our population, even before COVID required us to practice physical distancing.

Where the community of faith can help

- We do a lot: scheduled activities that are accessible. Scheduled times for worship, prayer, meditation, text studies
- We have a lot of traditions that are helpful: call trees, meal deliveries, Sunday dinner invitations,
- Skills development for friendship

SLIDE Isolation and Stigma

This isolation of people with mental health challenges we often describe as a result of mental health stigma. And since we rarely unpack that word, I'm going to take a minute with it.

Many of us learned the word stima from sociologist Erving Goffman's work; Goffman described stigma as a social function that defines some individuals and groups as unacceptable to the community.

Stigma, Goffman said, is assigned on mostly on the basis of inherent attributes. These would include physical deformities memberhip in a suspect class – such as a different race, ethnic group, or religious

community. Goffman also recognized stigma attributed to bad character, which included in his formulation unemployment and mental illness.

Stigma happens in every culture across history, so it has to have some value, right? The social value of stigma is that it sets the boundaries of a community. In that way, it helps to protect a community.

But why would we stigmatize mental health conditions? How is this protective? corr

Here's the first paradoxical observation: If mental health problems are biologically based and require lifelong medication to manage, then they are precisely the kind of inherent condition that we, as humans, stigmatize. They're

If Stigma is the problem, Belonging is the Solution

Patrick Corrigan on busting stigma:

- What doesn't work
    - education campaigns
    - advocacy efforts
- What works
    - knowing, face to face, someone who has a mental health problem.

Faith communities are almost uniquely positioned for the stigma-busting work of accepting, welcoming and being present with people who have mental health challenges.

SLIDE Value

Cultural Impediments

- You are what you've achieved
- Meritocracy. Myth, but pervasive.
    - Myth because a person from a low income family in the US is less likely to rise than in many other countries, including countries we think of as very rigid class systems
    - Pervasive because … it's what we've taught ourselves pretty much since the founding of the nation
- And we believe it because sometimes our achievements are rewarded. Almost a gambler's reward system. … where the nearly random nature of the rewards drives extraordinarily persistent, even addictive levels of behavior. We've become addicted, as a nation, to the idea that we control our fate. And like any addict, we're not open to evidence that it's just not so.

Where the community of faith can help

- Recognize the value in the humanness before us.
- This leads to a lot of "unproductive" faith community activity:

- My work as a chaplain. I visit people when they're at their least productive. I often have very long conversations with people who aren't entirely themselves any more, due to the ravages of dementia.

SLIDE: ascribing value

SLIDE Hope

SLIDE Cultural Impediments

- We're confused about what hope is
  - A feeling?
  - A goal?
  -
- We put hope in the wrong things – we hope for a particular possession, a promotion, an opportunity, our kids to do well,
- We/ve been brewing a mix of toxic positivity and false hope that has poisoned our culture with despair, most visible in the devastating rise in overdose deaths during COVID.

SLIDE Where the community of faith can help

- Hope isn't something we acquire or create in ourselves, it's something we anchor ourselves to
- Outside the faith realm people might describe this as a connection to a realistic future vision
  - James Stockdale, Stockdale paradox: When you hold onto an unrealistic vision, you will lose hope as you fail to achieve it. When you hold onto reality, you can survive

The False Hope of Mental Health

- In our mental health arena, we've often encouraged people toward what is for many a false hope: if you just find the right counselor and the right medicine, everything will be fine. And I'm just going to say as a quick aside: in 45 years of treatment, including at least weekly counseling most of that time, I've been given five diagnoses and treated with 22 different medications, I'm reasonably sure that quick fixes are not in the cards for a great many of us. What we're suffering from is suffering. Life in a world that's not perfect. And our best hope is to find the ways to use the strengths we have – which are very real – to benefit ourselves and others.
- True hope comes closer to what Rear Admiral Stockdale discovered in the prison camp:
  - These circumstances are really really awful
  - They may end, but there is no end we can see
  - What matters is to keep going in the confidence that there is an end, even though it's not visible

- You may have observed in your spiritual caregiving practices that people who live with serious, long-term health problems are often more focused on others on transcendent realities. It is, of course, very possible to be overly focused on what is beyond – in the old saying, "to be so heavenly minded as to be no earthly good." But when hope for this body is limited, it is valuable to realize that there is hope beyond.

Three stories

about how faith community members offered these 5 to support people with mental health challenges

Two stories from my own experience as a person who has been treated for mental illness for more than 45 years:

- I've been under professional mental health care since age 17, psychiatric care since age 19, so more than 45 years. In that time I've had 5 different diagnoses, been treated with 22 different medications, and seen a counselor weekly almost the entire time. And I'm letting you know that because I want you to know: there are people like me for whom your best encouragement to seek professional care is still not going to cure a mental health problem. Curing people's mental health problems isn't what we do as faith communities. Let me tell you a story …

While I still lived in NC, and while I was in the midst of that long run of trying one medication after another, I reached a point when I was very discouraged. Not only were the medications not solving the problem, they were adding lots of new ones. My weight was ballooning, so I needed a new, larger sized professional wardrobe every six months. I was losing small motor control, which I could measure in dramatically reduced keyboard speed. It also forced me to discontinue my piano lessons. I became so disoriented that one day I got lost four times in the four mile trip home from the mall where I always shopped. I became so forgetful that I couldn't remember my boss's instructions in the time it took to walk from his desk to his office door.

Now these things didn't happen all at once. Rather, as we tried different medicines, new challenges emerged. And what that meant is that from month to month, I was needing to adapt to a new difficulty I had never previously experienced. So I had, and still have, exceptional coping skills for dealing with suicidal ideation. I've dealt with that for as long as I can remember, I know what it's like as it happens to me in my own disordered way, and although it can disturb others to know about it, I've managed it for many decades. But when one month I'm not safe behind the wheel of a car, and two months later my hair is falling out, and two months later I have a rash that my psychiatrist says is of no concern but Dr Google and my therapist say can be fatal … That's a lot of stuff to adapt to while still managing depression and suicidal ideation. And for me, the capper came when one medication created what I'd consider a delusional state, where I suddenly was unable to believe the faith I'd believed for decades. I became convinced that God was evil and the Bible just a pack of lies – the kind of lies a dysfunctional daddy would tell to make himself look good.

Of course, that woud be difficult enough in itself. But that was the week my women's study group was taught that everything we experience is sent to us through God's loving hands. That the best way to find release from great sorrow is to thank God for whatever has caused your despair.

When it came my turn to share, I passed. Imagine if I'd suggested to these well-meaning women that I didn't really feel right to thank God for sending me the delusional belief that God is evil.

But as unhelpful as that particular study group was, in that congregation I had two supports that made all the difference.

One was Cecelia. She'd been my prayer partner for a couple of years, and she was coming over on Wednesday night, as she regularly did. I knew Cece could hear what I had to say. She listened, she thought, and then she said:

"This is not what you've always believed. I'm pretty sure you're not always going to believe this. But while you believe it, you don't have to pray. I'll pray on your behalf."

No attempt to correct me. No attempt to fix me. Simply the willingness to be with me, to offer hope for the future, and to lift from me even the basic responsibility for prayer I coud not manage.

The second help from that congregation was Amanda. Amanda is a generation younger, so at that time she was about 26 years old, and she was part of the Stephen Ministy team. Stephen ministyr is a lay caregiving program that provides time-limited supports with specific boundaries, and also provides peer support to the caregivers. Amanda came to my home weekly for six months during some of the worst of the meds changes. All she did was sit and listen for nearly an hour, ask a few questions, and pray with me. But by her presence, she reminded me that I still belonged to my faith community, no matter how difficult I was finding it to belong to anything that felt like myself.

These were times when my congregation supported me – not with a specialized mental health ministry but by assisting me in the ways it assisted anyone. By assuring me that I still belonged, that I had enough value to be worth their time and presence, and by holding hope for me in a future I was, at the moment, unable to see.

Pete Costas

Pete Costas was still relatively young in his career as a Salvation Army officer the Sunday evening that a fidgety, distracted, and somewhat disheveled young man walked in well after the service had started and seated himself at the center of the front row. Captain Costas was just beginning his message when the man's hand shot up in the air. He had a question.

Captain Costas answered it and returned to his message. A few sentences later, the hand shot up again.

This time, after answering the question, Captain Costas asked a favor. He pointed out the other people in the room and asked the young man if he thought he could hold his questions until the end so the others could hear the rest of the message. Afterward, the captain said, the two of them could go together to his office and he'd answer all the man's questions.

The young man nodded his agreement and quickly sat on his hands.

After the service, the young man joined Costas in his office and rapid-fired questions at him about God, salvation, and what it meant to be in relationship with Jesus. Costas referenced John 3:16 in his answer.

As Costas tells the story, the young man's face went blank for a second and then he said, "Can you say that again? They told me to ask you to say that again."

Costas asked, "Who told you to ask me that?"

The young man answered calmly: "I didn't want to tell you this, but I have sort of like a mind meld with aliens. They can see you through my eyes and hear you through my ears, but they can't communicate with you directly. They told me to ask you to say that again."

Costas repeated John 3:16: "For God so loved the world that He gave His only begotten Son, that whoever believes in Him should not perish but have everlasting life " (NKJV).

The young man pushed on. "Now this Jesus," he asked, "died for the sins of the world?"

"Yes," the captain replied.

"They want to know if he died for the sins of the universe," he said.

That was a new one. Costas thought for a minute.

"Well," he reasoned, "if God created the heavens and the earth, and Jesus is his only begotten Son, and Jesus died once for the sins of all, then yes, he died for the sins of the universe."

"That's exactly what they wanted to hear!" the young man exclaimed. And he got up and, with a spring in his step, walked out

So let's debrief what happened, in terms of the five categories we've been discussing today:

- The man's questions had meaning
- His presence at that night's service had a purpose
- He belonged in the worshiping community. NOTE:he needed instruction on how to behave as one who belonged, but given that guidance, he was motivated to follow it
- He had value as a person: Enough value for someone to listen to him and try to answer his questions
- He was looking for hope. And by reasoning together, the preacher was able to help him find hope.

Also important to note: neither tried to diagnose, nor to direct toward treatment. Capt Costas expertise is spiritual, and he played his own field.

He still believed he had a mind meld with aliens … and he was less afraid because he knew his aliens were safe. They belonged. They were valued. They had hope and a future. As did he.

CONCLUSION

It's not always easy to discern the meaning and purpose in our encounters; to recognize the human value behind the confusing thoughts; to offer belonging to someone who is very unlike ourselves; and to promise them true hope – the kind of hope we rely on ourselves, not a false hope that will fail them.

But these five: meaning, purpose, belonging, value and hope – are basic to our mental health, and will strengthen the mental health of anyone with whom we share them. They're basic to what we

accomplish together as communities of faith. And as we do the work of faith together, supporting meaning, belonging, purpose, value and hope, we will strengthen mental health in all the members of our congregations.