



Ministry Modules are intended for use with the Leader's Guide. Appendices and Resources referenced in modules can be found within the Guide.

Mental Illness Ministry



This Mission Module is provided through a Partnership with Association of Brethren Caregivers, of the Church of the Brethren, and Caregiving Ministries, a division of FamilyCare America, Inc.



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Purpose

The mission of the Mental Illness Ministry is to increase the visibility and participation of those within the congregation who are hurting, afraid, silent and left at the margins. This ministry looks intentionally at issues of mental health and mental illness. By offering the hope and love of God, congregations can walk with families often isolated by the nature of mental illness - an illness that affects one of every four families. This ministry provides congregations with information about mental illness and the church's unique role of offering help to individuals and families.

Goals and Objectives

- To provide congregations with information about mental illness
- To prevent congregations from unwittingly perpetuating stigmas associated with mental illness and further silencing those who need compassionate care, acceptance and understanding.
- To be supportive of the entire family, including those members who infrequently come to services, as they may feel the most isolated
- To encourage the person who is ill and the family to continue as a part of congregational life
- Offer opportunities to integrate the person who is recovering into the church community

Parameters and Limitations

This ministry does not:

- Advise any methodology for treatment of a mental disorder.

This ministry does:

- Suggest methods to support congregants suffering from mental illness and their families.
- Challenge false and stigmatizing statements about mental illness .
- Encourage the person who is ill and the family to continue as a part of congregational life .



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Suggested Process for this Ministry:

1. Educate the church as to what the Mental Illness Ministry is and how it can benefit the health of church members of all ages. Educate the congregation on mental illness, its symptoms and treatment, with intent to reduce stigma.
2. Inform the congregation what can and cannot be expected from the Mental Illness Ministry.
3. Survey the church for people who are willing and able to work in this ministry (see Appendix A).
4. Provide training to volunteers, informing them of the process of this ministry.
5. Survey homebound members for health concerns and needs (see Wellness Assessment at the end of this section).
6. Implement the program with a coordinator.
7. Solicit outside resources for health education.
8. Schedule regular meetings for volunteers to increase knowledge of health issues through in-service training and to discuss and work out problems with the Mental Illness Ministry Team.
9. Implement program activities to promote education and eliminate stigma surrounding mental illness. Offer support to persons struggling with mental illness and their families. This can include hosting a workshop, supplying printed resource materials to educate congregants, offering support groups and pastoral counseling, offering caring supportive services in times of family difficulty, such as financial assistance, dinners, child supportive services, etc., hosting a Mental Illness Awareness Sunday to provide education and worship services geared toward offering hope and including all.
10. Periodically evaluate the ministry. (See Evaluation Tool, p. 19, Administrative Guide.)



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RESOURCES

- National Alliance on Mental Health (NAMI)
- National Institute of Health
- Community health professionals
- Alcoholics Anonymous, Al-Anon
- Depression & Bipolar Support Alliance (DBSA)
- Local community Mental Health services
- Health Department
- Narcotics Anonymous
- Community library

Below are resources for individuals and families offered through NAMI:

Family-to-Family

A free 12-week course for family caregivers of individuals with severe mental illnesses.

NAMI Support Group

The NAMI Support Group model offers a set of key structures and group processes for facilitators to use in common support group scenarios.

Provider Education

Education program for mental health service providers co-taught by consumers, professionals and family members.

Peer-to-Peer

For any person with a mental illness, this course contains individual relapse prevention planning, a debriefing/storytelling week, and an advance directive for psychiatric care.

NAMI-C.A.R.E Mutual Support Program

A program in which people with mental illness learn from each others' experiences, share coping strategies and offer each other encouragement, understanding and support.

In Our Own Voice: Living with Mental Illness

A one-and-a-half hour interactive, multi-media presentation by consumers for consumers and others about living with mental illness.

Access these resources at www.nami.org. A state locator can guide users to the closest NAMI support groups.



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Other Support Groups:

Other organizations offer support groups for individuals with mental illness and their family members:

The Depression and Bipolar Support Alliance

(800) 826-3632 www.dbsalliance.org/info/findsupport.html

Depression and Related Affective Disorders Association

(703) 610-9026 or (888) 288-1104

DRADA offers support groups within the Maryland, Virginia, Washington DC., Delaware or southeastern Pennsylvania areas. To locate a support group in these areas, call (410) 583-2919.

Obsessive– Compulsive Foundation

(203) 401-2070; www.ocfoundation.org

OCF is an international not-for-profit organization composed of people with obsessive compulsive disorder (OCD) and related disorders, their families, friends, professionals and other concerned individuals.

Anxiety Disorders Association of America

www.adaa.org/GettingHelp/SupportGroups.asp

ADAA is a nonprofit organization whose mission is to promote the prevention, treatment and cure of anxiety disorders and to improve the lives of all people who suffer from them.



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Stigma and Loneliness

The stigma, real or imaginary, surrounding mental illness, causes many persons struggling to be well, and their families, to feel isolated and apart from the loving comfort of much needed support, even in their churches. Why is there a stigma or negative perception associated with mental illness? This question is more complex than it appears. Historically mental illness has been viewed with fear and pity. This stigmas can lead one to feel quite alone, unaided and unwanted. One may feel as though wandering in the wilderness.

"... those who experience a major loss or life transition often find themselves in the wilderness. The wilderness is the place where one's sense of identity and purpose is remade. Those who face a major change such as losing a loved one, experiencing a divorce or changing employment or employment status, or even beginning retirement often find themselves going through the experience of being "betwixt and between." The things that gave them meaning and identity in the past are replaced by an uncertainty that can sometimes feel terrifying. In such cases it is helpful to know that God is present and "tenting" with us, just as God tented with Moses and the Israelites in their transition from Egypt to the Promised Land. When life brings about a major change, it is good to know that the one who is unchanging is still with us, to bless and join our journey!"

-Bryan Harness, director of Pastoral Care, Prairie View, a mental health center, and member of Wichita (Kan.) Church of the Brethren; From "Spirituality and Emotional Wellness Go Hand in Hand"

The church's task is to disseminate prejudice and stigma, to allow for a safe "re-entry" into life, with the spiritual realm offering the comfort to set about the task of resuming daily life tasks. Education and understanding is the first step to disseminating fear and promoting unity.

What is mental illness?

The following information is reprinted with permission according to printed directions on the NAMI, National Alliance on Mental Health, website, www.nami.org.

Mental illnesses are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others, and daily functioning. Just as diabetes is a disorder of the pancreas, mental illnesses are medical conditions that often result in a diminished capacity for coping with the ordinary demands of life.

Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder. The good news about mental illness is that recovery is possible.

Mental illnesses can affect persons of any age, race, religion, or income. Mental illnesses are not the result of personal weakness, lack of character, or poor upbringing. Mental illnesses are treatable. Most people diagnosed with a serious mental illness can experience relief from their symptoms by actively participating in an individual treatment plan.

In addition to medication treatment, psychosocial treatment such as cognitive behavioral therapy, interpersonal therapy, peer support groups, and other community services can also be components of a treatment plan and that assist with recovery. The availability of transportation, diet, exercise, sleep, friends, and meaningful paid or volunteer activities contribute to overall health and wellness, including mental illness recovery.



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Mental Illness Facts

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Here are some important facts about mental illness and recovery:

- Mental illnesses are biologically based brain disorders. They cannot be overcome through "will power" and are not related to a person's "character" or intelligence.
- Mental disorders fall along a continuum of severity. Even though mental disorders are widespread in the population, the main burden of illness is concentrated in a much smaller proportion — about 6 percent, or 1 in 17 Americans — who suffer from a serious mental illness. It is estimated that mental illness affects 1 in 5 families in America.
- The World Health Organization has reported that four of the 10 leading causes of disability in the US and other developed countries are mental disorders. By 2020, Major Depressive illness will be the leading cause of disability in the world for women and children.
- Mental illnesses usually strike individuals in the prime of their lives, often during adolescence and young adulthood. All ages are susceptible, but the young and the old are especially vulnerable.
- Without treatment the consequences of mental illness for the individual and society are staggering: unnecessary disability, unemployment, substance abuse, homelessness, inappropriate incarceration, suicide and wasted lives; The economic cost of untreated mental illness is more than 100 billion dollars each year in the United States.
- The best treatments for serious mental illnesses today are highly effective; between 70 and 90 percent of individuals have significant reduction of symptoms and improved quality of life with a combination of pharmacological and psychosocial treatments and supports.
- With appropriate effective medication and a wide range of services tailored to their needs, most people who live with serious mental illnesses can significantly reduce the impact of their illness and find a satisfying measure of achievement and independence. A key concept is to develop expertise in developing strategies to manage the illness process.
- Early identification and treatment is of vital importance; By ensuring access to the treatment and recovery supports that are proven effective, recovery is accelerated and the further harm related to the course of illness is minimized.
- Stigma erodes confidence that mental disorders are real, treatable health conditions. We have allowed stigma and a now unwarranted sense of hopelessness to erect attitudinal, structural and financial barriers to effective treatment and recovery. It is time to take these barriers down.

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Suggestions for Congregations to Promote Education and Understanding

Reach Out

"This is my commandment, that you love one another as I have loved you."
— John 15:12

Jesus asked us to reach out to all human beings so that the stranger becomes the neighbor. People with mental illness and their families often are treated as strangers, even when they are our neighbors. We are called to be inclusive of them and share the resources and community of our congregation with them.

The following are some suggestions on how to reach out to people with mental illness and their families in a caring way. These suggestions are generally what you would do in reaching out to anyone with any serious illness and their families:

- Be a friend;
- Let the person who is ill and the family know that they are not alone;
- Avoid expecting that all peculiar behaviors and habits can be corrected;
- Avoid being judgmental;
- Offer help;
- Offer prayers;
- Refrain from offering simplistic solutions to complex problems;
- Realize another breakdown or a relapse is often temporary;
- Be supportive of the entire family, including those members who infrequently come to services, as they may feel the most isolated;
- Encourage the person who is ill and the family to continue as a part of congregational life;
- Offer opportunities to integrate the person who is recovering into the church community;
- Designate individuals within the congregation to be there when help is needed;
- Educate yourself and others about mental illness;
- Be an information and referral source;
- Sponsor support groups;
- Challenge false and stigmatizing statements about mental illness;
- Be willing to work with other congregations to improve the quality of life for people with mental illness and their families.



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Suggestions for Clergy Working With Mentally Ill Individuals

By Rev. Rose Ann Briotte

- Always be respectful of confidentiality issues. Confidentiality is not only necessary, in the case of mental illness, it is the law!
- Have a plan for what to do if ever faced with a crisis situation.
- Know how to reach the local Mental Health Crisis Response Teams in your area.
- Remember that police, sheriff and fire departments are referral services also.
- When someone appears to be a danger to themselves or others, do not hesitate to call 911.
- Don't assume that all persons with a mental illness have the skills or mental capacity necessary to get the services they need.
- Educate yourself about various symptoms of mental illness so you know when a referral is advised.
- Clergy may not recognize at first that some requests for support from persons who have a mental illness are not appropriate. As with other members of your congregation, experience teaches how to provide appropriate support while at the same time setting limits and boundaries when requests become inappropriate.
- Educated clergy have the ability to recognize when religious practice is not theologically or mentally healthy so that they can respond to "religious ideation" in persons with certain mental illness diagnoses.
- Be prepared to work with mental health professionals and community agencies to ensure that persons get the help they need.
- When a person with a mental illness comes to you for help, ask them about other services that they may be receiving to avoid duplication of services.

Suggestions for Clergy Helping Families of Persons with Mental Illness

- Confidentiality rules apply with families as well as consumers of mental illness. Clergy should never assume it is OK to talk to family members or consumers about other conversations shared in confidence.
- Clergy should pray openly from the pulpit to comfort persons who suffer with a mental illness and their families in their congregations only when they have their permission to do so.
- Clergy should acquire the ability to use and model non-stigmatizing language with the congregation so that it can become welcoming and supportive.
- Be aware that there are sometimes "competing narratives" between persons with a mental illness diagnosis and their families. Careful listening to both without judgment may reveal that families will not always have the same goals for their loved ones that the consumer of mental health services has for themselves.
- When there is a mental illness in the parsonage, congregations who love and support their pastor and his or her family frequently want help from the church and will turn to pastoral supervisors to learn what they can do to help their pastor and his or her family. They too should know how to help.



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Suggestions for Referral and Working with Agencies

- Keep an up-to-date list of agencies frequently used. Cultivate a working relationship with key persons in these agencies.
- If you are planning to visit an agency just to get to know them, remember to call ahead, and if you arrive and the place seems particularly busy, be sensitive to their case-loads and talk to someone about coming back at another time.
- When dealing with agency personnel, try to put yourself in their shoes. Use courtesy and good human relations skills.
- Remember that you may be asked at times to handle confidential or guarded information. Learn what it means to respect the wishes of those you relate to in other organizations.
- When professionals are particularly supportive to you, persons you refer for aid, or to members of your church, write "Thank You" messages.
- Give agencies feedback and be courageous enough to ask for feedback ... to help build a working relationship for problems that might arise in the future.

Suggestions for actions to minister to the mentally ill and their families within a congregation are used successfully and reprinted with permission from the Association of Brethren Caregivers.

http://www.brethren.org/abc/hps_theme/hps_06/what.html#anchor7



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Here is a pamphlet that helps educate and reduce the stigma of mental illness.

Dispel the Myths About Mental Illness or Brain Disorders

Below is a tool to help church leaders, Christian educators and families address stigma and misinformation when dealing with a person who has a mental illness or brain disorder.

Myth	Fact
If people with depression would just "pull themselves up by their bootstraps" they would be able to "get over it."	No one would CHOOSE to feel that bad ... if they could simply "get over it" they would. The depressed individual is no more capable of treating his/her own disorder than is the cardiac patient or the diabetic.
People with mental illness will never get better.	We have learned that persons with mental illness have sustained setbacks and need help in restoring their lives. Many can, if given help, recover fully enough to lead productive and satisfying lives. Even long-term clients can change.
All persons with mental illness are violent or dangerous.	The vast majority of persons with a mental illness are not dangerous. In reality, many persons who have been through emotional disturbances are typically anxious, fearful and passive.
Men who are psychotic are more violent than women who are psychotic.	Women who are acutely psychotic have the same level of risk for violence as men. Clinicians ALWAYS underrate a psychotic female's risk for violence.
People with mental illnesses do not know what they are doing.	People with mental illnesses are coherent much of the time and are rational as much of the time as they are symptomatic or psychotic.
People with mental illnesses are (or should be) locked up "for life."	Most people with mental illnesses require only an acute stay in the hospital.
People with substance use issues are not ill, they just have no willpower.	People who abuse or are dependent on substances have a biological illness for which they require intensive treatment; AND since 60% to 80% may also have another disorder (depression, schizophrenia, anxiety, Posttraumatic Stress Disorder, etc.), their needs must be taken seriously.
People with mental illness are vastly different from you and me.	There are more similarities than differences between "them" and "us."

Source: Metropolitan St. Louis Psychiatric Center Volunteer/Student Handbook



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Common Misconceptions About Suicide

“People who talk about suicide won’t really do it.”

Almost everyone who commits suicide has given some clue or warning. Do not ignore suicide threats. Statements like “You’ll be sorry when I’m dead,” or “I can’t see any way out” — no matter how casually or jokingly said — may indicate serious suicidal feelings.

“Anyone who tries to kill themselves must be crazy.”

Most suicidal people are not psychotic or insane. They must be upset, grief-stricken, depressed, or despairing, but extreme distress and emotional pain are not necessarily signs of mental illness.

“If a person is determined to kill themselves, nothing is going to stop them.”

Even the most severely depressed person has mixed feelings about death, wavering until the very last moment between wanting to live and wanting to die. Most suicidal people do not want death; they want the pain to stop. The impulse to end it all, however overpowering, does not last forever.

“People who commit suicide are people who were unwilling to seek help.”

Studies of suicide victims have shown that more than half had sought medical help within six months before their deaths.

“Talking about suicide may give someone the idea.”

You don’t give a suicidal person morbid ideas by talking about suicide. The opposite is true — bringing up the subject of suicide and discussing it openly is one of the most helpful things you can do.

Persons who may be at high risk for suicide:

- Persons who are severely depressed and feel hopeless
- Persons who have a past history of suicide attempts
- Persons who have made concrete plans or preparations for suicide

Talking About Suicide Can Save a Life- Signs of Depression and Suicide Risk

- Change in personality — becoming sad, withdrawn, irritable, anxious, tired, indecisive, apathetic
- Change in behavior — can’t concentrate on school, work, routine tasks
- Change in sleep pattern — oversleeping or insomnia, sometimes with early waking
- Change in eating habits — loss of appetite and weight, or overeating
- Loss of interest in friends, sex, hobbies, activities previously enjoyed
- Worry about money, illness (real or imaginary)
- Fear of losing control, “going crazy,” harming self or others
- Feelings of overwhelming guilt, shame, self-hatred
- No hope for the future — “It will never get better, I will always feel this way.”
- Drug or alcohol abuse



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Suicide Symptoms, cont.

- Recent loss of a loved one through death, divorce, separation, broken relationship; or loss of job, money, status, self-confidence, self-esteem
- Loss of religious faith
- Nightmares
- Suicidal impulses, statements, plans; giving away favorite things; previous suicide attempts or gestures
- Agitation, hyperactivity, restlessness may indicate masked depression
- Don't be afraid to ask: "Do you sometimes feel so bad you think of suicide?"

Just about everyone has considered suicide, however fleetingly, at one time or another. There is no danger of "giving someone the idea." In fact, it can be a great relief if you bring the question of suicide into the open, and discuss it freely, without showing shock or disapproval. Raising the question of suicide shows you are taking the person seriously and responding to the potential of his/her distress.

If the answer is "Yes, I do think of suicide," you must take it seriously.

Ask questions like: Have you thought about how you'd do it? Do you have the means? Have you decided when you'll do it? Have you ever tried suicide before? What happened then?

If the person has a defined plan, the means are easily available, the method is a lethal one, and the time is set, the risk of suicide is very high. Your response will be geared to the urgency of the situation as you see it. Therefore, it is vital not to underestimate the danger by not asking for details.

How to Find Out If Someone Is Suicidal

Ask these questions — in the same order — to find out if the person is seriously considering suicide:

1. "Have you been feeling sad or unhappy?"

A "yes" response will confirm that the person has been feeling some depression

2. "Do you ever feel hopeless? Does it seem as if things can never get better?"

Feelings of hopelessness are often associated with suicidal thoughts.

3. "Do you have thoughts of death? Does it seem as if things can never get better?"

A "yes" response indicates suicidal wishes but not necessarily suicidal plans. Many depressed people say they think they'd be better off dead and wish they'd die in their sleep or get killed in an accident. However, most of them say they have no intention of actually killing themselves.



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How to Find Out If Someone Is Suicidal, cont.

4. ***“Do you ever have any actual suicidal impulses? Do you have any urge to kill yourself?”***

A “yes” indicates an active desire to die. This is a more serious situation.

5. ***“Do you have any actual plans to kill yourself?”***

If the answer is “yes,” ask about their specific plans. What method have they chosen? Hanging? Jumping? Pills? A gun? Have they actually obtained the rope? What building do they plan to jump from? Although these questions may sound grotesque, they may save a life. The danger is greatest when the plans are clear and specific, when they have made actual preparations, and when the method they have chosen is clearly lethal.

6. ***“When do you plan to kill yourself?”***

If the suicide attempt is a long way off (say, in five years) danger is clearly not imminent. If they plan to kill themselves soon, the danger is grave.

7. ***“Is there anything that would hold you back, such as your family or your religious convictions?”***

If the person says that people would be better off without them, and if they have no deterrents, suicide is much more likely.

8. ***“Have you ever made a suicide attempt in the past?”***

Previous suicide attempts indicate that future attempts are more likely. Even if a previous attempt did not seem serious, the next attempt may be fatal. All suicide attempts should be taken seriously. However, suicidal “gestures” can be more dangerous than they seem, since many people do kill themselves.

9. ***“Would you be willing to talk to someone or seek help if you felt desperate? With whom would you talk?”***

If the person who feels suicidal is cooperative and has a clear plan to reach out for help, the danger is less than if they are stubborn, secretive, hostile, and unwilling to ask for help.

Further Resources About Suicide

American Association of Suicidology— AAS is dedicated to the understanding and prevention of suicide by promoting research, public awareness, education and training for professionals and volunteers.

Web site: www.suicidology.org (also provides listings of state-by-state suicide crisis lines).

American Foundation for Suicide Prevention— 120 Wall Street, 22nd Floor, New York, NY 10005.

Website: www.afsp.org

E-mail: inquiry@afsp.org

Phone: (888) 333-AFSP (not a crisis line)

or (212) 363-3500.

Suicide Prevention Action Network- (SPAN) — A non-profit organization “dedicated to the creation of an effective national suicide prevention strategy.”

Website: www.spanusa.org

Phone: (888) 649-1366 (not a crisis line)

24-hour hotline, (800) 784-2433 National Hopeline Network 24/7



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Recovery

Recovery is a process, beginning with diagnosis and eventually moving into successful management of your illness. Successful recovery involves learning about your illness and the treatments available, empowering yourself through the support of peers and family members, and finally moving to a point where you take action to manage your own illness by helping others.

Untreated Mental Illness: A Needless Human Tragedy

Severe mental illnesses are treatable disorders of the brain. Left untreated, however, they are among the most disabling and destructive illnesses known to humankind.

Millions of Americans struggling with severe mental illnesses, such as schizophrenia, bipolar disorder, and major depression, know only too well the personal costs of these debilitating illnesses. Stigma, shame, discrimination, unemployment, homelessness, criminalization, social isolation, poverty, and premature death mark the lives of most individuals with the most severe and persistent mental illnesses.

Mental Illness Recovery: A Reality Within Our Grasp

The real tragedy of mental illness in this country is that we know how to put things right. We know how to give people back their lives, to give them back their self-respect, to help them become contributing members of our society. NAMI's "*In Our Own Voice*," a live presentation by consumers, offers living proof that recovery from mental illness is an ongoing reality.

Science has greatly expanded our understanding and treatment of severe mental illnesses. Once forgotten in the back wards of mental institutions, individuals with brain disorders have a real chance at reclaiming full, productive lives, but only if they have access to the treatments, services, and programs so vital to recovery.

Newer classes of medications can better treat individuals with severe mental illnesses and with far fewer side effects. Eighty percent of those suffering from bipolar disorder and 65 percent of those with major depression respond quickly to treatment; additionally, 60 percent of those with schizophrenia can be relieved of acute symptoms with proper medication.

Assertive community treatment, a proven model treatment program that provides round-the-clock support to individuals with the most severe and persistent mental illnesses, significantly reduces hospitalizations, incarceration, homelessness, and increases employment, decent housing and quality of life.

The involvement of consumers and family members in all aspects of planning, organizing, financing, and implementing service-delivery systems results in more responsiveness and accountability, and far fewer grievances.