

Facts & Trends

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Mental Health and the Church

*Tearing down
the walls of silence*



RETHINKING
MENTAL ILLNESS

A PASTOR'S
JOURNEY THROUGH
DEPRESSION

THE CHURCH'S ROLE
IN RECOVERY

Facts & Trends

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Facts & Trends is designed to help pastors, church staff, and denominational leaders navigate the issues and trends impacting the church by providing information, insights, and resources for effective ministry.

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INSIDE F&T

Trading silence for hope

When we hear the words *mental illness*, far too often, the images that fill our minds are caricatures created by popular media. What's reported in the news or portrayed in television and film doesn't tell the whole story. Mental illness is something that affects a significant portion of Americans—1 in 4 adults suffer some form of mental health disorder every year. But many suffer in silence because the enduring stigma of mental illness teaches people to hide the truth about what they're going through.

We probably all know someone who has battled mental illness. And Christians are certainly not immune. But the church's silence tells people with mental illness they are not welcome to share their struggles.

The evangelical faith community doesn't have a great record when it comes to helping these silent sufferers. People are often blamed for bringing the suffering on themselves. Others are ignored or shuffled out the door. The church could make a difference if it only had a better understanding of mental illness.

In this issue, Bob Smietana unpacks the findings of LifeWay Research's study on mental health and the church. Amy Simpson candidly discusses growing up watching her mother battle schizophrenia and the toll it took on her family. She offers a better way for churches to respond to families who live with mental illness. Pastor Art Greco shares his own journey through depression. And Thom Rainer offers an encouraging word to pastors who struggle with depression. We also included an interview with scholar Matthew Stanford, who trains churches how to minister to those living with a mental illness. Finally, Ed Stetzer talks frankly about the stigma of mental illness and challenges the church to shape a new, more helpful approach to serving the hurting people around us.

In dark and difficult times, hope is essential. Isn't that what we as a faith community should offer? The only way to dispel the stereotypes and shatter the stigma is to openly and compassionately address the topic. We pray this issue inspires and challenges you to break the silence in your church.

Carol Pipes, Editor

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FROM MY PERSPECTIVE

Pastors experience depression, too

Depression was once a topic reserved for “other people.” Christians, especially pastors, aren’t supposed to feel depressed. Aren’t these servants of God supposed to have their acts together? How could pastors and other ministers experience the dark valley of depression? The truth is, pastors are as likely as other Americans to experience mental illness.

A recent study by LifeWay Research found nearly 1 in 4 pastors (23 percent) acknowledge they have personally struggled with a mental illness such as depression, and half of those pastors said the illness had been diagnosed. Sadly, many of them are reticent to say anything about their depression or other mental illness lest they be viewed as unfaithful to God and unable to help others.

So, what are the causes of the depression? A number of factors can increase the chance of depression, and my list of possible triggers is certainly not exhaustive. While not all of these pressure points are unique to pastors, they are pervasive among them.

- **Spiritual warfare.** The Enemy doesn’t want pastors to be effective in ministry. He will do whatever it takes to hurt ministers and their ministries.
- **Unrealistic expectations.** The expectations and demands upon a pastor are enormous and often unrealistic.

Congregants are sometimes quick to express their frustrations toward the pastor when expectations aren’t met, making the pastor feel like a failure.

- **Greater platforms for critics.** In “the good old days,” a critic’s complaints were typically limited to telephone, mail, and in-person meetings. Today, critics have the visible and pervasive platforms of email, blogs, and social media such as Facebook and Twitter.
- **Failure to take time away from the church or place of ministry.** Workaholicism leads to burnout, and burnout leads to depression.
- **Marriage and family problems.** Too often pastors neglect their families as they try to care for the larger church family.
- **Financial strains.** Many pastors don’t have sufficient income from the churches they serve. That financial stress can lead to depression. Some pastors don’t know how to manage the money they do have, leading to further financial strain.
- **The comparison game.** Every pastor knows of a church that is larger and more effective. Every pastor knows of another pastor who seems more successful. The comparison game can be debilitating to some pastors.

Though triggers can often be determined, this is not always the case. For some the causes of depression are never known.

The demands of ministry can create a pressure-cooker situation for pastors. While it’s important to care for one’s physical health, it’s also necessary to guard your mental health. If you are struggling with depression or some other mental illness, allow me to offer a few thoughts and words of encouragement.

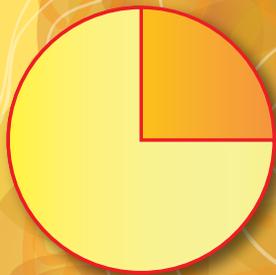
- **You are not alone.** To the contrary, the problem is widespread. There are many in this company of fellow strugglers.
- **You need not be ashamed.** Mental illness is just that—it is an illness. If we have cancer, we freely acknowledge our physical illness. Pastors shouldn’t be ashamed to say they have a mental illness.
- **Seek help.** Find trusted professionals who can help you. A medical doctor can help determine if there are physiological reasons for your struggle. And a good counselor can help you sort through the issues and find hope.
- **Make the recommended changes.** Once struggling pastors seek help from professionals, they will be advised about next steps. Listen to them. Heed their advice. Make the necessary changes.
- **Remain faithful.** Mental illness is not an automatic end to your ministry. Many pastors continue to serve and thrive in ministry even though they struggle. Remember, weaknesses can be occasions for God to work in a person. ■

Thom S. Rainer (@ThomRainer) is president and CEO of LifeWay Christian Resources.

Mental health

THE FACTS

Prevalence



1 in 4
American adults
experience some
kind of mental illness
in a given year.

Each year depression
affects **5-8 percent**
of adults in the U.S.

Depression is the leading
cause of **disability**
worldwide and will be the single
largest healthcare expense
by **2020**.



13.6 million
adults in the U.S. live with a
serious mental illness such
as schizophrenia, major
depression, or bipolar disorder.

Age of onset

50% by age 14

75% by age 24

50% of all chronic mental illness begins by age 14

75% of all chronic mental illness begins by age 24

4x

Men are
4 times more
likely than women
to commit suicide.

1 million

The number of Americans who receive
treatment for suicidal thoughts, behaviors or
attempts on a yearly basis.

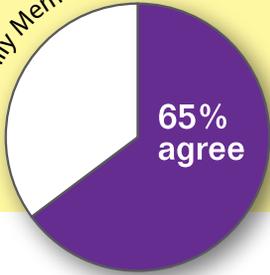
Sources: National Institutes of Health, National Institute of Mental Health, National Alliance on Mental Illness, American Medical Association, World Health Organization

27%
of churches have a
plan in place to
assist families
affected by mental
illness. And only
21% of family
members are
aware of a plan
in their church.

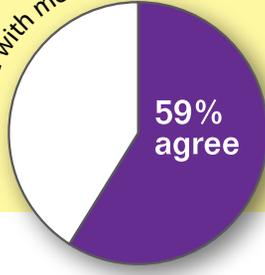


Mental health and the church

Family Members



People with mental illness



People want to talk about mental illness

Family members (65%) and those with mental illness (59%) agree their church should talk openly about mental illness, so the topic will not be taboo.

66% of senior pastors seldom speak to their congregation about mental illness.

13%
not supportive



33%
don't know

53%
supportive

53% of regular churchgoers with a mental illness say their church has been supportive. About 13% say their church was not supportive; 33% answered, "don't know."

Source: LifeWay Research

Suicide

Each year suicide claims approximately **40,000** lives in America.

Suicide is the **10th leading cause of death** in the U.S. (more common than homicide).

Among young people aged 15 to 24 suicide is the third leading cause of death.

Signs of suicide risk

"Suicide is a national epidemic—40,000 people ended their life in 2013," says Jared Pingleton, director of counseling services at Focus on the Family. He is a licensed psychologist and is trained in both clinical psychology and theology. While Pingleton says predicting behavior is difficult, he offered these general warning signs.

- Talking about wanting to die or kill oneself.
- Discussion or talk of a specific suicidal plan; making arrangements.
- Behavior that would be potentially lethal such as hoarding medication.
- Talking about feeling hopeless or having no reason to live.
- Acting irritable, agitated, or enraged.
- Sleeping too little or too much.
- Loss of interest in things one cares about.
- Withdrawal from pleasurable activities.
- Isolation from relationships, withdrawing from friends and family.

Visit Focus on the Family's ThrivingPastor.com/MentalHealth for a free guide to serving those with mental illness.

Mental Health and the Church

Tearing down the walls of silence

With the recent suicide death of Robin Williams, depression and mental health has become a greater part of the cultural conversation lately. And to some extent, it has for the church, too.

On April 5, 2013, Rick and Kay Warren's son, Matthew, took his own life. He was only 27 years old, but had struggled with depression all his life. The Warrens have been very open about their son's death and the need for the church to help people who struggle with mental illness. For the most part, churches haven't talked much about mental illness. There's often been a stigma attached to it—as if having faith in Jesus makes you immune from suffering from mental illness. The truth is, Christians get depressed, too. And thankfully, more of us are willing to talk about it and support each other.

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Hello, my name is not schizophrenia

Dealing openly with mental illness can lead to better outcomes for sufferers and create a healthier church environment for everyone.

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Breaking the silence

Amy Simpson shares the story of her mom's mental illness and suggests ways the church can help those affected by mental illness.

22

Finding my way home

Pastor Art Greco talks about how he has learned to fight depression.

26

Rethinking mental illness

Lizette Beard interviews mental health expert Matthew Stanford on the role of the church in recovery.

Hello
my name is

NOT
Schizophrenia

Getting beyond the stigma of mental illness

By Bob Smetana

Even Christian counselors sometimes forget their mentally ill patients still have souls.

Just ask Michael Lyles.

Lyles, a clinical psychiatrist, has a practice in Atlanta, where most of his clients are evangelical Christians. But not all them. Some have no faith, including a man who was schizophrenic and beset with hallucinations. This patient was a bit of a hermit, spending most of his time sitting at home watching television.

But after his condition stabilized, his life started returning to normal. He made some new friends, and one of them shared the gospel with him. Coming to faith in Christ didn't take away his hallucinations or cure his schizophrenia. But it led him to a church, a new group of friends, and a better life.

One day the patient came into Lyle's office with a question: "Why didn't you ever tell me about Jesus?" He then shared with Lyle how his church and his new faith in Christ had changed his life.

"I would have never found this if no one had told me about the gospel," the patient told Lyle.

Lyle says he sat there for a minute and then admitted his guilt. "I was just happy you weren't psychotic anymore; I forgot you were a person."

That kind of response isn't uncommon, according to a new study on

mental health and faith, co-sponsored by LifeWay Research and Focus on the Family. The study found that ministering to those with mental illness remains a challenge.

That's partly because dealing with mental illness, like other chronic conditions, can feel overwhelming. Patients often feel as if their diagnosis defines their life, while counselors and even pastors can forget that people with mental illness still have a spiritual life.

As a result, churches sometimes miss

members of the mentally ill.

They surveyed 1,000 senior Protestant pastors about how their church approaches mental illness. Then they surveyed 355 Americans diagnosed with a serious mental illness—in this case moderate or severe depression, bipolar, or schizophrenia. Among them were 200 church-going Protestants.

A third survey polled 207 family members of people with mental illness. LifeWay Research also conducted in-depth interviews with Lyle and more

“Because of the way we have ignored mental illness, we are hurting people. We have created a stigma.”

— Ed Stetzer

the chance to minister to those with mental illness.

"Because of the way we have ignored mental illness, we are hurting people," says Ed Stetzer, executive director of LifeWay Research. "We've created a stigma."

ADDRESSING THE STIGMA

The LifeWay Research study was designed to address that stigma and to help churches better assist those affected by mental illness.

Researchers focused on three groups: Protestant pastors, Americans diagnosed with mental illness, and family

than a dozen experts on spirituality and mental health.

The study found that pastors and churches want to help those who experience mental illness. But those good intentions don't always lead to effective ministry.

Among the study's findings:

- Most Protestant senior pastors (66 percent) seldom speak to their congregation about mental illness. That includes the almost half (49 percent) who "rarely" (39 percent) or "never" (10 percent) speak about mental illness. About 1 in 6 pastors (16 percent) speak about mental illness once a year.

- About a quarter of pastors (22 percent) admit to being reluctant to help those who suffer from acute mental illness because it takes too much time.
- Meanwhile, family members (65 percent) and those with mental illness (59 percent) want their church to talk openly about mental illness, so the topic will not be taboo.

The silence from the pulpit and churches can leave people feeling ashamed about mental illness, says Jared Pingleton, director of counseling services at Focus on the Family. Those with mental illness can feel left out, as if the church doesn't care. Or worse, they can feel as if mental illness is sign of spiritual failure.

"We can talk about diabetes and Aunt Mable's lumbago in church—those are seen as medical conditions," he says. "But mental illness—that's somehow seen as a lack of faith."

Stetzer says pastors should challenge the idea that someone is a bad Christian because they struggle with mental illness. Instead, he says, they should offer friendship and care to those with mental illness.

"We've sent the message that there's something wrong with you if you're a Christian with mental illness," he says. "The truth is there is something wrong with you—you're ill and you need help. And the church can be part of the healing process."

Step one is talking about mental illness, so people know help is available. Researchers found two-thirds of pastors (68 percent) say their church maintains a list of local mental health resources for church members. But few families (28 percent) are aware those resources exist, and so don't take advantage of them.

PASTORS AWARE OF NEED

Most pastors in the survey said they know people who have been diagnosed with mental illness. Nearly 6 in 10 (59 percent) have counseled someone who was later diagnosed.

And pastors themselves aren't immune from mental illness. About a quarter (23 percent) say they've experienced some kind of mental illness, while 12 percent say they've received a diagnosis for a mental health condition.

But those pastors are often reluctant to share their struggles, says Chuck Hannaford, a clinical psychologist and president of HeartLife Professional Soul-Care in Germantown, Tennessee.

Hannaford, another of the experts in the LifeWay Research study, counsels pastors as part of his practice. Many, he says, keep their mental illness hidden from their congregation.

"You know it's a shame we can't be more open about it," he told researchers. "What I'm talking about is an openness from the pulpit that people

struggle with these issues and there's not an easy answer."

Pingleton says pastors and church members alike can find solace in the Scriptures. He points out that many biblical characters suffered from emotional struggles. And some, were they alive today, would likely be diagnosed with mental illness.

"The Bible is filled with people who struggled with suicide, or were majorly depressed or bi-polar," he says. "They are not remembered for those things. They are remembered for their faith."

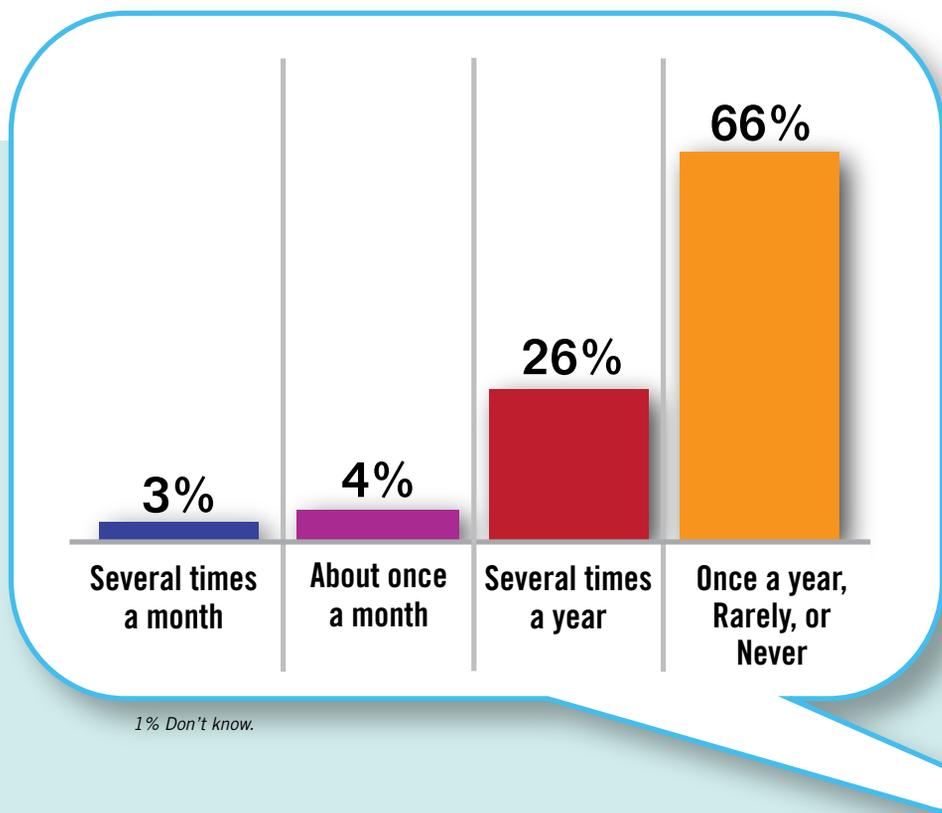
Pingleton says ministry to those with mental illness is a delicate balance. Churches have to show care and concern. But church leaders also need to know when to refer someone to a mental health professional or doctor, especially when in cases of serious mental illness.

Pastors, he says, walk a fine line when making a referral. Church members may feel rejected if their pastor passes them off to someone else. But the pastor may not have the right skills to help them.

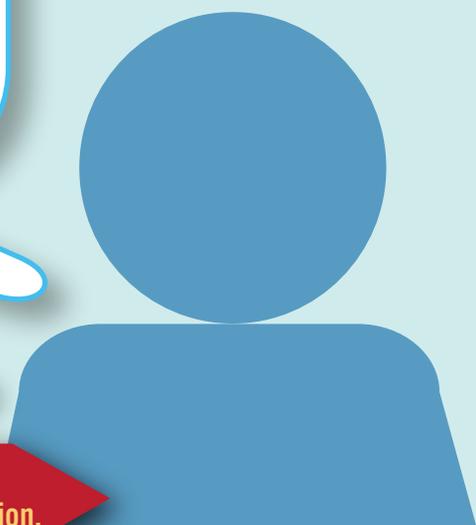
The important thing to do is stay connected even after a referral, he says.

COMMUNITY MATTERS

Christians are supposed to bear one another's burdens. Those burdens can include mental illness, says Warren Kinghorn, assistant professor of



How often pastors speak to the church in sermons or large group messages about mental illness.

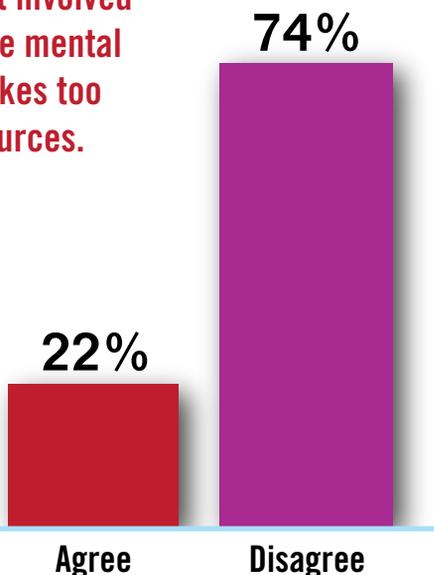


23% of pastors say they've experienced some kind of mental illness.

12% of pastors say they've received a diagnosis of a mental health condition.

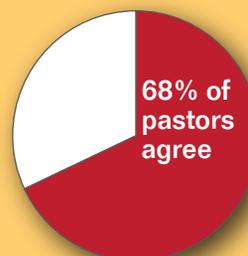
Among pastors:

I am reluctant to get involved with those with acute mental illness because it takes too much time and resources.

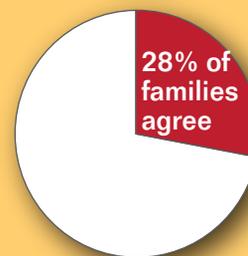


4% Don't know.

Mental health resources need to be communicated and made available.



Church maintains a list of local mental health resources for church members



Families are aware resources for mentally ill exist in their church

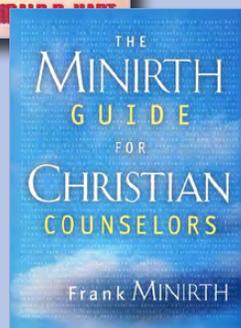
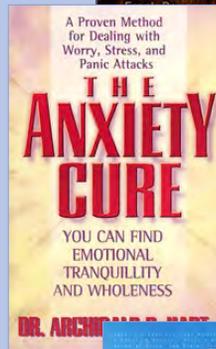
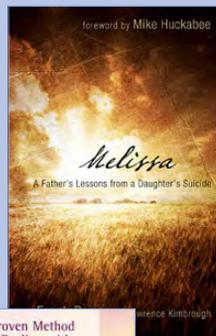
More than 3 out of 4 of those with mental illness had received therapy. 79 percent said therapy was effective.

— LifeWay Research



DIG DEEPER

- ThrivingPastor.com/MentalHealth
- Ministry in the Face of Mental Illness Bible Study FactsAndTrends.net/MentalHealth (free download)
- *Melissa: A Father's Lessons from a Daughter's Suicide*
Frank Page, president and CEO of the Southern Baptist Convention Executive Committee, learned firsthand the pain of losing a loved one to suicide when he and his wife, Dayle, lost their daughter, Melissa, to suicide in 2009. Writing from personal experience, he examines the biblical truths that carried him through such a painful time and that minister to him on dark days still known to come around.
- *The Anxiety Cure*
Panic anxiety is the number one mental health problem for women and second only to drug abuse among men. *The Anxiety Cure* provides proven, natural strategies for overcoming panic disorder and finding an emotional balance in today's fast-paced world.
- *The Minirth Guide for Christian Counselors*
A comprehensive resource for those who counsel from the Scriptures from a leading Christian counselor.



psychiatry and pastoral and moral theology at Duke Divinity School.

People who are depressed might have trouble praying or coming to church, and may lose hope, says Kinghorn, another one of the experts in the LifeWay study. In those moments of despair, a church community can offer reassurance and comfort.

In some ways, they can keep the faith for people who are really struggling.

“What can happen is that others can come alongside you and say, ‘I know you can’t hope right now, but we believe that hope is real and that God is real,’” he says.

One of the complications for Christians with mental illness is that they feel pressure to still grow spiritually.

LifeWay Research found that most pastors (76 percent) and family members (74 percent) felt a Christian with acute mental illness could thrive spiritually, even if their condition was not stable. Nearly two-thirds (63 percent) of people with mental illness also believe that someone could thrive spiritually even if their condition wasn't stable.

The experts in the LifeWay study, however, cautioned that stabilizing a person's mental health should come first. Christians can feel God's presence and comfort in the midst of their struggles with mental illness. But it's difficult to thrive spiritually if someone's mental illness is not stable.

That's especially true for an illness like schizophrenia.

"In schizophrenia, there is such a strong biological component that medications are a must," says Eric Achtyes, staff psychiatrist at Pine Rest Christian Mental Health Services in Grand Rapids, Michigan. "You really can't do anything else until somebody is stable with a good medication regime. It's difficult to do anything else."

THERAPY AND MEDICATION

LifeWay Research found broad consensus among pastors, those with mental illness, and family members when it comes to psychological therapy and medication.

- More than 3 out of 4 (78 percent) of those with mental illness had received therapy. Most (79 percent) said therapy was effective.
- Almost all (94 percent) of those with mental illness said they'd been treated with medication, with 85 percent saying the medication was effective.

LifeWay Research found very little opposition to using medication to treat mental illness.

Almost no one in the three surveys said medication should "never" be used. More than half of those with mental illness (54 percent) said medications should be used any time they can relieve symptoms of acute mental illness. About a third of those with

mental illness said medication should be used in moderation.

Among pastors, 40 percent said medication should be used anytime to relieve symptoms, while 47 percent said medication should be used in moderation.

There were some differences over when it was best to use therapy versus when to give spiritual counsel to those with mental illness. About half of pastors (51 percent) said therapy should be used after sharing spiritual principles.

But only a quarter of those with mental illness said spiritual principles

The more we talk about mental illness and bring it out of the shadows, the more understanding and compassion we'll have."

— Eric Achtyes

should precede therapy. And about a third (34 percent) of those with mental illness said therapy should be used without any spiritual principles.

Stetzer was pleased to see the taboo of using medication to treat mental illness seems to have almost disappeared.

He says pastors and those with mental illness have seen that medications can help those with mental illness. It's no surprise, he says, that pastors and those with mental illness support their use.

But he worries at times that churches see mental illness solely as a medical

problem and forget about the spiritual needs to those who are mentally ill.

"I'm concerned that some Christians say, let the doctors take care of everything," he says. "We can't outsource spiritual care."

Dealing openly with mental illness can lead to better outcomes for those who struggle with depression or other conditions, says Achtyes.

But it also can lead to a healthier church environment for everyone.

"The reality is that we all know people who have had mental illness,

depression, anxiety, and other problems. The more we talk about [mental illness] and bring it out of the shadows, the more understanding and compassion we'll have, and I think the better care people will get," Achtyes told LifeWay Research. "And don't we really want our churches to be places of openness and of healing and a place where we can go with our challenges and our trials?" ■

BOB SMIETANA (@BobSmietana) is senior writer for Facts & Trends. Lizette Beard of LifeWay Research contributed to this article.

Breaking the silence

By Amy Simpson

HOW YOUR CHURCH CAN RESPOND TO MENTAL ILLNESS



Ten-year-old Amy Simpson poses with her mother while on family vacation.

I met your mom on Sunday.” My best friend’s mom smiled as she dried her hands on a kitchen towel. “I’ve seen her in church, but I had no idea she was your mom. She always sits so quietly, with her hands folded in her lap. She seems very nice.”

I smiled politely in response, and she went back to her work in the kitchen. It took me only a couple of seconds to push back the wave of pain and panic that always hovered at the edge of my life and threatened to wash over me at moments like these. I was in the habit of keeping those feelings at bay.

Even though my best friend and I went to the same church, there was a reason I had never introduced our mothers. There was a reason I didn’t host get-togethers at my house, invite my parents to school events, or rely on my mom for the kind of support teenage girls need. I was ashamed and terribly afraid of the stigma.

My friend’s mom was right: My mom was, and is, very nice. She also has a serious illness that filled those teenage years with confusion, fear, and grief. Her schizophrenia lived with our family for years, before I was even born, like a quiet but unwanted houseguest. When I was 14, that guest suddenly staged a coup, and before we knew what had happened, we were living in schizophrenia’s house.

Mom was hospitalized multiple times through my high school

years, and the decades since have brought a string of run-ins with the harsh effects of her disease: difficult and broken relationships, paranoia, public embarrassment, religious confusion, occult activities, homelessness, danger, arrest, conviction, and prison time.

Periods of stability and hope followed by another slow—or sometimes sudden—loss of the person we know and love. Battles with the shame and stigma that kept us quiet and isolated from each other for decades. Battles for the life and well-being of a woman we cherish, who still has a purpose and a place in this world.

I'm no longer ashamed of my mother's illness and my family's experience. I'm

proud that we've come this far, amazed by God's grace. And I'm astounded so many people are living right in the middle of stories very much like ours.

Ironically, when I was a teenager, I thought we were pretty much alone. I didn't fully understand what was happening in my family, and I had never heard anyone else talk about similar experiences.

This is part of what kept me and the rest of my family silent, hiding behind the same smiles everyone else was wearing. We had no idea our own silence made us complicit in our sense of isolation. Because others were silent too, we had no idea how many families were like ours.

UNDERSTAND THE CRISIS

When the subject of mental illness comes up, many people think first of the most serious, disruptive disorders like schizophrenia, bipolar disorder, obsessive-compulsive disorder, post-traumatic stress disorder, and major depression. These are the types of illness that tend to be featured (usually inaccurately) in popular media, linked (again, inaccurately) with violence on the evening news, and associated with suicide.

But most people with mental illness do not die by suicide, hear hallucinatory voices, or commit acts of violence. Mental illness is a broad term for a variety of disorders in different categories, affecting thinking, feeling,

“People who live with mental illness, whether their own or someone else's, need to break the silence.”

— Amy Simpson



Family photo courtesy of Amy Simpson

Simpson and her mom at high school graduation



behavior, mood, social interaction, and self-expression. Mental illness is not a fringe experience best kept in the closet or under the rug.

Every year, 25 percent of the U.S. adult population suffers from a diagnosable mental illness. That's about equal to the total percentage of people diagnosed with cancer each year, those living with heart disease, people infected with HIV and AIDS, and those afflicted with diabetes—combined!

That equates to around 50 million people in the United States. And that's only in a given year. Because many mental illnesses (like depressive episodes) are short-term and not chronic, an even higher percentage of people are affected by a mental illness at some point in their lives.

The statistics are staggering, but they don't tell the whole story. Every case of mental illness represents a family affected in some way by that disease. Mental illness causes financial burdens

and hardships. A person with active symptoms may be unable to work.

Psychiatric medications, hospital stays, and residential care can be enormously expensive—when they're available. Our mental health care system

is badly broken and hard to navigate, and it can be difficult to access care. Furthermore, as with other forms of health care, the burden of managing care and treatment is on the person with the illness, who may not be able to manage the condition (and who may not even acknowledge or understand it).

Family members often witness the disintegration of a loved one's mental health, but lack the tools and legal right to intervene in any effective way. And if the loved one is old enough (age 12 in some states), the family also lacks access to medical diagnoses, records, and other information about treatment—unless permission is specifically granted in writing.

Doctors can be reluctant to diagnose disorders because of stigma and discrimination by insurance companies. Insurance companies pressure hospitals to shorten treatment. And short hospitalizations focused on stabilizing patients don't always set them up for long-term success.

For many families with mental illness, police officers become mental health workers by default in crisis situations. Some lose their loved ones to homelessness, jail, or prison. Many sources report that about 40 percent of homeless people have some kind of mental health problem, and 20 to 25 percent have serious mental illness.

The Department of Justice estimates that more than half of local, state, and federal inmates have symptoms of serious mental illness—ranging from 45 percent at the federal level to 56 percent in state prisons and 64 percent at the local jail.

Many families affected by mental illness live with special “rules” (Don't let Mom see that newspaper headline; Don't upset your brother; Don't talk about your feelings) designed to keep just one person happy or stable. For some, life is unstable, confusing, and full of worry, anxiety, and feelings of helplessness.

Some family members are plagued by guilt-producing questions (What did we do wrong?) and questions that can lead to a spiritual crisis (How could you let this happen, God?). Roles are reversed, families go through repeated cycles of grief and loss, and people feel the awful need to submit to shame and stay silent about their suffering.

HOPE IN THE CHURCH

People who live with mental illness, whether their own or someone else's, need to break the silence. They need to speak and be heard in the church and elsewhere. They need the church to break its own silence as well. So many have allowed stigma and fear to prevent acknowledgment that mental illness exists within the walls of churches. The silence sends a clear message that God is not interested in their suffering, serious problems have no place in the church, and our faith has no answer for hardships like theirs.

Compounding this tragedy is what research shows: The church is the first place many people go when they're looking for help with mental illness. Among people who have sought treatment, 25 percent have gone first to a member of the clergy. This is a higher percentage than those who have gone to psychiatrists, general medical doctors, or anyone else.

How should the church respond to this opportunity? Here are a few ideas:

- *Acknowledge universal human brokenness.* This is Christian doctrine at its most basic, but we sometimes forget to walk in the humility of the knowledge that we are all flawed and scarred and in need.
- *Teach about suffering.* Contradict the idea that we should expect an easy or

pain-free life on this earth.

- *Treat people like people.* Make eye contact, smile, say hello, and refuse to succumb to irrational fear. (If someone truly is dangerous, call the police. That's rational fear. But still recognize the very real and suffering person.)
- *Offer friendship.* We often think we're not qualified to help, but everyone is qualified to do this.
- *Do what you already do—provide meals and rides, visit them in the hospital, take care of their kids, help with expenses, ask how they're feeling.*
- *Talk about mental illness.* Mention it in sermons, classes, Bible studies, and public prayers.
- *Refer to mental health professionals.* Build a network of local professionals and make it widely available.
- *Be the church.* Recognize that professional mental health care is not a substitute for the social support, spiritual care, and loving community you can provide.
- *Start a support group ministry.* Check

out Fresh Hope (FreshHope.us) and Mental Health Grace Alliance (MentalHealthGraceAlliance.org) for resources.

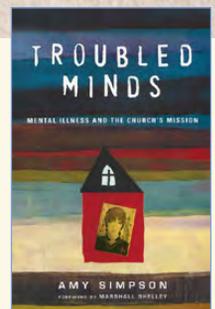
Ministry to people with mental illness and their families is not easy, quick, or fashionable. It may not even be rewarding. But it is right and fitting for people called to love as Jesus loves, to serve as “the pleasing aroma of Christ” in this world, and to represent His healing grace. ■

AMY SIMPSON (@aresimpson) is author of *Troubled Minds: Mental Illness and the Church's Mission* and *Anxious: Choosing Faith in a World of Worry*. She also serves as editor of *Gifted for Leadership*, senior editor of *Leadership Journal*, a speaker, and a Co-Active personal and professional coach. You can find her at AmySimpsonOnline.com.

DIG DEEPER

Books by author
Amy Simpson

- *Troubled Minds: Mental Illness and the Church's Mission*
- *Anxious: Choosing Faith in a World of Worry*



Sources

National Institute of Mental Health, “Statistics,” www.nimh.nih.gov
www.pbs.org/now/shows/526/homeless-facts.html.

Doris J. James and Lauren E. Glaze, “Bureau of Justice Statistics Special Report: Mental Health Problems of Prison and Jail Inmates” (Washington, DC: U.S. Department of Justice, Office of Justice Programs, 2006), www.nami.org

Health Research and Education Trust, “Patterns and Correlates of Contacting Clergy for Mental Disorders in the United States” (2003)

Finding my way home

By Art Greco



PHOTOGRAPHY BY GARY FONG

Dealing with depression as a church leader

It was my day off. That meant I was doing one of my favorite things—working on a project in my garage. I was halfway through fixing the door on our spare refrigerator when all of a sudden my 34-year-old son Josh appeared.

He didn't speak. Instead, Josh stood there with tears in his eyes and an awful expression on his face, with a cellphone held in his outstretched hand.

I took the phone and read the news. Robin Williams was dead, a victim of suicide.

Josh, like many of us, was a fan of Williams. But he also had a personal connection.

We live not far from San Francisco, and Josh had a friend who used to live next door to William's wife Susan Schneider. Whenever Josh would visit his friend, he'd often see Williams and would wave greetings over the fence.

That wasn't the only reason for his shock.

"Dad," he asked, "when you were battling depression, did you ever seriously consider suicide?"

"Yes," I told him. "Sadly, I did."

After a silent and tender pause, Josh spoke again.

"I'm glad you dealt with it a different way, Dad," he said.

Josh's response touched me deeply—partly because it was so different from what those of us who've been ambushed by depression often hear.

Things like: "But why are you de-

pressed? You have so much to live for." Or some version of, "Just fix it," "Go watch a funny movie," or "But people love you so much."

That's what I recall hearing most often when I first revealed that depression—this uninvited and certainly unwanted mental illness—had taken up residence in me. How can I convey the deep, throbbing ache I felt the first time a friend told me to "Snap out of it"?

His advice was: "Just trust God and be happy."

Great. Here I was being sucked into the emotional version of a black hole, and he was encouraging me to simply hail a cab and get a ride home. His comments were well-intentioned, I suppose, but ridiculous.

No one else could see it, but in my world, it was as if I stood barefoot on a path, with a bed of white-hot coals blocking my way. The boots I needed to walk across the coals were placed just out of reach. I couldn't get to the boots without stepping on the coals, and I couldn't survive the coals without first lacing up the boots.

"Snapping out of it" seemed easy enough to my friend. He was watching from a distance, offering advice while

comfortably seated away from the heat.

Meanwhile, I also felt trapped, imprisoned by depression. Every uninformed and unhelpful piece of advice only intensified the sense of despair I felt and strengthened the bars of my moldy, rat-infested, emotional cell.

What I needed instead was someone to come and help me unlock the door so I could get out of this trap.

MY STORY

Let me explain how depression first took over my life.

It was the summer of 1988. At the time, our family lived in Portland, Oregon, where I was a church planter.

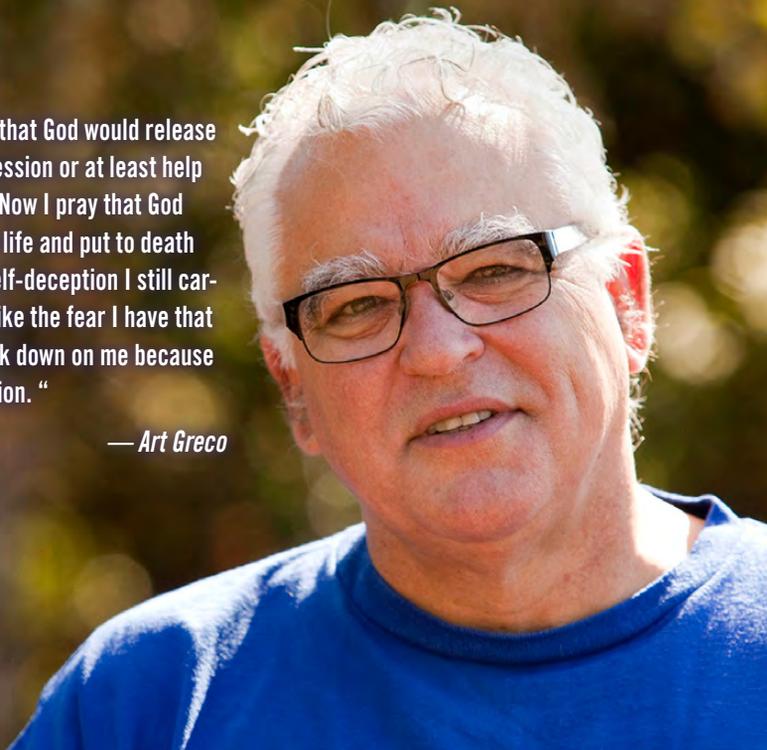
One day, I sat first in line at a red light in our town, our family's favorite Elmer's Restaurant on the left, the Union Gas Station on the right. Everything around me looked familiar. At least, it should have since I lived only blocks from that corner and traveled the route each day. But this day something bizarre happened.

I arrived at the intersection feeling normal. By normal I mean stressed out. But I'd grown used to the sensation of stress, assuming it was just a necessary by-product of the ministry of a church planter. My chest felt like it was in a vice, my head felt pressured, and I was a little dizzy—all sensations I had grown accustomed to over the years.

Then that "bizarre something" came.

I used to pray that God would release me from depression or at least help me survive it. Now I pray that God would heal my life and put to death some of the self-deception I still carry with me—like the fear I have that people will look down on me because of my depression. “

— Art Greco



About a quarter of pastors (23 percent), say they've experienced some kind of mental illness, while 12 percent say they received a diagnosis for a mental health condition.

Source: LifeWay Research

Its onset was quick, as though my senses were a PowerPoint and someone had just pushed the button that changed the slide.

Only in this case, the scene in front of me was unfamiliar and out of focus. I didn't know where I was, where I was going, or where I'd been. I just sat there, dazed, until the car behind me honked and startled me into creeping forward through the intersection.

I recall thinking: *I'll just drive until something looks familiar. I think I live close by.*

I turned left because it felt correct, then left again for the same reason.

I suspected that one of the houses on that block was mine, but I wasn't sure which one. *I'll push the button on the garage door opener, I thought. Wherever a garage door opens, that must be my house.*

Then I parked in the driveway of the house with the opening door, walked into the garage, climbed onto the freezer, and stared at the walls, trying to clear my head.

Not long after, I sat in a doctor's

office and learned that I'd been diagnosed with clinical depression.

But even more devastating was the doctor's prescription for healing. Since it didn't appear this uninvited illness was going to be leaving any time soon, he recommended I find another line of work.

"Sell cars, paint houses, work at McDonalds for all I care," he told me. "But stay away from leadership in a church—any church. Otherwise, you'll probably never fully heal."

Cue those hot coals and move the boots a bit farther away.

Cue the simplistic, overspiritualized advice of people whose idea of depression is the disappointment you feel when someone gets your parking space at the mall.

Cue the stigma of being seen as intellectually and emotionally suspect for the rest of your career.

God had called me to be a church planter, and to me that meant I wasn't allowed to quit. But I wasn't strong enough to stay in leadership.

Thankfully, God didn't leave me

stuck there. My family and leaders at our church rallied around me. They paid for me to get a second opinion from another doctor, who confirmed the diagnosis of clinical depression, and allowed me to get the professional help I needed.

They offered to give me six months without pay so I could get well. I didn't stay away quite that long—a decision that delayed my healing process—but I did take some time off. God used the combination of time off, medication, and counseling to restore me to emotional health.

A NEW DAY

A lot has changed since those days as a young church planter. I'm still a pastor, but I walk with an emotional limp.

The nightmare of clinical depression hasn't been turned into a Disney fairy tale. But in a strange way, its destructive power has worked some good in my life.

I used to pray that God would release me from depression or at least help me survive it. Now I pray that God would

heal my life and put to death some of the self-deception I still carry with me—like the fear I have that people will look down on me because of my depression. Or my oversized ego tempting me to pretend the illness doesn't exist or insisting I can't be sick because my church can't survive without me.

I pray those who read this article will never experience the pain that comes with severe and prolonged depression.

But in case you do, I want you to know there is hope.

It won't be easy. And you can't do it on your own. But you can get better.

And you are not alone. There are more than a few of us who have outlasted and outmaneuvered this disease, and have even been made deeper, quieter, and better through it. ■

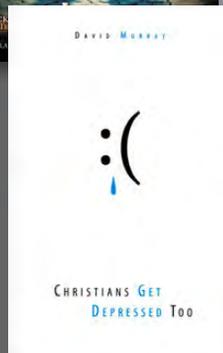
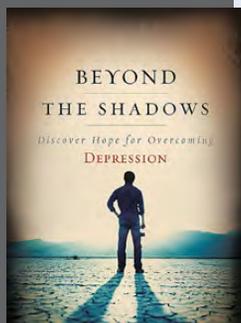
ART GRECO is senior pastor of Marin Covenant Church in San Rafael, California. He's the author of *God Kills: Spirituality of a Christian Pragmatist*.

DIG DEEPER

- *Beyond the Shadows: Discover Hope for Overcoming Depression*

An eight-session Bible study that walks participants through the experiences, feelings, and struggles common to depression.

- *Christians Get Depressed, Too* by David Murray



Depression and the ministry

By Mark Dance

After pastoring in a fog of clinical depression, I came very close to walking away from my church and the ministry five years ago. I had been pastoring for 22 years at the time, and was burned out and fed up—mostly with myself. Thanks to the help of my doctor and therapist, I would learn what role mental illness had in my decision-making. Fortunately, my depression was temporary and treatable, as most are if diagnosed early. However, many pastors struggle with mental illness in secret isolation—we have a role to play, expectations to live up to, and people to please. If you are a ministry leader who is struggling with ongoing depression, please consider these four suggestions.

1. Seek professional help

Self-diagnosis is usually a waste of time. My first conversation was with my medical doctor, then a licensed Christian therapist. It was a humbling, but rewarding experience for me.

2. Let your church minister to you

The stigma of depression, or any weakness, tempts us away from seeking help from those who love us most. I meet monthly with an accountability partner/friend, monthly with a therapist, and quarterly with a small group of supportive deacons. Along with my wife, this is my “Dance Team.”

3. Trust the Lord for healing

“Simon, Simon, Satan has asked to sift all of you as wheat. But I have prayed for you, Simon, that your faith may not fail” (Luke 22:31).

Satan has plan for your life, but so does God! Although I don't believe it was God's will for Peter to fail, He obviously knew about and allowed Peter to go through the sifting and refining process so he could grow in both strength and humility. He would need both later.

We know in retrospect that God had big plans for Peter, but we also know God has plans for our ministries, too. Jesus is still praying for our good and His glory. Praying that our faith would not fail, even when we do.

“For I know the plans I have for you, declares the LORD, plans to prosper you and not to harm you, plans to give you hope and a future” (Jeremiah 29:11 NIV).

4. Help someone else off the cliff

“And when you have turned back, strengthen your brothers” (Luke 22:32).

Several pastors and deacons talked me off that cliff of ministry suicide five years ago, and I will always be grateful to them. Stepping away from ministry and the church I loved and needed was neither in the best interest of my church, my family, or myself. I got a ministry recall and have used it countless times to help other pastors off that same cliff. There are many of us out there considering it. ■

MARK DANCE is associate vice president of pastoral leadership at LifeWay. Most recently, he served 13 years as a pastor in Conway, Arkansas.



Rethinking mental illness



The role of the church in recovery Q&A with Matthew Stanford

By Lizette Beard

Matthew Stanford is professor of psychology, neuroscience, and biomedical studies at Baylor University and the co-founder/executive director of the Grace Alliance (mentalhealthgracealliance.org), a non-profit organization that trains churches how to recognize mental illness and provides practical steps for churches to effectively minister to those living with mental illness and their families. He is a member of Antioch Community Church in Waco, Texas.

What is the unique impact a mental illness has on a person's faith?

Clients who struggle with mental illness often say they feel condemned or distanced from God and isolated from the church. They feel they cannot pray, that God doesn't listen to them. They often believe their illness shows a lack of faith. For instance, someone who struggles with depression has feelings of inadequacy and worthlessness. These are not thoughts they're in control of. These are physiological feelings that are then perceived by the brain as thoughts of, "I'm worthless. I can't be loved." If the individual is a person of faith, the first thought may be "God can't love me."

How should the church approach mental illness?

At Grace Alliance, we look at a person from a holistic perspective: physical, mental, spiritual, and relational. When a person is ill, it affects the whole person. In addition to lifestyle changes, medication, and therapy, there's also going to be spiritual intervention.

I look at mental illness much like diabetes. If a person has diabetes, they have to alter their diet and exercise. They may have to take medication that controls the symptoms of that disorder, but it doesn't cure the disorder. We need to consider the same things when we're dealing with mental illness.

We've found that faith can be incredibly therapeutic and empowering. It

really is the foundation of our hope. And without hope, there is no recovery. When we begin with a client, we try to re-establish what their identity is in Christ. From there we can move forward because now they understand hope isn't a feeling. Hope is a person—Jesus Christ. Regardless of the circumstances, there is hope. When ministering to people with mental illness, it needs to be about who they are in Christ, the rest they have in God, and the character of God—the love He has for them.

We also make sure they have some level of stability in their thinking. We help our clients receive proper medical care and make sure they're in a supportive environment.

What are some signs of hope family members or churches can observe?

The recovery process is minimizing the symptoms, understanding the illness, and taking ownership of one's own recovery, and then beginning to make decisions on one's own about getting better. We have a scale we show our clients. We want them to move from distress to stability, from stability to function, and from function to purpose. We help them understand where they are on that scale. As they move along, they become more personally involved in their recovery and what's going on in their lives. We try to help clients

and their family members see where they are now on that scale compared to where they were when we started.

What are some of the biggest discoveries churches and pastors are making about working with the mentally ill?

Churches are beginning to understand they have a huge role to play in mental health. They also are starting to interact with people who have increasingly serious mental illnesses, and they feel ill-equipped to help. People in the church often don't know what to do when someone has an illness affecting the brain.

What can pastors do to alleviate the stigma of mental illness?

It's up to the leadership of the church to help their congregation understand they have a role to play in mental health. The average congregant doesn't understand mental illness and is probably fearful.

Leaders can preach a sermon on mental health issues or host a general educational seminar on mental illness for the church. Allow people to give a testimony about their mental illness and how they've suffered. When people understand mental illness, it's easier to show grace, care, and concern.

How can the church help those with mental illness?

The church needs to treat individuals with mental illness the same way it treats anybody with an illness. Offer a supportive care structure, help them spiritually, help them understand where God is in the situation, and help them connect more fully to God in their suffering. Churches also can provide for physical needs. It's no different from how you would treat someone who had any other type of illness.

We've helped churches learn how to build connections with the mental health community in their location and have taught them how to make a proper referral. But that's not the end of the church's role. That's just the beginning.

We encourage churches to develop a team approach with the mental health care provider when they refer an individual. The church then becomes a supportive care community around that person. The church also serves as a spiritual guide to help the individual with his or her faith in the context of their mental illness and recovery. And the church needs to support the family.

The church's role is three-fold: relieve suffering, reveal Christ, and restore lives. ■

LIZETTE BEARD (@LizetteBeard) is project manager for LifeWay Research.



Isn't it time we talked about mental health?

With the recent onslaught of high-profile tragedies connected with mental illness, many people, Christians and non-Christians alike, are talking about the challenges of mental illness. It's an important conversation. But one thing I've observed is the difficulty with which Christians address mental health in a responsible and holistic way. Mental illness carries with it an unfortunate and undesired stigma to which many church leaders don't know how to respond to those struggling with mental illness. I'm encouraged, however, by the openness among church leaders toward understanding mental illness so they can serve their people more appropriately.

The information gleaned from the recent LifeWay Research study on mental health and the church is very telling. It reveals some of the holes in our collective understanding of mental illness and our approach to helping those caught in its unforgiving clutches.

One out of four people experience some type of mental illness in a given year, according to the National Alliance on Mental Illness. That means people sitting in our pews struggle with mental illness. They and their families desperately want the church to talk openly about the issue so it won't be taboo.

However, our research indicates

most pastors rarely talk about mental illness in sermons or other large group messages. In many ways, the church, the supposed haven for sufferers, is not a safe place for mental illness. For the stigma of mental illness to be broken, there must be direct, transparent speech from Christian leaders. We need more open dialogue in the church.

That said, 56 percent of pastors strongly agree local churches have a responsibility to provide resources and support to individuals with mental illness and their families. That number is not nearly as high as it needs to be, but it is an encouraging start. Also encouraging is that 53 percent of individuals with mental illness surveyed said the local church has been supportive.

Churches tend to either abdicate their role in mental health to outside medical professionals or to isolate themselves from the medical community. Neither response is helpful. Even those in secular branches of psychology and psychiatry say psychological health is better when people are connected with a faith community, and that should drive churches to healthy partnership with trained medical professionals.

The Bible teaches that Christ's followers are meant to serve the broken and the hurting. When Jesus announced His ministry in Luke 4, He said He had been sent to preach good

news to the poor, captive, and blind. Throughout His ministry, Jesus served the hurting. The world is continuously surprised, however, that the followers of Jesus are less inclined to do the same. So, the church shouldn't abdicate to nor isolate from those trained in these fields but, instead, find the place of tension in the middle from which the gospel flows forth unimpeded to the hurting.

There is incredible need for churches to speak more about mental health and to do so honestly, directly, and purposefully. Attitudes are certainly shifting on this front. Churches are moving toward a greater level of awareness and engagement on issues of mental health.

My challenge to the church is that we might move beyond the whispering, the silence, the shame, and the stigma. Instead, let's understand and show others that Jesus came seeking, saving, and serving the lost and broken people around Him. We, His church, honor Him when we join in His mission by doing the same.

Hopefully, we can learn from the ongoing conversation and shape a new, more helpful approach to serving those who struggle with mental illness. ■

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