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Study guide

Dignity & grace in the face of mental illness

By Robert C. Blezard

Mental illness can be mild or severe, periodic or chronic, but it is one of the most common health problems in the U.S., says the Centers for Disease Control (CDC). More than half of us will be diagnosed with some kind of mental illness in our lifetime, the CDC reports (cdc.gov/mentalhealth). Despite its widespread nature, mental illness is still largely misunderstood and its sufferers are often shunned, shamed or stigmatized. Their caregivers and loved ones may be isolated and overwhelmed. Addressing this, many churches are working to raise awareness about mental illness and are accompanying patients and their loved ones.

Exercise 1: Common problems

The general term “mental illness” covers a wide range of complicated issues—from mild depression and anxiety to bipolar disorder and schizophrenia to post-traumatic stress disorder. One in 25 Americans lives with a serious mental illness, such as schizophrenia, bipolar disorder or major depression, the CDC reports, and 1 in 5 suffers from some form of mental illness in any year. It’s likely that everyone knows or knows of someone who has experienced mental illness. Discuss, and if you are comfortable, share:

- How have you experienced or observed mental illness personally? In your family? Your community?
- What kind of mental illness was it? How did it manifest? How was it treated?
- What treatment professionals and services were available? What was the process to access those services?
- In the process of caring for the one suffering, what were the challenges to you, the caregivers and community? How did you/they cope?
- What kind of support was available from family? Friends? The community? The congregation?
- What kind of support was needed but not available?
- Are there continuing issues? How are you dealing with them?



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- How might your congregation have helped? What might your congregation do in the future to help?

Exercise 2: The stigma

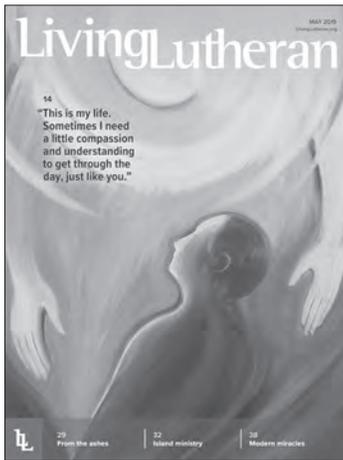
Health professionals say widespread misconceptions, superstitions, poorly understood science and outdated information in the general public hinders honest, forthright and helpful response to people with mental illnesses.

- How does our culture generally view people who suffer from depression, anxiety, bipolar disorder, schizophrenia, post-traumatic stress disorder and other mental illnesses?
- In what ways does our culture view people with mental illnesses differently from those who suffer from chronic physical illnesses, such as cancer, heart disease, high blood pressure or diabetes? What reasons can you think of for this phenomenon?
- How are people with mental illnesses treated differently from other people? If you are comfortable sharing, what have you personally experienced? What have you observed or heard about? Why did it occur? What caused the different treatment? Was it fair?
- Why does our culture attach shame or blame to people who suffer with mental illnesses? Which is the bigger factor motivating such attitudes: ignorance or fear? What might be other causes?
- Generally speaking, when our wider culture thinks of mental illness, what images and words come to mind? Make a list and do not stop until there are at least 10 images or words.
- How many of the words or images are negative? Where do they come from? Are they accurate?
- How might social responses about mental illness deter people from getting help and treatment? Does that make things better or worse?

Exercise 3: Code of silence

The title of psychologist Terrence Real's excellent book on male depression, *I Don't Want to Talk About It* (Scribner, 1999), lifts up an unfortunate reality about this common mental illness: People who suffer depression, especially men, may not only fail to seek treatment, but they also may not even share with loved ones that they're having problems.

- Why might people be reluctant to talk to about their mental illness, such as depression, even with loved ones?
- Hypothetically speaking, from your knowledge and life experience, what are some potential consequences of someone disclosing his or her depression or a mental illness to the following folks:
 - An employer
 - Co-workers



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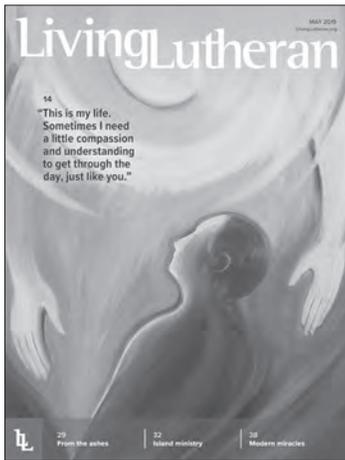
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- A boyfriend or girlfriend
 - Friends
 - A spouse
 - Law enforcement
 - Doctor
 - Pastor
- If someone is suffering from mental illness, such as depression, which people are most likely to help? What are the consequences if the person doesn't reach out?
 - How can people of God help break down the barriers?

Exercise 4: High costs

Mental illness has many costs—socially, economically and relationally. Lacking treatment or support, some mentally ill people can find themselves in a deepening spiral of interrelated problems. Discuss the following problems that might confront someone affected by mental illness and their consequences. Which have you experienced, observed or heard about? Share if you are comfortable.

- People who suffer from depression, anxiety, bipolar disorder or other mental illness may at some point be unable to summon the minimal discipline needed to hold a job. They may find it impossible to even show up for work, to say nothing of completing required tasks. What might happen to such a person?
- Not all health insurance plans offer treatment for mental illness, and many that do offer insufficient coverage. Compounding the issue, some communities (such as rural areas) may not have treatment professionals or facilities nearby. What happens if someone can't find or can't afford treatment?
- Unable to keep a job due to mental health-related issues, these people may lose their employment and health benefits, making it much harder or impossible to get any kind of treatment. What resources are available to someone who is out of work and has no health insurance?
- Friends and family try to help by offering money, housing and companionship, but eventually become exhausted and may withdraw from the mentally ill person. This is especially true if the person is not in treatment. What happens when the caregivers are burned out?
- Without an income, the mentally ill person may lose their housing situation and, after a period of "couch surfing" with friends and family, they become homeless. In what ways and why does living precariously on the street often worsen the mental illness?
- Lacking medical treatment, the mentally ill person may also seek relief by "self-medicating" with alcohol or drugs. How would addiction to



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drugs or alcohol affect a mentally ill person? How would it make it harder for successful treatment?

- Either because of desperate situations or the inability to control their actions, the mentally ill person is entangled in the legal system and lands in prison. Nationally, about 15 percent of male inmates and 30 percent of female inmates have serious mental illness, according to the National Alliance on Mental Illness (**nami.org**). Of the mentally ill inmates, 83 percent don't have access to needed treatment, NAMI says. Why are prisons inappropriate places to house mentally ill people? How might the money spent on incarceration be better invested to help?

Exercise 5: Overwhelmed and isolated

At least partly because of the cultural stigma surrounding mental illness, many friends and family who care for mentally ill loved ones find themselves overwhelmed and isolated, with a lack of support or accompaniment of their community.

- What stresses arise from caring for a friend, or even a loved one, with a mental illness? Can you share from experience or observation?
- Why are caregivers sometimes overwhelmed by caring for loved ones with mental illnesses? Why do they sometimes feel isolated? Can you share?
- What kind of support can assist caregivers to cope better? Make a list of at least 10 things that would help.
- How can your congregation do more to help?

Exercise 6: The church's response

The CDC reports that 1 in 25 Americans is living with a serious mental illness, and 1 in 5 suffers some form of mental illness every year. Now think of how many members your church has and how many regularly show up for worship. Do the math and you'll see that mental illness is probably a problem experienced among your membership, even if it's not apparent on the surface.

As the *Living Lutheran* article points out, congregations across the country are working to help people suffering from mental illness and their families through emotional and practical support, education, friendship and awareness-raising.

- If you were suffering from mental illness or caring for someone who was, what kind of help would you hope to get from your congregation?
- How is reaching out to help just another way to follow Jesus' command to love your neighbor as yourself (Mark 12:31)?

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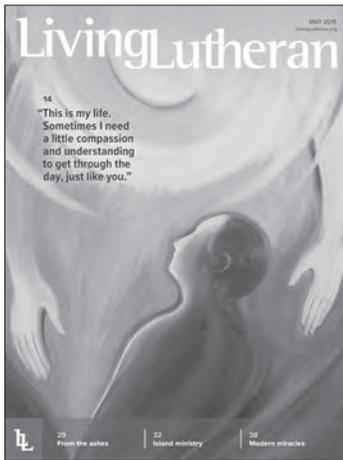
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- Discuss the reasons why the following approaches would help:
 - Talking about the widespread prevalence of mental illness in our country.
 - Educating people about the different forms of mental illness—from mild to severe, from periodic to chronic—and their treatment.
 - Listening without judgment to the stories of those affected by mental illness.
 - Forming support groups for those affected by mental illness.
 - Providing tangible assistance to people who are suffering from mental illness or their families.
 - Advocating for public policies that will ensure that treatment for mental health is adequate to address the needs, more freely available and well financed.
- Of the congregations profiled in *Living Lutheran*, which impressed you with their approach to helping those affected by mental illness?
- What could your congregation do? Come up with an action plan and give it to your pastor or congregation council for action.

Exercise 7: The ELCA message

“The mental and emotional pain of mental illness could be one of the most far-reaching issues the Evangelical Lutheran Church in America encounters,” declares the ELCA social message “The Body of Christ and Mental Illness.” Adopted by the ELCA Church Council in 2011, the document offers many insights into the plight of those affected by mental illness. It also offers a theological and biblical basis for understanding mental illness and caring for those affected by it. The message is worth significant exploration. (To access it, go to elca.org/socialmessages.)

Here are some excerpts for discussion:

- A study by the ELCA found 16 percent of male clergy and 24 percent of female clergy to be suffering from depression (page 1).
- The cost of not treating mental illness is enormous, and comes in many forms. The cost comes in terms of destroyed relationships and overwhelming stress, social humiliation, human dignity and, in fact, human lives. Collectively, society loses what would have been the contributions of intelligent and gifted people. These are losses that can’t be enumerated. Financial loss, however, can be estimated, and it is in the billions (page 2).
- The church has the power to address many of the ravages inflicted by mental illness, whether through compassion to those affected, advocating for and improving access to treatment, supporting caregivers and practitioners, or making mental illness visible. Individually and collectively, ELCA members have the power to

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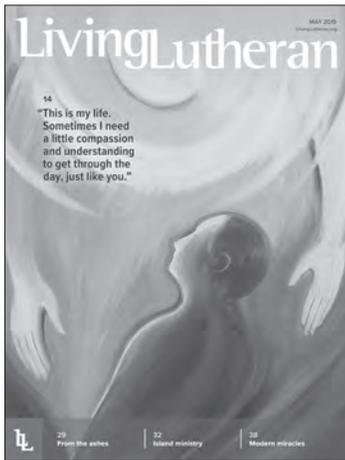


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proclaim God's love, fight for justice, give care, and change the way people with mental illness are treated (page 3).

- Despite the prevalence of mental illness, its presence frequently is a shame-filled secret, left unacknowledged and often untreated. Or its exposure to daylight leads to isolation and alienation of everyone affected—alienation here means depriving a person of the consolation of human connection and communal support because that person has been named as “other,” as different or even frightening. Such alienation undermines human dignity (page 3).
- Inability to access treatment is generally the most urgent issue for anyone experiencing mental illness. Unfortunately, the high rate of mental illness has not resulted in a corresponding availability of resources. ... Many find that while they have “coverage” for mental health, they lack meaningful access. Even those who have health insurance may find their coverage is insufficient to treat the mental illness from which they are suffering. ... Many people live in areas where there are few qualified mental health practitioners or no mental health professionals who accept their insurance. The ways in which people find their access is limited are too many to count. To someone who is struggling to function at a minimal level, negotiating these obstacles is simply overwhelming (page 4).
- Mental illness challenges the health care system in many ways: care for mental health is not given equal coverage (parity) with care for physical health. Benefits are often denied or are unavailable. The delivery system for mental health care, which needs to work in unison, is fragmented and lacks beds, resources and providers (page 6).
- The church can be a powerful and welcoming place for people who are in recovery and experiencing healing, as they return to tell their stories of hope. The church can be a locus for proclaiming the good news of healing of body and relationships, not just *to* people living with mental illness, but *from* people living with mental illness (page 7).
- No one can weather mental illness alone, whether that be the person diagnosed, the family member, or the practitioner. This church is called to challenge outdated views of mental illness and foster loving practices within our communities. In a society that stresses self-sufficient individualism and is ashamed of vulnerability, congregations and other ministry sites can be communities where illness and living with limitations are simply part of our communal reality. Jesus' ministry and that of the earliest Christian communities exemplify this communal response (page 9).
- Friendship and communal support to the families of those who are living with mental illness can lighten the enormous burden of care



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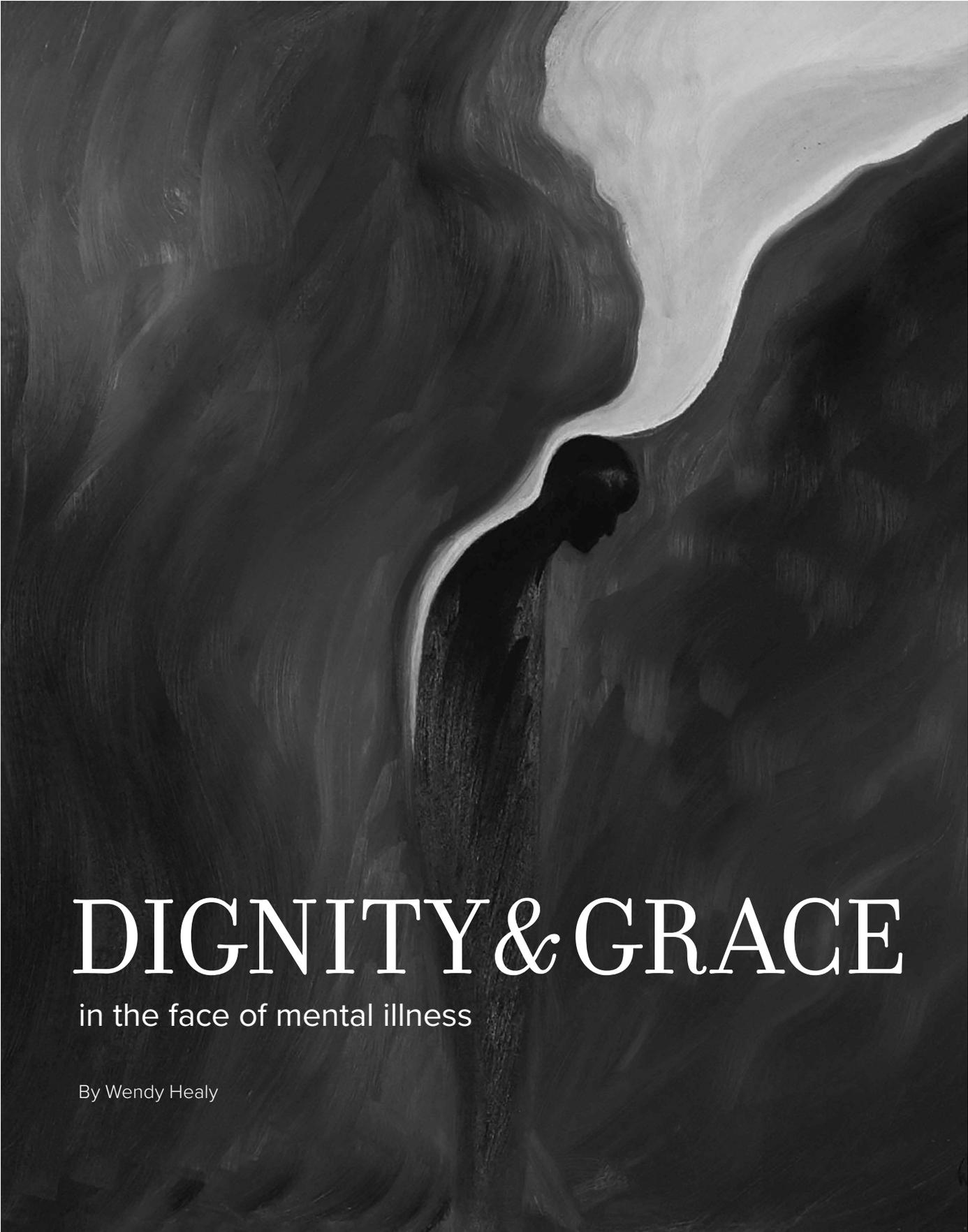


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giving. Congregations also can create a community by sponsoring support groups for people living with mental illness and for caregivers. Guidelines and instructions for facilitation are widely available (page 11).

- As states cut their budgets in a time of economic crisis, as soldiers return from war in precarious states of mental health just as budgets are being slashed, as the public struggles with how to provide health care for the citizens of the United States, Christians as citizens must step up to be sure this society does not forget the struggles of people made vulnerable by mental illness (page 12).



DIGNITY & GRACE

in the face of mental illness

By Wendy Healy

Illustration: Elizabeth Wang, Code: T-01180B-OL, © Radiant Light, radiantlight.org.uk

KATHRYN IVES' LIFE WAS FOREVER TOUCHED by mental illness more than 25 years ago when two of her four daughters were diagnosed as young adults with bipolar disorder.

Today, she's thankful that one of those daughters, Jennifer—now 48 and a special education teacher—is complying with her medication and treatment and doing well. (The other daughter, Theresa, passed away 19 years ago from a health condition unrelated to her mental illness.)

"I'm just the mom who cheers them on ... and prays," Ives said.

As a member of the mental health team at Abiding Presence Lutheran Church in Burke, Va., Ives helps raise awareness of the prevalence of mental illness, works to erase the stigma and shame associated with it, and lets people with mental illnesses know they have a supportive home at church.

"We're praying that God will direct our mental health team," Ives said. "Some doors are opening. We're learning, praying and growing."

Ives wishes this type of ministry was available to support her when Jennifer was first diagnosed more than 20 years ago. "It hurts to see your child hurting," she said. "As a mom, I have a desperate need to fix things. It's always the hope that you can do something, and then you realize that you can't."

"This is my life. Sometimes I need a little compassion and understanding to get through the day, just like you."

Jennifer and her older sister, Kate—a member of Lord of Life Lutheran Church in Fairfax, Va.—wrote a play to help people understand bipolar disorder (a brain disease defined by alternating periods of mania and depression) and other mental illnesses. "Let Me Tell You What It's Really Like" stars the Ives sisters, and they've presented the play for their congregations, churches of other denominations and organizations in their area.

Jennifer plays herself, and Kate acts out the roles of family members, co-workers and friends. "It's all about understanding, compassion and awareness," said Kate, who has a theater background.

"Bipolar isn't just mood swings or having a bad day," Jennifer said. "It's a lifelong struggle—not a

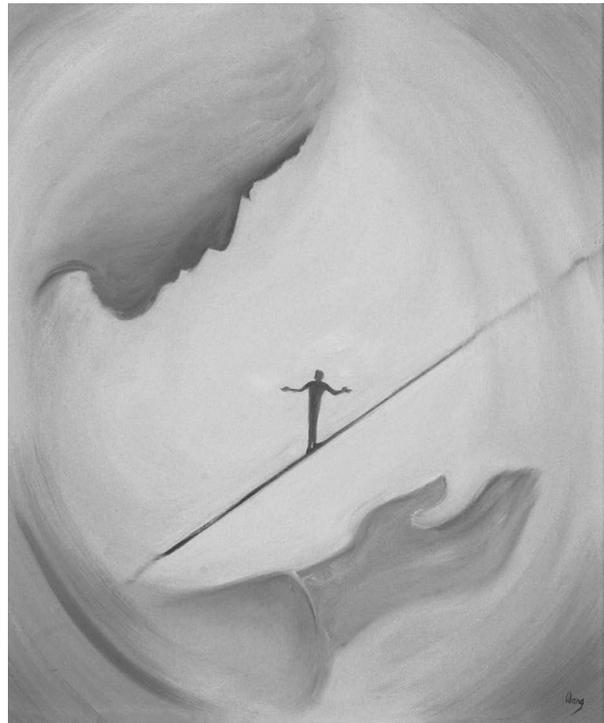


Illustration: Elizabeth Wang, Code: T-00136-OL, © Radiant Light, radiantlight.org.uk

daily struggle—dealing with up-and-down emotions and the fact that you can be depressed or manic for weeks and months."

Kate added: "Our play is saying, 'This is what I deal with; this is my life. Sometimes I need a little compassion and understanding to get through the day, just like you.'"

The mental health team at Abiding Presence was formed three years ago with the support of one of its pastors, Heidi Eickstadt, who was motivated to raise awareness by a history of mental illness in her family.

In addition to organizing the team, the congregation offers support groups, adult forums, speakers, conferences and special training on how to deal with people in crisis. It also honors the National Alliance on Mental Illness' Mental Health Month every May.

"It's a tough struggle," Eickstadt said. "We have a long way to go in treating mental illness and learning more about the brain. But we have hope knowing that, with treatment, those who have mental illness can lead healthy and productive lives."

Start the conversation

According to the Centers for Disease Control and Prevention, mental illnesses are among the most common health conditions and more than 50 percent of Americans will be affected by a mental illness or disorder at some point in life.

For several years, the ELCA has been growing in awareness of these statistics and has responded

by partnering with outside organizations and supporting ministries. In 2012 it adopted the social message “The Body of Christ and Mental Illness,” which relates to its 2003 social statement on health care, “Caring for Health: A Shared Endeavor.”

“Requests for all of our social-teaching documents—policies, social statements, social messages—bubble up from the needs of people living their everyday lives,” said Roger Willer, ELCA director for theological ethics. “‘The Body of Christ and Mental Illness’ was no different.”

The statements and messages, he added, help pastors preach and teach the ELCA’s positions on these issues.

While some may teach that depression results from sin or a lack of faith, the ELCA delivers a different message. “We recognize that the suffering of caregivers and families is profound,” the social message reads. “Once mental illness has emerged, life will never be the same. The ELCA as a church commits to accompanying you as families and caregivers with honest, hopeful yet realistic, and prayerful companionship.”

“Ask for God’s forgiveness and then the courage to accept the promise of God’s saving grace.”

“The message tells the whole story,” Willer said. “It talks about stigma, lament, blaming and shaming, isolation and what the church needs to be doing. It prepares clergy to better handle the issue. It gives us a clear public voice and acknowledges the need for different laws and policies. It gives a solid biblical and theological framework for all of that.”

More congregations are starting mental health ministries and forming support groups similar to the one at Abiding Presence, which Kathryn Ives said has strongly affected her life.

“The church has been a source of support because of the faiths and friendships,” she said. “The Bible studies have helped to increase my faith. I know I can call on people to pray for me. God is there and the people who love God are there. They pray for me in times of crisis. I can say, ‘Help! This is going on and I need prayer.’ The church has sustained us.”

Eickstadt said, “When we share our stories, we can help other people. Every church doesn’t have to do what we’re doing, but to have some ideas and a framework to start the conversation is at least a place to start.”

God’s beloved

The Lutheran message of forgiveness and grace is uniquely positioned to help meet mental health needs, said Mary Heller, a mental health therapist for 50 years and a member of St. John Evangelical Lutheran Church, Poughkeepsie, N.Y. “The church can remind people that there’s forgiveness and reconciliation in Christ,” she said. “It’s basically the Easter message.”

Aside from genetic and biological causes of depression, which are more complicated, Heller attributes much situational depression to people’s guilt over things they’ve done or failed to do. “Guilt gets carried around like a burden and often becomes obsessive,” she said. “People are wired to beat [themselves] up. Then it leads to depression and anxiety.

“Where the church comes in, is in helping people to understand that there’s forgiveness and absolution. Say you’re sorry and mean it. Fix it, if you can. Ask for God’s forgiveness and then the courage to accept the promise of God’s saving grace. Believe that absolution means one is relieved of the burden of guilt.”

This year the ELCA continued its commitment by designating \$250,000 for grants to congregations, synods and affiliates to start local mental health ministries. Carol Josefowski, coordinator for ELCA disability ministries, oversaw the “Request for Proposals” process and hopes to award 25 grants of \$10,000 each.

“There has been a lot of enthusiasm, and we received more than 50 applications,” she said. “The response has been encouraging.”

Community of care

One applicant, Cross Lutheran Church in Milwaukee, hopes to use the grant to fund psychological services at its Bread of Healing Clinic, a free, integrated health care clinic for low-income and underserved people. Cross co-founded the clinic in 2000 and hosts one of its three sites.

Matt Jandrisevits, a psychologist with Children’s Hospital of Wisconsin, is a member of Cross and director of the clinic’s mental health program, which was launched four years ago. He estimates that 800 patients receive mental health services from the clinic every year. The clinic screens all

FOR MORE INFORMATION

- ELCA Disability Ministry: elca.org/disability
- “The Body of Christ and Mental Illness”
social message: elca.org/socialmessages
- “Caring for Health: Our Shared Endeavor”
social statement: elca.org/socialstatements
- National Alliance on Mental Illness: nami.org

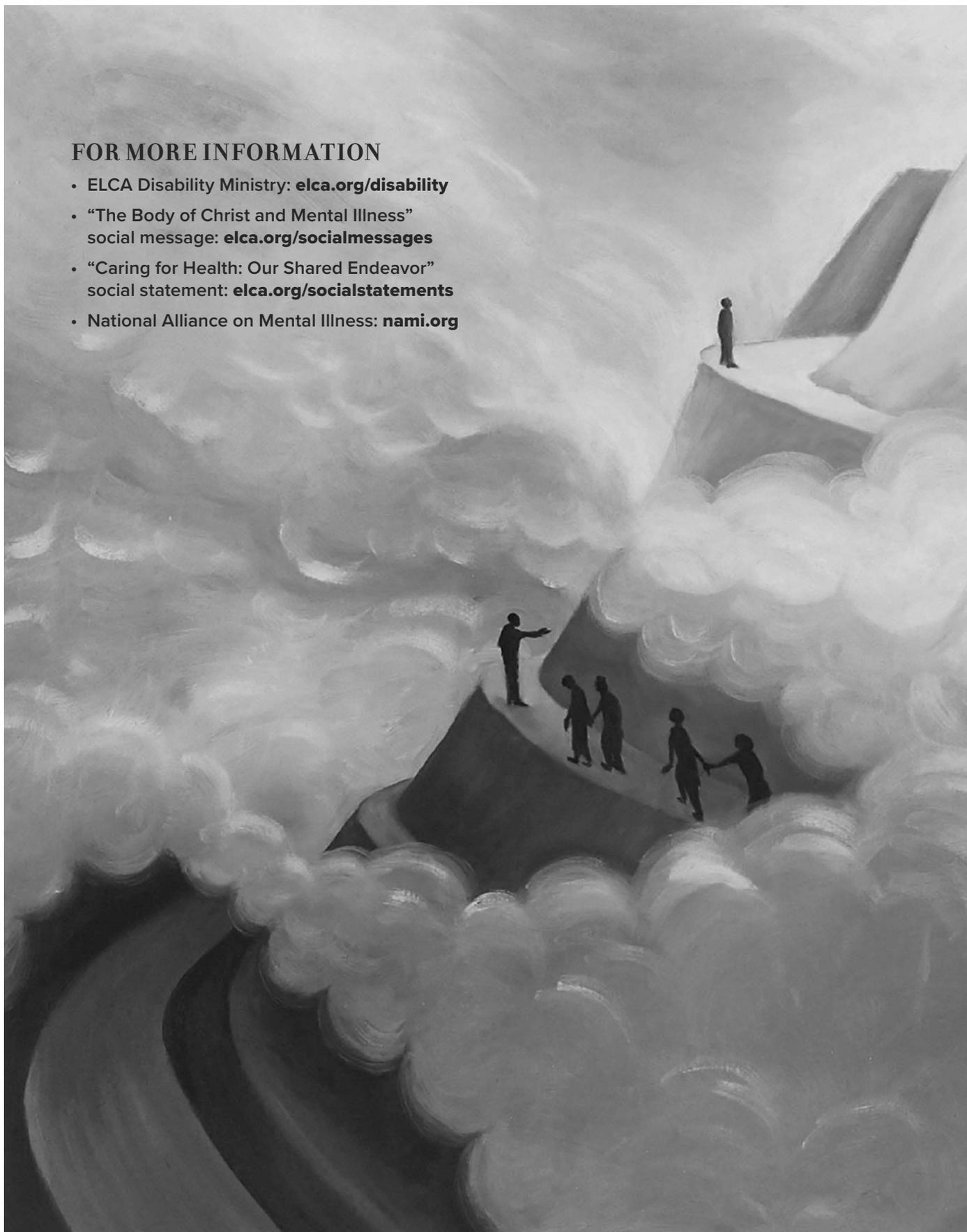


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Illustration: Elizabeth Wang, Code: T-01281-OL, © Radiant Light, radiantlight.org.uk

new patients for substance abuse concerns and provides services ranging from general lifestyle counseling to prescribing medication and helping manage it.

“The idea that the church can embrace the concept of companionship in this way is wonderful,” Jandrisevits said. “Mental health issues affect all of us. Fifty percent of us will have some mental health concerns at some point. The idea that we can have a ministry that will allow us to learn from each other is very comforting and empowering.

“The church offers an opportunity to provide a safe place to discuss mental health needs. It allows us to talk about it without stigma and judgment.”

Michelle Townsend de López, pastor of Cross, has a background in chaplaincy and knows the importance of a mind-body connection. She thinks the mental health program has made an impact on the congregation, enabling them to discuss overall wellness.

“Your soul can’t be full and at rest if you feel you have things in your head keeping you from living life fully.”

“We celebrated Mental Health Month,” she said. “We’re breaking the stigma that if you have mental health issues, you’re weak. Your soul can’t be full and at rest if you feel you have things in your head keeping you from living life fully.”

Jandrisevits agrees: “Therapy and treatment aren’t about healing illness. It’s about understanding the strength and soul of the individual in front of us, in us and in the space between us. In that moment, we’re in communion.”

Another applicant, the Northeastern Minnesota Synod, expanded its youth ministry to include mental health awareness after each of its five conferences experienced the death of a young person by suicide. “Some of the kids who died were church members,” said Catherine Anderson, the synod’s coordinator of youth ministry.

During her 19 years in this role, Anderson has seen anxiety and depression increase in young people. “It’s a spectrum of answers for that,” she said. “There is no simple answer to why anxiety has increased. Busy schedules, expectations,

social media and the culture in which youth live are contributing factors. But they are not the whole story. Mental illness is complex.”

The synod sponsored a daylong conference on this topic last fall, drawing 80 youth leaders from more than 50 of its 132 congregations. Following requests for resources, Anderson said, the synod is putting together story kits to address four topics: anxiety, depression, suicide and mental well-being. “We can’t fix it,” she added, “but we can start having conversations about it.”

The story kits will be used during youth group gatherings, Sunday school and retreats, and will be available on the synod website (nemnsynod.org). Anderson is also planning to offer more workshops and a podcast on topics related to youth and mental illness.

“As I’ve seen the issues grow, it’s been in the back of my mind to do this,” Anderson said. “Now is the time.”

Back at Abiding Presence, Eickstadt said she thinks the Lutheran church is the perfect place for people to share their stories of how mental health has affected them, either because of their own diagnosis or that of a loved one. “It’s all tied up in the idea of the cross, transformation and God’s redemptive power—especially the cross as a symbol of death turned into a symbol of hope, power and grace,” she said.

“The Body of Christ and Mental Illness” acknowledges that coping with mental illness or caring for someone who is mentally ill can be stressful and upsetting, yet it offers hope and commits the church to companionship with those affected.

As Kate explained, she and her sister wanted to show that range of emotion in their play. “It’s OK to get mad,” she said. “It’s OK to be frustrated. Growing up with siblings with bipolar was hard; they were the focus of the family.”

But the good news, she said, is that there’s life with bipolar disorder. “You can function and have a meaningful life,” she said. “That is one of the wonderful things Jennifer brings to the table. Look at this wonderful, vibrant person leading a good life.”

Download a study guide at livinglutheran.org by clicking on the “Spiritual practices & resources” tab.



Wendy Healy is a freelance writer and member of Trinity Lutheran Church, Brewster, N.Y.