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Study guide

Mental health in a sick world

By Robert C. Blezard

The COVID-19 pandemic worsened mental health around the world, but since then there have been plenty of reasons for unwellness: war, violence, political division, economic instability, climate change and extreme weather, to name just a few. God's people can look to their faith and community for help, along with good doctors, therapists and medications. In May, Mental Health Awareness Month, we can all learn more and work toward helping one another.

EXERCISE 1: LEARN ABOUT MENTAL ILLNESS

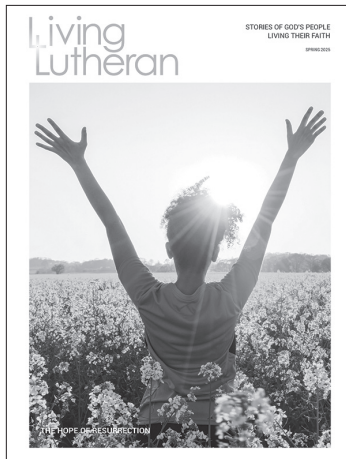
Everybody feels out of sorts from time to time, but mental illness may be indicated when symptoms persist or worsen. "Mental illness symptoms can affect emotions, thoughts and behaviors," reports the Mayo Clinic (mayoclinic.org), which says symptoms may include:

- Feeling sad or down
- Confused thinking
- Excessive fears or worries
- Extreme mood swings
- Withdrawal from friends or activities
- Significant tiredness, low energy, trouble sleeping
- Delusions, paranoia or hallucinations
- Inability to cope with daily problems or stress
- Problems with alcohol or drug use
- Major changes in eating habits
- Sex drive changes
- Excessive anger, hostility or violence
- Suicidal thinking

Symptoms may appear as physical ailments, including stomach pain, back pain, headaches or unexplained aches and pains.

The good news, say experts, is that mental health can be effectively treated with therapy, medication, behavior modification and other approaches. The Mayo Clinic suggests these steps:

- Pay attention to warning signs. Work with your doctor or therapist to learn what might trigger symptoms. Make a plan in case the symptoms return.



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- Get routine medical care. Get checkups and see a doctor if you aren't feeling well.
- Get help when you need it. Mental health conditions can be harder to treat if you wait until symptoms get bad.
- Take good care of yourself. Get enough sleep, eat a healthy diet, exercise regularly.

EXERCISE 2: MENTAL ILLNESS IS RISING

Anxiety and depression increased by 25% worldwide in the first year of the pandemic, the World Health Organization reports. Factors included social isolation, fear of infection, finances and loss of loved ones. For health workers, exhaustion was a major factor.

Statistics suggest a continued increase. The National Institute of Mental Health estimates that 23% of U.S. adults live with a mental illness, though only 6% are considered "Serious Mental Illness." Discuss:

- What evidence, if any, have you seen that mental illness has increased from the time of the COVID-19 pandemic? Can you share any experiences or observations?
- What factors have contributed to a rise in mental illness in your community? State? Our nation and world?
- Experts say mental illness is on the rise particularly in young people. Can you think of reasons why? Is that evidenced in your circles?
- Are you and your community more aware of the symptoms and issues of mental illness today than in recent years? Explain.

EXERCISE 3: MENTAL ILLNESS STIGMA

Despite the widespread nature of mental illness, considerable stigma is still attached to those who suffer. Negative attitudes, incorrect beliefs and stereotypes surrounding mental illness may lead to discrimination in housing or employment, or it may harm relationships, according to the Centers for Disease Prevention and Control. The stigma may discourage those facing mental health challenges from acknowledging their conditions and seeking treatment, the CDC says. Discuss:

- What stigma and stereotypes have you observed about people suffering from mental illnesses?
- Where do the stigma and stereotypes come from? Why are they unfair? Why do they persist?
- Why are mental illnesses so poorly understood in our culture?
- How can we as individuals help to reduce the stigma attached to mental illness? How can we as a church help?

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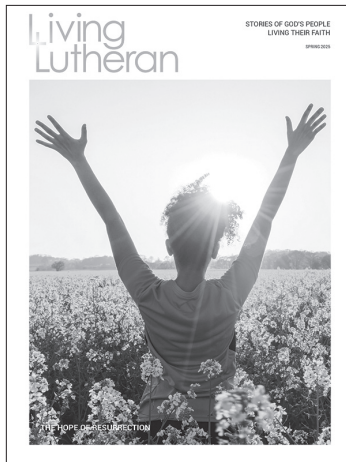
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EXERCISE 4: FAITH CONNECTION

Jesus told his followers that he came so that they could have life and have it abundantly (John 10:10). Obviously, suffering from depression or another mental illness is not consistent with the life abundant. At the same time, mental health experts say a loving, caring community can provide support and an environment that promotes healing.

- How should a faith community support and care for its members and guests? What Bible passages would provide guidance and a mandate for such support and care?
- How open is your congregation to caring for its members in need generally? How can you tell?
- How responsive would members of your congregation be to help a congregant experiencing mental health issues?
- How can your congregation be a better place for those with mental health challenges so they can feel welcome, understood and cared for?

DISCUSSION QUESTIONS

- Have you, your church or your community observed or experienced a rise in mental illness? Can you explain or share? How have you responded, individually or collectively? How can you do better?
- Mental illness spans a wide range, from depression and dysphoria, eating disorders and obsessive-compulsive disorder, all the way up to bipolar disorder and schizophrenia. Despite its prevalence, why is mental illness still so widely misunderstood? Why does the stigma remain about people with mental illness?
- Medical experts note that the incidence of mental illness in young adults (ages 18-25) has risen significantly faster than that of other age groups. The American Psychological Association has suggested the rise of social media and late-night cellphone use are linked to a lack of adequate sleep, potentially impacting mental and physical health. The Harvard Graduate School of Education identifies as symptoms a lack of meaning, purpose and direction; financial worries and achievement pressure; the perception the world is unraveling; loneliness and isolation; and social and political issues. Does this surprise you? Have you seen evidence of it? How can your congregation and your community help?
- What resources are available in your community for those experiencing mental illness? Are they well-known? Does your congregation have a relationship with a mental health provider who can offer help to someone in need? How can your congregation do a better job assisting those experiencing mental illness?

PERSPECTIVE

Mental health in a sick world

A REFLECTION FOR MENTAL HEALTH AWARENESS MONTH IN MAY



By Emmy R. Kessler

Five years ago, the beginning of the COVID-19 pandemic marked incredible upheaval in almost every aspect of our lives. At the time, many Christians reflected on how the pandemic was an “apocalypse,” a Greek word found in the New Testament for “revealing.” We witnessed what people will do to care for each other—but also

what people will do to take advantage of others in the face of disaster.

We connected more through the internet, but we also grew more extreme and polarized on social media. The economy rose and fell and, as so often happens, the rich got richer and the poor got poorer. Those in power gained more

influence, while those struggling were pitted against each other. There were new advances in mental health care—virtual resources for talk therapy and community surged, and prescriptions for necessary psychiatric medications increased—but there was also an increased need for mental health care, creating scarcity when we needed abundance most.

Christian conversations around mental health have progressed significantly in recent decades. We have come to appreciate how the brain, like all our other organs, can get sick and require medical care. Prayer and faith play a role in improving our spirits, but we also visit doctors, take medications and even undergo surgery to help us live longer and better lives. Just like the rest of the body, the brain can benefit from medication, therapy and lifestyle changes.

As we continue to learn more about how to care for our minds, let's remember two core truths: **Healing takes time.**

Antidepressants and other psychiatric medications are sometimes imagined as “magic in a bottle,” fixing problems with the first dose. In reality, finding the right medication to treat symptoms of mental illness can be a grueling process. After my daughter was born, I struggled with postpartum depression and anxiety. Between referrals, testing medications and follow-ups, it took over six months before I received the right medication and dosage.

Depictions of therapy in movies and other media can also suggest it's a fast fix. (Recall Robin Williams undoing Matt Damon's impenetrable defenses with the simplest “It's not your fault” in *Good Will Hunting*.) But therapy can be another long journey, from finding an available therapist in network to balancing regular appointments against all our other obligations. Just getting to therapy is a process—and then there's the actual work of reviewing painful memories and anxieties to uncover how we might move forward in ways that are better integrated with our core sense of self.

Our habits and behaviors also play a significant role in our mental health. Some people boost their mood through physical activity; others reconnect with nature or spend quality time with friends. But once again, this takes time—a rare commodity today. We might be trying to juggle family schedules, second jobs, and caring for children or aging parents. Those of us living with mental illness might see in the need for self-care another black mark against us:

People of God have come together for millennia to listen to each other's stories and experiences.

“I'd feel better if I were getting a walk in every day. Why can't I just do it?”

This brings us to our second core truth: **Healing takes community.**

Five years ago, we learned how much we need each other. We need intentional time together, whether in-person or virtual, when we feel that others see and value our presence. We need compassion and kindness, where others witness our hurts and necessities. And we need the opportunity to care for and act on behalf of others, giving our own lives purpose. All these things create support systems for mental health, providing space and time for healing to occur without isolation or despair.

It's no surprise that God knew this about us long before COVID-19. People of God have come together for millennia, not just for worship or Scripture study but also to listen to each other's stories and experiences. In most Bible story settings, communal living is assumed, with multiple generations in the same tent, house or close-knit tribe. From the Israelites' first steps into the wilderness with Moses to our church today, the people of God are commanded to care for the sick, the poor, the widowed, the orphaned and the oppressed.

Acts of communal meaning-making are essential for living out our faith. When we know and are known by others, we embody God's welcome to us just as we are. When we reflect on our own needs and ask for help, we honor the image of God in us. And when we care for those in need and advocate for change, we follow Jesus' command to love our neighbor as ourselves. †

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