Serious Mental Illness:
Seeking a Comprehensive Christian Response

A CHURCHWIDE STUDY DOCUMENT

Developed by the Task Force on Serious Mental Illness
of the Advisory Committee on Social Witness Policy (ACSWP)

Published by The Advisory Committee on Social Witness Policy (ACSWP) • A Ministry of the General Assembly Council (GAC)
Presbyterian Church (U.S.A.) • 100 Witherspoon Street • Louisville, KY 40202-1396

Serious Mental Illness:

Seeking a Comprehensive Christian Response

A CHURCHWIDE STUDY DOCUMENT

Developed by the
Task Force on Serious Mental Illness of the
Advisory Committee on Social Witness Policy (ACSWP)

Published by
The Advisory Committee on Social Witness Policy (ACSWP)
A Ministry of the General Assembly Council (GAC)
Presbyterian Church (U.S.A.)
100 Witherspoon Street
Louisville, KY 40202-1396

Copyright © 2006
The Advisory Committee on Social Witness Policy
Presbyterian Church (U.S.A.)

Printed in the United States of America

Cover design by Rob Gorstein Graphic Design, Inc.

Additional copies available at $4.00 each plus shipping and handling from:

Presbyterian Distribution Service (PDS)
100 Witherspoon Street
Louisville, KY 40202-1396
By calling 1-800-524-2612

Or

The Presbyterian Marketplace at www.pcusa.org/marketplace

Please specify PDS order #68-600-06-001

A PDF copy can be downloaded at www.pcusa.org/acswp/resources.

Contents

Note to the Reader 3

Introduction 4

Session One: What is Serious Mental Illness? 6

Session Two: Serious Mental Illness in Context 9

Session Three: Biblical and Theological Perspectives on Mental Illness 13

Session Four: The Churches' Ministry with Serious Mental Illness 16

For Further Study 19

Response Form 21

Note to the Reader

The Task Force on "Serious Mental Illness" of the Advisory Committee on Social Witness Policy (ACSWP) invites interested persons across the whole church to engage in a comprehensive study of "Serious Mental Illness."

This study document is designed for personal and class use. We especially invite session committees and local church groups, as well as synod and presbytery groups, to explore the issues contained in this study document. Your responses will help inform the task force and ACSWP as they prepare and propose a policy statement for the 218th General Assembly (2008).

This study is not a policy statement, and carries this proviso:

> **A study document of the General Assembly seeks to stimulate study and discussion within the church on particular issues. It is not to be construed as social witness policy of the Presbyterian Church (U.S.A.). Therefore, nothing in this document can be used to direct the mission program of the church** *(Why and How the Church Makes a Social Policy Witness, Minutes, 1993, Part I, p. 770).*

We encourage study groups to use this study guide between September 2006-September 2007. Feedback will be accepted through December 2007, for use by the Advisory Committee on Social Witness Policy (ACSWP). The study guide will remain illuminating after that time and will point toward the action of the General Assembly in June of 2008.

Send your comments and reflections to:

Belinda M. Curry, Associate
Policy Development and Interpretation
Advisory Committee on Social Witness Policy

100 Witherspoon Street, Room 3611
Louisville, KY 40202-1396

Phone: (800) 728-7228, ext. 5813
Fax: (502) 569-8041
Contact: bcurry@ctr.pcusa.org

Thanks for participating in this policy formation process.

Introduction

The 211th General Assembly (1999) "direct[ed] the Advisory Committee on Social Witness Policy (ACSWP), in consultation with appropriate entities, to develop a comprehensive serious mental illness policy, including justice issues and full participation in the life of the church . . ." (*Minutes*, 1999, Part I, pp. 42, 309). In 2005, ACSWP appointed the Task Force on "Serious Mental Illness" to explore issues surrounding serious mental illness, and to develop a comprehensive mental illness policy with principles and recommendations to assist the church in its ministry and advocacy in society.

As outlined in *Why and How the Church Makes a Social Policy Witness* the Task Force on "Serious Mental Illness" shall consider:

- the voices of the biblical text;
- the wisdom of theological discourse;
- the guidance of the Reformed confessions;
- the insights of sociopolitical disciplines;
- the tradition of past policy statements;
- the advice and insights of people who are poor, victims of existing policies, and those who have not had a voice in the councils of the church; and
- the counsel of ecumenical partners (*Minutes*, 1993, Part I, p. 769).

In its deliberations the Task Force will also listen to the advice it received via the Prospectus for a Task Force on "Serious Mental Illness" developed and approved by the Advisory Committee on Social Witness Policy (ACSWP).

The Task Force on "Serious Mental Illness" includes members from across the United States: mental health professionals, consumers, family members of persons living with a serious mental illness, clergy and laity, a theologian, an ethicist, and an ecumenical partner. The members of the Task Force on "Serious Mental Illness" are: Robert Butziger, Ethel Charles, Mary Helen Davis, Thomas C. Davis, Gordon Edwards, Tim Engelmann, Brenda Gales, Kum Ock Kim, Matt Morse, Jose Rodriguez-Gomez and Alyce Woodall. Staffing is provided by the Advisory Committee on Social Witness Policy (ACSWP).

The Advisory Committee on Social Witness Policy (ACSWP) encourages the whole church's involvement in the development of proposed social witness policies like this one. By participating in this process, individuals and groups within the church can raise awareness about ongoing issues surrounding mental illness such as stigma and concerns about parity. This process may also provide the members of this denomination with new ideas as to how they can work more effectively with other religious and secular institutions that address mental illness concerns at the local, state, national and international levels. The sessions included in this study document have been designed for use in the typical one-hour church school time period. These sessions might also be used in evening study groups, weekend retreats and during special days or seasons of the church.

The group leader's role is to insure a safe and comfortable atmosphere in which discussion may take place. The participants may find some of this material challenging. Therefore, do not be surprised if some disagreement occurs as your group moves through these sessions. The questions are designed to open up insight and engagement in our faithful search for better answers to sometimes heart-breaking questions. Your goal is to engage in discussion exploring your group's thoughts and experiences in relation to mental illness concerns.

The leader may want to invite an individual(s) to record the group's responses. We would appreciate receiving your feedback from the study sessions on the Response Form provided at the end of this study document.

We pray that both the church and society will be increasingly more welcoming of persons living with mental illness.

SESSION ONE

What is Serious Mental Illness?

OPENING DEVOTION:

Prayer: Gracious God, you are the Source of our life. Help us grow today in our understanding of your goodness, truth, and mercy, that we may join with your whole creation in praising your name, through Jesus Christ our Lord. Amen.

Scripture: Psalm 22

1. In reading the words from the Psalm that Jesus spoke from the cross, we are reminded of our own times of pain, difficulty, and hardship. No human being has been spared such times. Reflect silently on such times in your life. Do the words of the Psalm give voice to experiences you have had?
2. Some who have been touched by their own mental illness, or by that of their loved ones, have found that this Psalm describes their experience particularly well. What about this Psalm do you think describes the experience of mental illness?
3. Sometimes we think of the mentally ill as completely different from us. Yet, upon further reflection, we realize that all human beings have known hardship of one sort or another, and we all stand in need of God's love and mercy. Therefore we are bound to the mentally ill by virtue of our shared dependence on God. What does this suggest to you about the ministry of the church with people living with mental illness?

Suggested Hymn: "May You Run and Not Be Weary" #2281 (*Sing the Faith*)

DISCUSSION MATERIAL:

From the Surgeon General's report on mental illness, we read that a staggering "22 to 23 percent of the U.S. adult population—or 44 million people—have diagnosable mental disorders."[1] This figure includes a wide variety of disorders, ranging mild to severe. *Severe* mental illnesses affect 5.4 percent of adults, according to this report.[2] Such statistics only begin to capture the level of pain and disruption in individuals, families, and communities for which mental illness

◗ *Continued on next page*

[1] Mental Health: A Report of the Surgeon General (1999), Chapter 2, "Epidemiology of Mental Illness."

[2] Ibid.

◗ *Continued from previous page*

is responsible. One person wrote of the broad reach of mental illness: "I have a thousand faces, and I am found in all races. Sometimes rich, sometimes poor, sometimes young, sometimes old. I am a person with the disabling pain of a broken brain." [3]

As this discussion of serious mental illness begins, an immediate question arises: what is "serious" mental illness, and how is it different from mental illness? Some may even ask if there is any difference at all. To begin to explore what is meant by a serious mental illness, we turn to others who have defined it, including the General Assembly and other entities within our denomination.

The background summary for the 1998 General Assembly Statement on "The Church and Serious Mental Illness" provided this definition: "The category includes a group of disorders which cause severe disturbances in thinking, feeling and relating, and result in substantially diminished capacity for coping with ordinary demands of life" (*Minutes*, 1988, Part I, p. 444). Today, the Board of Pensions relies on CIGNA Behavioral Health to administer mental health benefits. CIGNA Behavioral Health follows the definition of serious mental illness established by the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Specifically, serious mental illness is having at some time in the past year a diagnosable mental, behavioral, or emotional disorder that meets the criteria in the 4th edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) and results in functional impairment that substantially interferes with or limits one or more major life activities.

Presbyterian Serious Mental Illness Network (PSMIN) and others define it according to diagnosis, disability, and duration. Some diagnoses are considered by many to be more severe forms of mental illness, such as schizophrenia, bipolar disorder, and major depression. Disability refers to the degree of limitation an illness imposes on the ability to function in important life areas, such as relationships, work, independent living, and managing finances and medical care. Serious mental illness is also distinguished by a longer duration, a long period of either sustained distress or fluctuating periods of distress and full recovery.

In seeking to define serious mental illness we are not dismissing those who may fall outside this definition and who still suffer from mental illness. It is our hope that a clear definition will enable the church to be in ministry with people who

◗ *Continued on next page*

[3] ed cooper, "When Even The Devil Deserts You," *The Church and Serious Mental Illness*, January/February 1991 issue of *Church and Society*, 44.

◗ *Continued from previous page*

live with serious mental illness. The unique internal pain of those who have a serious mental illness is only exacerbated when a pastor or congregation fails to understand their condition, or even resents it.

Sometimes serious mental illness appears suddenly, and in cases where acute fears or depression are involved, immediate medical referral may be in order, especially if suicidal thoughts are verbalized. There are several factors that may be involved in the onset of a serious mental illness, such as genetic, environmental, circumstantial, familial and behavioral factors. Brain functioning may be seriously affected, while basic intelligence usually is not.

In proposing a definition of what falls under the blanket of serious mental illness, the input of clergy and their congregations is critical. We hope that those who choose to make use of the study guide will bring their own thoughts as to what constitutes serious mental illness as the task force prepares to make its report in 2008.

QUESTIONS: (Please summarize your group's responses in writing.)

1. How would you define serious mental illness? Can you name some criteria for being included in the category? What should be excluded?
2. Should a distinction be made between those whose functionality is impaired daily throughout one's life, and those for whom their illness affects only a shorter period of time, and with only minor disruption to their lives?
3. Is suicide a sign of mental illness?
4. How might we better inform pastors and congregations about what serious mental illness is?

CLOSING PRAYER:

Lord God Almighty, we praise you for coming to us faithfully in our times of hardship and difficulty. Help us to understand the particular hardships of those living with serious mental illness, knowing that all of us stand in need of your powerful love and mercy. In Jesus' name we pray. Amen.

SESSION TWO

Serious Mental Illness in Context

OPENING DEVOTION:

Prayer: God of all the nations, open our minds and hearts to the injustices that those with serious mental illness have endured. Lead us in the paths of righteousness as we seek to redress the social ills that have wrought such suffering by your beloved children. Amen.

Scripture: Luke 14:16-24

1. What kinds of excuses do the first round of invitees give? Do these sound familiar?
2. Who are the "poor and the maimed and the blind and the lame" of our day?
3. Imagine the Great Banquet at the time of the fulfillment of the Kingdom of God. Picture who will be there. When our churches break bread together at the Lord's Supper, are there some guests who are left out?

Suggested Hymn: "Where Cross the Crowded Ways of Life" #408 (*The Presbyterian Hymnal*)

DISCUSSION MATERIAL:

"I am a person with the disabling pain of a broken brain," one person wrote. "I understand why you don't want to look into a darkened soul, because I cry when I am forced to make the journey."[4] The internal suffering of those struggling with serious mental illness is overwhelming. Yet, tragically, the society in which we live only adds to the pain by denying such basic needs as housing, jobs, and health care.

Furthermore, people living with serious mental illness often carry a burden of stigma. Stigma, meaning "spoiled identity," is especially associated with schizophrenia and bipolar disorder.[5] We give people who live with these illnesses labels such as, "sicko" and "crazy," and when we want to describe a dictator who has wrought terrible destruction upon a people, our label is "madman." Serious mental illness has been associated with danger, immorality, and even the devil.

◗ *Continued on next page*

---

[4] ed cooper, "When Even The Devil Deserts You," *The Church and Serious Mental Illness*, January/February 1991 issue of *Church and Society*, 44.

[5] Irving Goffman, Stigma: Notes on the Management of Spoiled Identity (Englewood Cliffs, NJ: Prentice-Hall, 1963).

◗ *Continued from previous page*

As a result, in addition to the internal pain of the illness itself, there is the pain of the denial of the warmth of interpersonal relationships and a sense of belonging to a community.

On the streets of our towns and cities we see the result of such social discrimination. Many who are homeless suffer from serious mental illness and we may see them in rags, hungry, in poor health, and living in cardboard boxes in the cold of winter.

People from ethnic minorities experience further difficulties. For example, the Korean experience of "han," is often difficult for Westerners to grasp. This "frustrated feeling with no hope" which incorporates themes of personal and national victimization, may be misunderstood by a mental health provider. Sometimes depression in other cultures can appear as physical symptoms, such as indigestion or chest pain. Various cultures express internal pain in different ways: in Latino cultures those in internal distress speak of having "nerves," the Chinese may describe a feeling of "imbalance," and those from the Middle East speak of their inner world in terms of their "heart." This means that people from non-anglo backgrounds may have serious mental illness that goes undetected and untreated, their serious mental illness is given an incorrect diagnoses, or they can be labeled as mentally ill when in fact they are not.

Some people may also feel ashamed of taking medications for serious mental illness. Some may worry that taking medications indicates their faith is weak. Similarly, some are embarrassed to seek professional counseling. Presbyterians, however, generally believe that God works through medical science as well as other forms of treatment, such as counseling and psychotherapy, and such shame and embarrassment is not warranted by our tradition.

For some, serious mental illness is fatal. By far the majority of those who die by suicide can be understood as dying from their mental illness. "More than 90% of people who kill themselves have a diagnosable mental disorder." [6] This, of course, does not mean that most people who have a diagnosable mental disorder will commit suicide. It does mean that, for some, the pain, hopelessness, and disordered thinking of mental illness can lead to suicide. This suffering that leads to suicide, and the suffering of the loved ones left behind, are immeasurable. In some cases, the family and friends of people who have killed themselves are denied the comfort and nurture of their home congregations. They are met with

◗ *Continued on next page*

[6] From the website of the National Institute of Mental Health, http://www.nimh.nih.gov/publicat/numbers.cfm#ConwellSuiAging, June 9, 2006.

◗ *Continued from previous page*

blame and judgment, rather than tenderness and mercy. Such a response only compounds the pain of the bereaved.

Sadly, the church has a inconsistent record in responding to people with serious mental illness. Some churches respond with generous hospitality, some with overt and covert hostility, and most are simply silent. We quickly realize that churches are not exempt from the sins of the society. Consider one church's story below.[7]

> St. James Place Presbyterian Church is home to Mr. and Mrs. Springfield, a long time couple in St. James Place Church. They have an adult son who has been diagnosed with schizophrenia. They have become less active in the church because they have been disappointed that members of the church have not been more helpful and caring. The pastor has tried to be supportive, but he seems uncomfortable with their son's mental illness. A close friend of the family, a deacon, has become more distant from them.
>
> One Sunday, an adult Sunday school class hosted a presentation by a member of the local chapter of the National Alliance on Mental Illness (NAMI). The class was well attended, and they learned that one in four families in the church personally knew someone struggling with serious mental illness. They decided that they wanted to relate more meaningfully to these families and make this a mission of the church. Initially, they did not get a very warm reception to the idea from the Session.
>
> They nevertheless decided to begin with a cluster of persons who would meet weekly to explore this further. Half of those families shared that one of their family members were so afflicted. That prompted a support group for families that met once a month at the church.
>
> The Springfield family brought their son, Peter, to one of the support group meetings, which prompted the Lancasters to bring their 35-year-old daughter, Shirley, who lives with bipolar disorder. The group asked Peter and Shirley whether the church could be helpful to them. Shirley suggested that she and Peter organize a dinner once a month and invite others in the community with mental illness as an outreach to the community. The suppers proved to be extremely meaningful and expanded to weekly gatherings. Out of that effort, four teams were formed who purchased the food and prepared the meals. Each team also had a mix of persons living with a severe mental illness and their friends.

◗ *Continued on next page*

[7] This story does not represent an actual situation. It is a composite of situations based on one person's experiences in ministry.

◗ *Continued from previous page*

Later, with the help of the congregation, the group sponsored a group home in the community forming a non-profit corporation. People with serious mental illness make up half the composition of the board. Gradually they expanded that effort to include four other congregations in the community and three more group homes.

QUESTIONS: (Please summarize your group's responses in writing.)

1. How is your church similar to the church described above? How is it different?
2. Where have you seen evidence of the isolating stigma of mental illness?
3. Has anyone in your community been affected by suicide? Some believe that suicide is beyond the mercy and grace of God and is unforgivable. Have you heard this belief expressed? What do you believe?
4. Why are some people reluctant to reveal that they take medication such as an anti-depressant? What is the general attitude in your church about taking medication for anxiety, depression, bipolar disorder, or schizophrenia?
5. Imagine a church that responds faithfully to serious mental illness. What attitudes and behaviors in your church would need to change in order to be more hospitable to people living with serious mental illness?

CLOSING PRAYER:

Dear God in heaven and on earth, without your grace and guidance, we are nowhere. Show us the blindness of our prejudices and free us to embrace all your children. Give us the courage to confront anything that would diminish the full humanity of those with serious mental illness, and give us the perseverance and vision to create a world where all your people flourish. Amen.

SESSION THREE

Biblical and Theological Perspectives on Mental Illness

OPENING DEVOTION:

Prayer: Merciful God, we give you thanks for the gift of Scripture. We ask that you open our hearts and minds to your message to us as we consider your children who live with serious mental illness. As we study the Scripture with the guidance of the Holy Spirit, may our hearts burn within us to know and follow you. In Jesus' name we pray. Amen.

Scripture: Matthew 4:23-25.

1. Reread the list of those who were healed: "those who were afflicted with various diseases and pains, demoniacs, epileptics, and paralytics." In the ancient world there was little distinction between disorders of the body and disorders of the mind. Many forms of both physical and mental distress were believed to be the result of demon possession. Jesus responded to those with mental distress with the same healing compassion as he did to those who had what we might call today a "physical illness." What does the list of those whom Jesus cured suggest to you about the breadth of the church's ministry today?
2. We read that "Jesus' fame spread." If you lived in Jesus' day and suffered from a severe illness of mind or body, how would you respond to news of a great healer who was in the area?

Suggested Hymn: "O Savior In This Quiet Place" #390 (*The Presbyterian Hymnal*)

DISCUSSION MATERIAL:

Many people are confused when confronted with the issue of serious mental illness. As Christians, we turn to the Scriptures and our theological traditions to come to a deeper understanding. The following paragraphs offer possibilities from our faith resources for a Christian understanding of serious mental illness.

First, when we think of mental illness, we may think of Jesus' healing compassion for all those who were ill, physically or mentally. His healing power not only healed minds and bodies, but also restored to community those whose illness had rendered them unclean under religious law, such as lepers or the woman with

◗ *Continued on next page*

◗ *Continued from previous page*

the flow of blood. Some who are mentally ill today are like the unclean in Jesus' day, cut off from full participation in the church and in society. Jesus' response of compassion which healed broken bodies and minds and broken ties to the community reminds us that we are called to attend to the bodies, minds, and community ties of all God's children, including the mentally ill. The good news remains that people with a serious mental illness today are not beyond the healing power of Jesus Christ. God still reaches them with peace, guidance, support, healing, and love. Like all of God's children, people with serious mental illness meet God through prayer, worship, and service to others.

Second, though the Bible does not speak of "mental illness" in the way we do today, there are places that seem to be referring to some kinds of mental illness. Some of the Psalms describe the painful mental distress that sounds similar to what some with serious mental illness experience today. Psalm 88 speaks of a "soul full of troubles" and Psalm 43 refers to a "disquieted" soul. Deuteronomy 28 refers to "madness" and "confusion of mind." Saul was pictured as profoundly depressed in I Samuel 16:23. Jesus was accused by his family of having "gone out of his mind" (Mark 3:21). We can also speculate that the demoniacs may have been mentally ill. It appears that serious mental illness has always been among us, and God still calls us to respond faithfully.

Third, when we read the Parable of the Last Judgment where Jesus separates the sheep from the goats, we remember Jesus' presence as one of "the least of these" who are sick, hungry, thirsty, in prison, or, we might add, mentally ill. Many who have been diagnosed with a serious mental illness do very well in family, work, and church life. Through good treatment and caring loved ones they are able to function as well as those who have never been diagnosed with a mental illness. However, there are those who struggle daily to survive the disabling effect of their mental illness. As Christians we remember that we encounter Jesus when we offer a drink to the thirsty, visit the sick, feed the hungry, visit those in prison, or, we might add, as we care for those who might be disabled by serious mental illness.

Fourth, sadly, many who live with serious mental illness suffer from social injustice as well as the difficulties of their illness. Many lack adequate housing, meaningful work, and access to medical care and treatments for their illness. Many live on the streets in dire poverty. We are reminded of the prophets' strident call for justice for the widow and the orphan, and we remember Jesus' proclamation of good news to the poor and his befriending the prostitutes, the tax collectors, and other

◗ *Continued on next page*

◗ *Continued from previous page*

outcasts. We respond to such injustice as we have often done as a church, with efforts to change social policy and to correct legal, economic, and social injustice.

Fifth, consider the image of the church as the Body of Christ that Paul describes in I Corinthians 12. We are all members of Christ's body with different gifts to bring: "to each is given the manifestation of the Spirit for the common good." All parts of the body are not the same, but they each are indispensable and interdependent. Are there gifts that people living with mental illness bring to the Body of Christ? Are there forms of wisdom or strength that they bring? Is it possible that the church is the lesser for having often failed to name and claim the gifts of people living with serious mental illness?

QUESTIONS: (Please summarize your group's responses in writing.)

1. When you think of a serious mental illness from the perspective of faith, what parts of the Bible come to mind?
2. If you or someone you love were struggling with a serious mental illness, what in your faith would sustain you?
3. In what ways are those with a serious mental illness full members of the Body of Christ with gifts for the church and the world?
4. What is the Church's responsibility to advocate for people living with serious mental illness who suffer from discrimination in such areas as jobs and housing?

CLOSING PRAYER:

God of grace and glory, we are grateful that you come to us again and again with your comforting and confronting word. Guide us in our ministry with all those who suffer, especially those struggling with serious mental illness. Grant us the wisdom and courage to speak truth to power as we seek ways to correct injustice among all your people. Amen.

Note: Class Assignment in preparation for Session Four—Identify your community mental health resources (i.e., suport groups, professionals, emergency care, legal, etc.).

SESSION FOUR

The Churches' Ministry with Serious Mental Illness

OPENING DEVOTION:

Prayer: Compassionate Creator, we join in prayer to express praise and thanks and pleas for help. We praise you for the marvelous creation of the human mind, which we are coming to understand and appreciate more and more. We thank you for the spiritual gifts and expertise of mental and spiritual healers, who help people cope with serious mental illness, and in many cases, to gain greater health. Lastly, gracious God, we pray for churches striving to learn more about serious mental illness, and experimenting with ways to minister more effectively to and with people burdened by it. By your Holy Spirit, continue to teach and use us, as Jesus taught and used his disciples—for healing. Amen.

Scripture: Mark 5: 1-20 (If someone in your group likes to dramatize scripture, ask her or him to silently portray the demoniac as the story is being read. Others in the group might portray the villagers. Perhaps you may receive new insights from this silent enactment that had not occurred to you from just hearing the words of the story. After the scripture has been read/enacted, ask the listeners/watchers how it made them feel. How did they feel toward Legion? How did they feel toward the villagers?)

1. How would people in your community make sense of behavior like Legion's? If a person like Legion lived in your community, what would likely become of her or him?
2. Why were not the villagers glad that Legion was restored to health? Do people in your community sometimes hamper the efforts of people like Legion to get well and stay well? How might they be educated/persuaded to act more compassionately?
3. At the end of the story, the man once called Legion could have left his past behind by following Jesus, since he was now completely well. He could have traveled to places where people did not know him, and thus escape the suspicions and prejudices of those who knew him in his illness. However, Jesus told the healed man to go back to his village and share what had happened to him. That's a tough assignment! How might your church support people living with serious mental illness to deal with social stigmas?

◗ *Continued on next page*

◗ *Continued from previous page*

Hymn: "Help Us Accept Each Other" #358 (*The Presbyterian Hymnal*)

DISCUSSION MATERIAL:

Pastors and lay leaders often learn how to include persons with serious mental illness in the life of a congregation by "on the job training." In the brief stories that follow, the Task Force on "Serious Mental Illness" wants to cast into the cooking pot of your congregation's imagination some ideas/approaches that have worked in other congregations. The Presbyterian Serious Mental Illness Network (PSMIN) organizes pastors and lay people who have a special interest in ministering to and with persons with serious mental illness. Most, but not all, of the stories that follow come from congregations with members in PSMIN.

> **Story #1:** A PC(USA) congregation has made considerable progress in ministering to and with persons with serious mental illness, but the pastor reports that none of that progress can be attributed to programs. Rather, it all has to do with one church member who has had mental illness since her teens. She is now in her fifties, and has endured much depression. Still, along the way she managed to earn a master's degree and gain employment. The pastor recognized that she could teach his congregation about serious mental illness, and she was willing. Therefore, she addressed the subject of mental illness during several "minutes for mission" and also gave a dialog sermon with the pastor. Her frankness and courage have helped to dispel some misconceptions about mental illness that her congregation might otherwise have harbored.
>
> **Story#2:** Another PC(USA) church is situated across the street from a group home for women with serious mental illness who have been released from the state mental hospital. In that home, they receive individual and group therapy and medical supervision. Without starting any new programs, this church simply extended hospitality to these neighbors. Several of the women now come to church breakfasts and covered dish suppers. One practices occasionally with the choir, and composed a song that the choir performed at Christmas. The pastor has used the pulpit to teach about some forms of serious mental illness, especially depression. He also encouraged a new member of the church, who controls his symptoms of schizophrenia through medication, to share his story. Through these opportunities for sharing and listening, the congregation has made considerable progress in talking about mental illness and supporting those who have it.

◗ *Continued on next page*

◗ *Continued from previous page*

Story#3: A PC(USA) church recognized that some persons with serious mental illness in their neighborhood needed a place to socialize. So, the church started a fellowship group for them. They shared a meal and went out to the movies together. Little by little this fellowship group grew, and the friendship between the church members and the "consumers" of this mission effort grew also. Eventually some of the "consumers" asked about coming to church, and they were gladly invited. The pastor who organized this initial effort left and a new pastor built upon what had already been accomplished. She sought ways to involve the fellowship group more in worship. She has taken to reading the scripture, then dialoguing with them, and finally, preaching her sermon to the whole congregation. Her sensitivity to the needs of persons with serious mental illness has encouraged more and more to become members of the church. Sixty percent of the congregation now consists of persons with serious mental illness.

QUESTIONS: (Please summarize your group's responses in writing.)

1. Does your church welcome persons with serious mental illness into the life of the church? If so, please tell us how. (Your experiences may prove helpful to other churches).
2. Has your church educated the congregation about serious mental illness? If so, what methods/means of education did it employ?
3. If your church has tried to welcome persons with serious mental illness into the life and work of the church, please tell us what obstacles (if any) you encountered.
4. How has your church reacted to people with serious mental illness who are from other ethnic backgrounds?

CLOSING PRAYER:

We thank you, loving God, that Jesus came to serve all of your people. Help us all to acknowledge our own daily dependence on your saving and supporting Spirit. Help us not to walk away from people who are afflicted in mind, some to the point of breaking. Give us holy imagination to find ways to include them in the fellowship and mission of our church. We pray this in the name of the great healer, Jesus of Nazareth, whose spirit lives in all who would open themselves, and be willing to learn and suffer. Amen.

FOR FURTHER STUDY

Presbyterian Resources:

- **National Health Ministries**
  www.pcusa.org/health/usa/programs/seriousmentalillness.htm

  The following resources are available for purchase at the Presbyterian Marketplace. The items may be purchased online with a credit card by clicking on the linked item number or by calling (800) 524-2612.

  - ***The Congregation: A Community of Care and Healing***

    Basic guide to understanding and doing ministry with persons affected by serious mental illness. Part of the series, "The Congregation: A Community of Care and Healing." This resource focuses on serious mental illness and how your church might be better able to raise awareness about and confront the realities of mental illness as it affects church members' lives.

    PDS order #25790002
    $2.50.

  - ***Church and Serious Mental Illness***

    Report and resolution from the 200th General Assembly (1988) about the church's call to ministry and mission with those affected by serious mental illness. If you would like to know how the PC(USA) envisions ministry by, with and to persons affected by serious mental illness, this policy laid much of the groundwork in this area.

    $1.00 each

    Contact National Health Ministries through the website listed above or call (888) 728-7228, x8011, to obtain a copy.

Continued on next page

◗ *Continued from previous page*

Websites:

◗ **National Alliance on Mental Illness**
www.nami.org

- ***Mental Health: Culture, Race, and Ethnicity— A Supplemental To Mental Health: A Report of The Surgeon General***

  www.surgeongeneral.gov/library/mentalhealth/cre

- ***Pathways to Promise: Ministry and Mental Illness***

  www.pathways2promise.org/

- ***Congregational Resources Guide: Mental Health Ministry Resources***

  www.congregationalresources.org/mentalhealth.asp

- ***National Youth Violence Prevention Resource Center: Teen Suicide***

  www.safeyouth.org/scripts/teens/suicide.asp

Books:

- ***Darkness Visible: A Memoir of Madness***, William Styron, (New York: Vintage Press, 1992).

- ***Depression and Hope: New Insights for Pastoral Counseling***, Howard Stone, (Minneapolis: Fortress Press, 1998).

- ***In the Shadow of Our Steeples: Pastoral Presence for Families Coping with Mental Illness***, Stewart D. Govig, (New York: Haworth Press, 1999).

- ***Resurrecting the Person: Friendship and the Care of People with Mental Health Problems***, John Swinton, (Nashville: Abingdon Press, 2000).

- ***What Your Doctor and Your Pastor Want You to Know about Depression***, R. Lanny Hunter, M.D., Victor L. Hunter, D.Min., (St. Louis, MO, Chalice Press, 2004).

Serious Mental Illness

Response Form

The Task Force on "Serious Mental Illness" invites individuals and groups completing this study to complete the following Response Form and send your reflections to the address listed below. The Task Force hopes this study document has stimulated study and discussion within the church as you or your group focused on the challenges of ministering with and to persons living with a mental illness. The Task Force will review the feedback received from this study as it develops a policy statement for the Advisory Committee on Social Witness Policy (ACSWP), which plans to submit the policy statement to the 218th General Assembly (2008).

Note: Please use additional paper for your responses wherever necessary.

PART ONE:

1. Please list below the high points of this study, and why were they significant to you?

2. What biblical, spiritual, and/or theological questions arose in your group?

◗ *Continued on next page*

◗ *Continued from previous page*

3. What key questions emerged in such areas as stigma, social justice, access to quality mental health care, and insurance coverage?

4. What insights emerged regarding congregations' hospitality toward people living with serious mental illness?

5. What topics and theological issues are missing or insufficiently treated?

◗ *Continued on next page*

◗ *Continued from previous page*

PART TWO:

1. What action or actions should the Task Force include in its report for consideration by the General Assembly of the Presbyterian Church (U.S.A.) to guide the mission work of the church regarding mental illness?

2. What action or actions should the Task Force include in its report for consideration by the General Assembly of the Presbyterian Church (U.S.A.) to encourage and support the efforts of our ecumenical partners regarding mental illness issues?

3. What action or actions should the Task Force include in its report for consideration by the General Assembly of the Presbyterian Church (U.S.A.) to encourage local, state and national government officials to strengthen their support regarding mental illness concerns.

◗ *Continued on next page*

◗ *Continued from previous page*

PART III:

Please list below any additional information you would like the Task Force to consider in its work.

PART IV:

This response form represents

☐ A single individual ☐ 2-10 people ☐ 11-15 people ☐ more than 15 people

This response represents the views of

☐ Lay persons ☐ Ordained clergy/staff ☐ Church officers

This study group included members from

☐ Congregation ☐ Presbytery ☐ Synod ☐ Theological Institutions

☐ Other (specify: ____)

This group included members from

☐ rural ☐ small town ☐ suburban ☐ urban

This response represents the views of

☐ female(s) ☐ male(s)

This response represents the views of

☐ African American or black American ☐ Asian American or Pacific Islander

☐ Caucasian or white American ☐ Hispanic or Latino American

☐ Indian (American) or Alaska Native ☐ Middle Eastern American

☐ Other (specify ____)

*Please return this completed Response Form to:

Belinda M. Curry
Advisory Committee on Social Witness Policy
100 Witherspoon Street, Room 3611
Louisville, KY 40202-1396
1-800-728-7228, ext. 5813 • Fax: 502-569-8041
Email: bcurry@ctr.pcusa.org

***Note:** Study groups are encouraged to take place September 2006-September 2007. Feedback will be accepted through December 2007, for use by the Advisory Committee on Social Witness Policy (ACSWP).

PDS #68-600-06-001