

LIBERTY UNIVERSITY BAPTIST THEOLOGICAL SEMINARY

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DOCTOR OF MINISTRY

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LIBERTY UNIVERSITY BAPTIST THEOLOGICAL SEMINARY

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Abstract

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Addressing Family Challenges associated with Mental Illness

Mental illness in a family can be very destructive and the church must endeavor to meet the needs of these families. The stigma associated with mental illness hinders most people from sharing their struggles and needs. Often those who suffer with mental illness are not embraced by the church. The project will include a survey of church leaders, members, and affected families. Acquired information will provide an understanding of the problems families face and what training leaders will need to be of assistance. The goal is to support these families in functioning better in the church and in society. Information from the Internet, books, magazines, and scripture will also be included. The project will seek to inspire church leaders and members to be understanding of the challenges facing these families.

Abstract length: 140 words

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Introduction

Statement of the Problem

Galatians 6:2 states, "Carry each other's burdens, and in this way you will fulfill the law of Christ." Today the family structure faces many challenges and one of them results from the insufficient knowledge a family faces when dealing with the affects of mental illness. The church is one place that help should be found to ease the burdens of these challenges. In order to carry each other's burdens Christians must avoid thinking they have nothing to offer and understand that the body of Christ must work together to bring about common good for all concerned.

Statement of Limitations

How can the church attempt to address issues of mental illness when the problem seems to be monumental? As Larry Crabb points out in *Connecting*, there are people in the church who need professional help. This statement is true but there are situations families are facing that the church can be a tremendous blessing. Fear of the unknown causes many leaders to turn a deaf ear to the problem. Church leaders must acquire a willingness to step into uncharted territory and provide an environment that those who have a mental illness and their family members feel they can trust.

Theoretical Basis

Mental illness can become very destructive to the family often due to a lack of understanding. Too many Christians, especially in the predominantly black church, view mental illness as an evil spirit that should be prayed away. This belief more than likely stems from the story in the fifth chapter Mark which speaks of a man possessed with a demon. Jesus commanded the evil spirit to come out of the man and it did. Due to this type of thinking, many suffer silently

and are too embarrassed to even seek counseling. Whether the belief is that a person has an evil spirit or an illness, helping the people and their family cope is needed while prayer for healing goes forth.

Statement of Methodology

This project will provide examples of early knowledge of mental illness. It will describe the problems individuals and families face as they deal with the affects of mental illness and it will also define types of mental illness, their symptoms, treatments, and side effects. Steps will be recommended for the church to take in assisting those suffering with a mental disorder and for family members involved in their care.

Summary of Chapters

Chapter two will provide early understandings of mental illness and early methods used to cure an individual suffering with a mental illness. It will discuss types of mental illness, the behavior that accompanies the illness, the medications prescribed, and the side effects of the medication. Signs and symptoms of specific mental illnesses will be detailed. Outside of medication information on steps that can be taken by a person dealing with a mental illness to improve their quality of life will be shared as well as steps family members can take to also help. The project will discuss some of the causes of mental illness and how the illness is diagnosed and often misdiagnosed. The first chapter will also describe what is shared in the scriptures about mental illness or possession of evil spirits.

The third chapter will reveal some of the problems that individuals, families, and society as a whole face each day interacting with mentally ill persons. There are constant reports on incidents of lives being lost due to shootings by someone with a mental disorder or suicide by a person trying to find a way out of their pain. Often these reports increase the stigma attached to

mental illness in the minds of community members. Mothers and fathers are burying their children and the question continues to be asked, “What can be done?” as they face one crisis after another. An overview of the survey given to leaders and church members will be discussed.

Chapter four will present a firsthand account of the author caring for a loved one who was diagnosed paranoid schizophrenic. Often those who have had no contact with persons suffering with a mental illness do not comprehend the struggle. Leaders must have a clear understanding of the constant day-after-day challenges that confront families in order to understand the need for assistance. Chapter four will explain, from a mother’s point of view, the heart-felt pain of loving and caring for a mentally ill child and then losing them.

Chapter five outlines steps the church must take and the effort it should put forth to provide the guidance and support that will assist families with the problems stemming from mental illness. Often church leaders will have a desire to reach out to hurting families but they do not understand what steps to take. They have not acquired the knowledge or skills required to assist in this area. Still there are some who fear any involvement with those who are mentally ill. Chapter four will share pertinent information necessary for putting such a program in place and it will attempt to persuade those who are hesitant in reaching out to individuals and families dealing with mental health issues.

The final chapter will present the conclusion of the project. In this chapter, the point is made that research is still being done to understand the origin and risks of different mental illnesses. The challenges and struggles that many families face will be emphasized along with the fact that they are compounded by stigma endured from those who do not understand. The need for people of faith to create ministries or support groups to help families who deal with these challenges will be discussed.

In Matthew 11:28 Jesus states, “Come to me, all you who are weary and burdened, and I will give you rest.” The church community should be a safe haven for families when problems overwhelm them.

Literature Review

Books

The American Heritage College dictionary¹ is used to give a general definition of mental illness. Here the project will also point out the most prevalent mental disorders and indicate how psychiatrists view the topic. Paranoia and schizophrenia will be given more attention because each will be focused on in the project. A clear definition of the mental disorder is necessary to understand how to better minister to the family members.

50 Signs of Mental Illness (James Whitney Hicks)² This book provides information on the mental illnesses suffered by many people today. It explains the symptoms associated with mental disorders and it stresses the fact that some symptoms can indicate more than one mental disorder. The suggestion is made that, before psychiatric assistance is investigated, a visit to the family physician would rule out the possibility that the symptoms are caused by a physical problem. Medications and treatments are recommended as being helpful approaches to the care needed for sufferers of mental illness.

Straight Talk about Your Mental Health (James Morrison)³ This book has the information that will help give a clear understanding of the mental disorders suffered by adults. It includes the

¹ *The American Heritage College Dictionary*, (United States of America, Houghton Mifflin, 1997).

² James Whitney Hicks, *50 Signs of Mental Illness*, (United States of America: Yale University Press, 2005).

³ James Morrison, *Straight Talk about Your Mental Health* (New York, NY: Guilford Press, 2002).

symptoms and suggests the best treatments for those specific disorders and when it is best to be treated.

Straight Talk about Your Child's Mental Health (Dr. Stephen V. Faraone)⁴ For parents in need of a clear understanding of childhood mental health this book provides valuable facts dealing with problems of mental disorders. The book also shares information on symptoms, causes and cures of behavioral situations experienced by many children.

Mental Health first Aid (Mental Health Association of Maryland)⁵ Recognizing the fact that a crisis is occurring and knowing if it is something that can be handled by the family, needs the intervention of the church ministry, or needs referral to a professional is very important. Here the authors emphasize the importance of knowing what to do when a person appears to suffer with a mental disorder episode.

Biblical Counseling (T. Clinton and R. Hawkins)⁶ shares descriptions of many of the life situations that individuals and families struggle in. It recommends questions that the minister or persons working with the ministry should ask when preparing to work with people who have mental disorders and when giving support to their family members. This book also points out important behaviors to be aware of as the ministry works with the mentally ill and their families.

Connecting (L. Crabb)⁷ This book helps congregations understand that assistance for people dealing with mental illness does not have to come only from professionals. Many people who are reluctant to talk with a professional may feel more comfortable being a part of a church

⁴ Stephen V. Faraone, *Straight Talk about Your Child's Mental Health* (New York, NY: The Guilford Publication, 2003).

⁵ *Mental Health First Aid USA*, (Lutherville, MD: Mental Health Association of Maryland, 2010).

⁶ Tim Clinton and Ron Hawkins, *Biblical Counseling*, (Grand Rapids: Baker Publishing Group Books, 2009).

⁷ Larry Crabb, *Connecting*, (Nashville: W Publishing Group, 1997).

ministry that meets their need. Individuals often will trust those they feel are accountable to God before they will trust professionals who may not.

God's Power to Help Hurting People (C. Birchett)⁸ This book offers very effective devotions that could be used when support groups for mental disorders meet. It also suggests ways to make those who come to the group sessions feel comfortable enough to open up and share their feelings.

Defining Moments (Dan Schaeffer)⁹ Very often decisions have to be made in a moment of time. It pays to remain prayerful so that when circumstances come, God's guidance is there to help. Everyone will face situations in which life as it is known will change. *Defining Moments* encourages making good choices.

God Attachment (T. Clinton and J. Straub)¹⁰ shows that people have an internal desire to be close to God even when life experiences create doubt as to God's existence. This book encourages readers to examine their reason for attending church and consider the relationship they have with God and what it really means. *God Attachment* speaks of the importance of having more than an emotional feeling of God existence but getting to understand how God's power works even in a crisis.

*The Popular Encyclopedia of Christian Counseling*¹¹ (T. Clinton and R. Hawkins) The information in the book helps to give a clear understanding of situations facing Christian

⁸ Colleen Birchett, *God's Power to Help Hurting People*, (Chicago, IL: Urban Ministries, Inc. 2003).

⁹ Dan Schaeffer, *Defining Moments*, (Grand Rapids, MI: Discovery House Publisher, 2006).

¹⁰ Tim Clinton and Straub, *God Attachment*, (New York, NY: Howard Books, 2010).

¹¹ Tim Clinton and Ron Hawkins, *The Popular Encyclopedia of Christian Counseling*, (Eugene, Oregon: Harvest House Publishers, 2011).

Counselors today. Explanations are given to assist with recognition of mental illnesses and how to deal with the problems that individuals face when family member suffers with a mental disorder.

Subversive (E. Stetzer)¹² This book explains how each Christian has been called by God to use everything He has given to them to bless hurting people. This book will be used in the project to help churches understand and focus on the task of ministering to families who are dealing with the affects brought on by mental disorders. The information in *Subversive* encourages Christians to be faithful in doing God's will. It also helps Christians recognize that there is a difference in how the world operates and how the people God touch lives.

Strength to Stand (T. D. Jakes)¹³ Bishop Jakes shares with readers how God gives strength to all who call on Him and the Holy Spirit provides guidance when life gets difficult. Everyone will be confronted with struggles in life, but God will be there to help Christians stand even when they feel they have no hope or strength to continue.

Reposition Yourself (T. D. Jakes)¹⁴ When life's journey seems to make moving forward seem impossible this book encourages readers to make an adjustment and move on. Trouble comes to everyone and the position taken will determine what condition a person is in when the trouble is over. Change can be a blessing so taking the right steps in the mist of change is important.

¹² Ed Stetzer, *Subversive Kingdom*, (Nashville, TN: B and H Publishing Group, 2012).

¹³ T. D. Jakes, *Strength to Stand*, (Shippensburg, PA: Destiny Image Publishers, 2011).

¹⁴ T. D. Jakes, *Reposition Yourself*, (New York, NY: Atria Books, 2007).

Journals

The History of Mental Illness: From 'Skull Drills' to 'Happy Pills' (Allison M. Foerschner)¹⁵ Ancient thoughts of mental illness displayed different ways of understanding why the individual was afflicted with the illness. This journal not only discusses what was believed to be the reason some suffered with mental disorders but also some of the methods used to cure the illness. The information found in this journal will assist in explaining why many people hold misconceptions about those with mental disorders.

Biblical Reflections on Modern Medicine (Ed Payne)¹⁶ There are some who clearly do not accept the stand taken by many in the medical field when it comes to mental illness or mental disorders. In this journal, Dr. Payne defines mental illness in a unique way. This journal asserts a view very similar to those that have caused many to believe that sin is the reason some people suffer with mental illness. The information found in this journal will help show why many suffer, silently ashamed to seek help.

Magazine Articles

Until the problems directly affect society, little thought is given to the problems those around us face. Many families silently endure the pain created by mental illness without getting the assistance that is so desperately needed. The following magazine articles provide examples of the devastation families, especially African American families, report as they deal with the anguish brought on by mental illness. Some families try every resource available to them, yet

¹⁵ Allison M. Foerschner, "The History of Mental Illness: from 'Skull Drills' to 'Happy Pills'", (*Student Pulse* 2, no. 9, 2010).

¹⁶ Ed Payne, "Biblical Reflections on Modern Medicine," (*Biblical Medical Ethics, Inc.* 10 no. 4, 2003).

without the results they most desperately pray for. In the midst of it all, the church needs to be there to encourage those who refuse to get counseling or are too embarrassed to seek it.

“Black Suicide: When Prayer is not Enough”¹⁷ discusses what happens when families have prayed for healing and the mentally ill individual still chooses suicide, something that occurs far too often. Families are left with pain, disappointment, and many questions. This article stresses the great need for intervention.

“Black Folks and Mental Health: Why Do We Suffer in Silence”¹⁸ brings to light the challenges facing many families when it comes to seeking the help of a professional counselor. The stigma attached to mental illness has caused many people, especially African Americans, to avoid any form of therapy.

Publications

NAMI¹⁹ – The National Alliance on Mental Illness is an organization dedicated to helping to make life better for those suffering with mental illnesses. It provides information on treatments, available services, diet, and often includes helpful stories from individuals who have or are dealing with a mental disorder.

¹⁷ Donald E. Grant, “Black Suicide: When Prayer is no Enough,” *Ebony*, August, 2013, accessed <http://www.ebony.com/wellness-empowerment/black-suicide-when-prayer-is-not-enough>

¹⁸ Nia Hamm, “Black Folks and Mental Health: Why do we Suffer in Silence?” *Ebony*, October, 2012, accessed <http://www.ebony.com/wellness-empowerment/black-folks-and-mental-health>,

¹⁹ *NAMI Advocate*, Fall, 2013 and Winter, 2014.

News Articles

“T. D. Jakes on Conn. School Shootings: ‘We are our Brother’s Keeper.’”²⁰ discusses the tragic school and workplace shootings that have troubled the country in the last years. During the reporting of these incidents we often have heard that the perpetrator of these shootings was mentally ill. This article will help point out the urgent need for the church to assist in helping individuals and families dealing with mental disorders.

“Suicide, Mental Health at Forefront of Southern Baptist Convention Annual Meeting.”²¹ – discusses the heartache that believers suffer due to tragic incidents stemming from mental disorders. There is a thought that some may have that individuals suffer from mental illness because they are not saved; this article confronts this belief. This pain affects the faith community as well and the crisis is not being properly addressed.

News Websites

In a CNN Belief Blog²², Ed Stetzer, president of LifeWay Research, provides steps that the church can take to address mental illness. He acknowledges that mental illness is real and the church must face that fact. The information from this blog closely connected to the main point of this research. Stetzer encourages counseling and medication, but he also suggests that congregations should help those who are mentally ill understand there is no reason to be ashamed.

²⁰ Katherine Weber, “TD Jakes on Conn. School Shootings: ‘We Are Our Brother’s Keeper,’” *Christian Post Reporter*, December 17, 2012. Accessed <http://www.christianpost.com/news/td-jakes-on-conn-school-shootings-we-are-our-brothers-keeper-86826/>

²¹ Melissa Barnhart, “*Suicide, Mental Health at Forefront of Southern Baptist Convention Annual Meeting*” *The Christian Post Reporter*, June 13, 2013. Accessed <http://www.christianpost.com/news/suicide-mental-health-at-forefront-of-southern-baptist>

²² Ed Stetzer, “My Take: How Churches can respond to Mental Illness” CNN Belief Blog, April 7, 2014, Accessed <http://religion.blogs.cnn.com/2013/04/07/my-take-how-churches-can-respond-to-mental-ill>

The church must become the place where anyone suffering with a mental illness, and their family members, can feel safe sharing their struggle.

The Huffington Post²³ discusses the vision John F. Kennedy had for helping the mentally ill. In 1963, his desire was to provide funds so that communities would be able to house those who were released from the hospitals by having facilities specifically for the mentally ill.

On the anniversary of the Sandy Hook school shooting Vice President Joe Biden announced that 100 million dollars would go to assist those with mental disorder.²⁴ He stated that it is not acceptable that less than half of those diagnosed with a mental health disorder are receiving treatment.

The Chicago Tribune newspaper²⁵ speaks of the shooting at the Washington, DC Navy Yard, speaks to the fact that there is a serious need for changes in the laws that relate to the mentally ill and adequate facilities to care for them. Better record keeping and reporting of those who have been diagnosed with mental disorders are also needed.

A study²⁶ done by Baylor University discovered that when it comes to church congregations many of the members are unaware of the problems facing several of those who attend services every Sunday. Often when leaders of the church are made aware of the problem nothing more is done than putting a person's name being added to the prayer list.

²³ Michelle R. Smith, "John F. Kennedy's Vision For Mental Health Never Realized," Huffington Post, October 10, 2013, accessed <http://www.huffingpost.com/2013/10/20/john-f-kennedy-mental-health>

²⁴ Jeff Mason and Roberta Rampton, "Biden Announces Mental Health push on Eve of Newtown Anniversary," Reuters, December 10, 2013. accessed <http://news.yahoo.com/newtown-biden-announces-more-mental-health-funding>,

²⁵ Bonnie Miller Rubin and Dahleen Glanton, "State grapples with keeping guns from mentally ill" *Chicago Tribune*, September 29, 2013. accessed http://articles.chicagotribune.com/2013-09-29/news/ct-met-mental-illness-guns-20130929_1_health-background-checks-gun-laws

²⁶ Baylor University, "Church Congregations Can Be Blind to Mental Illness, Study Suggests," *Science Daily*, June 22, 2011 accessed <http://www.sciencedaily.com/release/2011/06/110622>

The Role of Jails²⁷ - Unfortunately many mentally ill individuals find themselves homeless and often without medication. Most of them are without food or means of find other necessities. When they attempt to get what they need their behavior usually bring about trouble with the law and then jail. Jails are not equipped to provide care for the mentally ill.

Online Booklets & Newsletters

Pathway to Promise,²⁸ formed in 1988, is a resource created by faith groups and mental health organizations to assist those suffering with mental illness and their family members. The goal of this project is to help churches provide families with the necessary tools to ease the struggles that come with mental illness. Pathway to Promise gives knowledge about topics that families too often do not understand. The information explains the denial, the misconceptions, the frustration, and helplessness that families face when a loved one is diagnosed with a mental disorder.

Music

Johnny Cash performed the song entitled “No Earthly Good.”²⁹ The lyrics speak of how people say how they are to live but do not. There are ways people should treat others, but they leave the task undone while those in need remain in the condition they are in. Prayerfully this song will help ministry leaders realize the importance of coming alongside families in crisis.

²⁷ NPR Staff, “What is the Role of Jails in Treating the Mentally Ill?” *NPR News*, September 15, 2013, accessed <http://www.npr.org/2013/09/15/222822452/what-is-the-role-of-jails-in-treating-the-mentally-ill>

²⁸ Pathway to Promise, Ministry and Mental Illness, “Helping the Family,” <http://www.pathways2promise.org/family/index.htm>

²⁹ Johnny Cash, *No Earthly Good: Songs of Cash*, 2005.

Elder Alyn Waller sings the song “This Must Be the Place.”³⁰ The words of the song clearly indicate that the church must be where those who are hurting find healing. It points out the fact that many people would come to the church but are afraid that they will not find what they are looking for to make life better.

Movie

The movie *Soul Food*³¹ is discussed in this project to show an example of what some families do to hide a mentally ill loved one from other people. In this movie a family, in their attempt to protect a family member, keeps the individual a behind closed door.

Thesis

The stigma attached to mental illness often hurts the relationships between those who suffer with the illness and their family members and their fellow congregants. Meghan Posey’s thesis, *Attitudes Toward Mental Disorders*³² emphasizes the affect improper knowledge or negative news reports have on how people view the mentally ill. Information in this thesis will help this project by pointing out how media reports, movies, and television shows sometimes cause mentally ill individuals and their families to isolate themselves from society.

³⁰ Alyn Waller, *This Must Be the Place*, Fast Track Records, 2004.

³¹ Edmond Kenneth, Tracy Edmond, and Robert Teitel, *Soul Food*. (American Comedy Drama Films: Fox pictures).

³² Meghan Marie Posey, “Attitudes Toward Mental Disorders,” (Master’s thesis, William and Mary College: Williamsburg, VA, April, 2009).

Scriptures

In Mark 5:1-8, Jesus approaches Gerasenes. He encounters a man from the tombs who had an impure spirit. No person or chains were able to subdue him. When Jesus commanded the evil spirit to come out of the man it did.”

This scripture is used in this project to show the belief many have that those who suffer with mental illness are demon possessed. Some are under the impression that anyone who suffers with a mental disorder has unrepentant sin in his or her life, and through repentance and prayer, he or she will be delivered. The opinion of the project is that this is not always the case.

Matthew 4:24 states, “News about him spread all over Syria, and people brought to him all who were ill with various diseases, those suffering severe pain, the demon-possessed, those having seizures, and the paralyzed, and he healed them.”

Because of this scripture and others like it, many individuals are still under the belief that the answer to a prayer for healing is complete deliverance from the ailment. This thesis will show the harm this belief does in the lives of sufferers and their families. It will also be used to explain that healing may not come in ways most people expect.

Ephesians 6:12 states, “For our struggle is not against flesh and blood, but against the rulers, against the authorities, against the powers of this dark world and against the spiritual forces of evil in the heavenly realms.”

People of faith face struggles on a daily basis. Sometimes the struggles are financial; sometimes they are physical; often they are emotional. This scripture will be used in this project to help readers understand that when Satan attacks the struggle is against his evil forces and not the person suffering with an illness.

Psalm 62:5-8 states, “Find rest, O my soul, in God alone; my hope comes from him. He alone is my rock and my salvation; he is my fortress, I will not be shaken. My salvation and my honor depend on God; he is my mighty rock, my refuge. Trust in him at all times, O people; pour out your hearts to him, for God is our refuge.”

The project’s goal is to assist in easing the pain that comes with a diagnosis of mental illness. For families dealing with a loved one suffering with a mental disorder this scripture will encourage them to trust God and know that He waits to hear what is on their heart.

Isaiah 26:3 promises, “You will keep in perfect peace him whose mind is steadfast, because he trusts in you.” The thesis will reach out to anyone who is troubled and let them know how important it is to keep their mind on the Lord. God brings peace to troubled minds.

Romans 12:12 tells readers to “[b]e joyful in hope, patient in affliction, faithful in prayer.” This scripture was used in the eulogy for the youngest daughter of the family. The project will stress that no matter what comes a person’s way, this scripture provides what is needed to endure. People must remain joyful in hope, believing the answer is on the way. When affliction comes Christians must remember to wait on the Lord and faithfully pray for peace:

Remember those earlier days after you had received the light, when you stood your ground in a great contest in the face of suffering. Sometimes you were publicly exposed to insult and persecution; at other times you stood side by side with those who were so treated. You sympathized with those in prison and joyfully accepted the confiscation of your property, because you knew that you yourselves had better and lasting possessions. So do not throw away your confidence; it will be richly rewarded. You need to persevere so that when you have done the will of God, you will receive what he has promised. (Hebrew 10:32-36)

The project will use this scripture to encourage leaders and those working in a ministry to be confident in the work of the Lord. They must be able to help those who are suffering understand that God has seen what they are going through; He is with them and will keep His promise.

Hebrew 6:10 states, “God is not unjust; he will not forget your work and the love you have shown him as you have helped his people and continue to help them.” This scripture will be used in this project to help encourage the congregation to reach out to those who need and to remember that they show God’s love when they help those in need.

I John 3:2-3 says, “Dear friends, now we are children of God and what we will be has not yet been made known. But we know that when he appears, we shall be like him, for we shall see him as he is. Everyone who has this hope in him purifies himself, just as he is pure.”

The project will use this scripture to help everyone understand the love God has for everyone. No matter what illness families deal with, children of God all have something to look forward to when He returns.

II Corinthians 4:16-18 says, “Therefore we do not lose heart. Though outwardly we are wasting away, yet inwardly we are being renewed day by day. For our light and momentary troubles are achieving for us an eternal glory that far outweighs them all. So we fix our eyes not on what is seen, but on what is unseen. For what is seen is temporary, but what is unseen is eternal.”

With this scripture, this project will help the church assure families that they must continue to pray and trust in the Lord. Even when their loved one experiences one crisis after another, they should hold fast to their faith knowing that God is always with them.

James 1:12 states, “Blessed is the person who perseveres under trial, because when he has stood the test, he will receive the crown of life that God has promised to those who love Him.” Everyone is faced with trails in life. With this scripture this thesis will show that there is a crown awaiting those who persevere and do not give up trusting in God:

Therefore, since we have been justified through faith, we have peace with God through our Lord Jesus Christ, through whom we have gained access

by faith into this grace in which we now stand. And rejoice in the hope of the glory of God. Not only so, but we also rejoice in our sufferings, because we know that suffering produces perseverance; perseverance, character; and character, hope. And hope does not disappoint us, because God has poured out his love into our hearts by the Holy Spirit, whom he has given us. (Romans 5:1-5)

Believers have faith that gives them the strength to hold on when the suffering seems to have no end. The project will use this to help families and those who work with them to persevere realizing that it will bring character and then hope.

Galatians 6:9-10 encourages, “Let us not become weary in doing good, for at the proper time we will reap a harvest if we do not give up. Therefore, as we have opportunity, let us do good to all people, especially to those who belong to the family of believers.” Times may come when those families may feel their efforts to help are not producing the results that prayer and hard work should bring; at that time the leader must encourage helpers not to quit the ministry because there will come a time of reaping.

Psalm 57:1-2 says, “Have mercy on me, O God, have mercy on me, for in you my soul takes refuge. I will take refuge in the shadow of your wings until the disaster has passed. I cry out to God Most High, to God who fulfills his purpose for me.”

The project suggests that everyone affected by mental illness use this scripture in their daily prayers. Each person is encouraged to understand that things may seem hopeless, but they must believe God has a purpose for their suffering. This scripture is also used in the portion of the project where mental illness becomes very personal.

Romans 8:24-26 states, “In hope we were saved. Now hope that is seen is not hope. For who hopes for what is seen? But if we hope for what we do not see, we wait for it with patience. Likewise the Spirit helps us in our weakness; for we do not know how to pray as we ought, but that very Spirit intercedes with sighs too deep for words.” Anyone who lives with a mental illness

or who has a loved one with a mental illness hopes and prays for deliverance. Often there are no signs of things getting better. Thankfully, the Spirit intercedes when the words of prayer seem so inefficient.

Galatians 6:2 says to “[b]ear one another’s burdens, and in this way you will fulfill the law of Christ.” All Christians are all a part of the Body of Christ and it is very important that Christians lift each other when they see brothers and sisters burdened. Problems come into every life, and someone to trust through the hard times is a blessing.

Psalm 34:17-20 says, “When the righteous cry for help, the Lord hears and delivers them out of all their troubles. The Lord is near to the brokenhearted and saves the crushed in spirit. Many are the afflictions of the righteous, but the Lord delivers him out of them all. He keeps all his bones; not one of them is broken.” It is extremely important that those who suffer with mental illness understand that God has heard their cry for help’ He is still near and will not forsake them. God has promised deliverance and we must wait patiently for that deliverance.

Isaiah 40:29-31 notes that “He gives strength to the weary and increases the power of the weak. Even youths grow tired and weary, and young men stumble and fall; but those who hope in the Lord will renew their strength. They will soar on wings like eagles; they will run and not grow weary, they will walk and not be faint.” The writer’s family had this scripture read at the funeral of the youngest daughter. Everyone who suffers needs to know that in every situation God gives strength to the weary and that he increases the power of the weak. When the suffering of mental illness ends in death family members need to be assured that God is still with them.

Chapter 2: History, Types, Symptom, and Treatment

History of Mental Disorder

“Mental disorder is not short-term but it is also not necessarily permanent. By definition, mental problems must endure for a certain minimum period of time before a mental disorder can be diagnosed.”¹ For those suffering with a mental disorder the period of time could be years or a lifetime and the emotions may be extreme.

In Mark 5:1-8, when Jesus arrives in Gerasenes and gets out of the boat a man with an evil spirit approaches him. The man lived among the tombs, cut himself, talked to himself, and was unable to be bound with chains. Jesus commanded the evil spirit to come out of the man. And, as we read in the scripture, the man was healed.

Scientists as well as members of society have been interested in the different personalities found in human beings. The major interest for this research is when a person’s mind turns on that individual

Early man widely believed that mental illness was the result of supernatural phenomena such as spiritual or demonic possession, sorcery, the evil eye, or an angry deity and so responded with equally mystical, and sometimes brutal, treatments. Trephining (also referred to as trepanning) first occurred in Neolithic times. During this procedure, a hole, or trephine, was chipped into the skull using crude stone instruments. It was believed that through this opening the evil spirit(s) – thought to be inhabiting one’s head and causing their psychopathology – would be released and the individual would be cured.²

According to *The World Book Encyclopedia*, religious ceremonies were used in some cases as an attempt to cure the mental disorders because it was thought the gods were punishing

¹ Clinton and Hawkins, *Biblical Counseling*, 162.

² Foerschner, “‘Skull Drills’ to ‘Happy Pills.’”

the person with the illness. Around 400 B.C., Hippocrates believed that mental illnesses were due to an imbalance of body fluids. Hence, another method used to cure mental illness was to increase blood flow by spinning an individual in a chair: “During the Middle Ages, a belief in Witchcraft spread throughout Europe. Many people with mental illnesses were considered witches and killed by burning, hanging, or drowning. Mentally ill people who managed to escape charges of witchcraft were generally put in prisons or hospitals.”³

During the 1900’s Sigmund Freud gave great consideration to the conflicts in a child’s life. His opinion was that the unconscious was affected by these early conflicts. “The success of drug therapy has led to increased interest in finding other effective means of treating mental illness. Much of this work involves searching for links between mental disturbances and genetic defects or physical disorders.”⁴

Even though scientists have tried to find reasons for mental illness, they still do not understand what really causes the many mental disorders suffered by so many people. There is much that people do not understand about mental disorders and this lack of knowledge still causes many people to have negative thoughts about anyone suffering with a mental illness.

According to James W. Hicks, “In 1999, the surgeon general of the United States issued a national report on mental health and illness, bringing the symptoms and treatment of psychiatric illness to the attention of physicians, public health workers, politicians, and the general public.”⁵ There continues to be a need for more information on mental health and the affects of the illness

³ *The World Book Encyclopedia*, (United States of America: World Book, 2010) 409.

⁴ *Ibid.*, 409.

⁵ Hicks, *50 Signs*, 2.

on individuals and their family members. Recognizing the symptoms and receiving the proper treatment is of utmost importance to families.

Types of Mental Disorders

The standard classification systems describe more than 100 types of mental disorders, which are divided into broad categories. These categories include delirium, dementia, schizophrenia, mood disorders, anxiety disorders, dissociative disorders, somatoform disorders, personality disorders, eating disorders, and substance use disorders.⁶

Everyone experiences different types of emotions where they regularly are nervous, sad, angry, and have times of joy. All individuals deal with stress and at times to become depressed; these behaviors are not considered to be a mental illness until they have reached an extreme level of disorder that causes an individual's life or daily living to be disturbed.

When it comes to the psychological well being of children, parents worry about making the right decisions in their attempt to have their child properly diagnosed. Parents must be careful and not rush to judgment since symptoms do not always indicate a mental disorder. What could be happening is just a reaction the child is having to something that is temporary such as a move to a new school or death of a pet. If there is a mental illness, it may take months before the correct diagnosis is found.

Understanding why individuals, including children, are behaving in a certain way is very important. "Disruptive children disobey parents, teachers, and other authority figures. Sometimes they lie, steal, and get involved in other illegal activities. Always 'on the go,' they act before thinking. As a result, they often upset classroom and family activities and, as teens, are at risk for alcohol and drug abuse."⁷ When the cause of the behavior is understood, it may be discovered that

⁶ *The World Book Encyclopedia*, 404.

⁷ Faraone, *Your Child's Mental Health*, 3.

the behavior may be determined to be normal. In other cases, a physical problem may present as a mental illness; physical problems can be treated by a regular physician who may be able to give medication for or suggest a change in food or activity.

Religious Preoccupations

“Psychiatrists use the term hyperreligious to characterize the religious preoccupations, expressions, and beliefs of a manic or psychotic patient that are clearly different from the person’s usual pattern of beliefs and experiences. However, we must be careful not to misunderstand and incorrectly label a person’s religious strategies for coping with illness.”⁸ Just as many individuals turn to prayer when they have a medical problem many do the same when they have a mental illness, but a problem seems to develop when the individual becomes so preoccupied with God, religion, or prayer that it takes over the entire being.

Schizophrenia

An individual dealing with schizophrenia may exhibit a variety of confusing behaviors. The illness is hard to diagnosis due to the inappropriate and questionable behavior. “Schizophrenia presents as a chronic, often debilitating mental disorder distinguished by cognitive, affective, and behavioral alterations (American Psychiatric Association [APA], 2000). A bizarre aspect is common with the alterations in each of these areas.”⁹

Antisocial Behavior

⁸ Hicks, *50 Signs*. 282.

⁹ Tim Clinton and Ron Hawkins, *The Popular Encyclopedia of Christian Counseling*, (Eugene, Oregon: Harvest House Publishers, 2011), 227.

“Some people seem to believe that rules do not apply to them. They lie, cheat, steal, fight, rape, and intimidate others in order to satisfy their own desires and needs, without concern for their victims. Psychiatrists refer to these as antisocial (or, sometimes, dissocial, sociopathic, or psychopathic) behaviors.”¹⁰ When a child will lie, cheat, steal, fight, and bully another child with no remorse they are usually seen as the child who is a “spoiled brat”. This disorder is sometimes known as oppositional defiant disorder, one type of antisocial behavior.

Anxiety

Some people think of anxiety as a person just being very nervous. When an individual is nervous about life itself they are suffering with anxiety. However, when the nervousness is about a specific thing they are most likely dealing with something psychiatric. This individual should think about visiting a counselor to be certain of the type of anxiety he or she is facing.

Anxiety is one of the most pervasive mental health problems. It is a prominent feature in most illnesses ranging from depression to alcoholism to schizophrenia. Anxiety in one form or another is the hallmark of panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder, and phobias. But anxiety also occurs as a more or less chronic illness of its own in about one in twenty people.¹¹

Obsessive-Compulsive Disorders

When a person constantly does something that he or she does not desire to do, she or she may be diagnosed with a compulsive reaction. Those with a compulsive disorder may bite their nails or chew on a pencil even when they know they should not. If they have thoughts that they are not able to control, they are thought to be dealing with obsession. Obsessive sufferers may

¹⁰ Hicks, *50 Signs*, 13.

¹¹ *Ibid.*, 21.

have thoughts of danger even when no danger is there. When a person has both of these disorders, he or she has what is called obsessive-compulsive disorder (OCD). The majority of people who suffer with OCD are thought to develop the illness in their teens. “There appears to be a genetic component to OCD. Your risk of developing OCD is four times higher if you have a first-degree relative diagnosed with the illness. OCD also tends to occur more commonly in certain neurological conditions. For example, about half of those diagnosed with Tourette’s disorder will also develop OCD.”¹²

Major Depression

“Major depression, also known as clinical depression, is a complex biomedical, psychosocial, and spiritual disorder (American Psychiatric Association [APA], 2007).”¹³ Depression is an emotion that most people have at some level and for different periods of time depending on what is being experienced. When an individual is grieving the death of a loved one or the loss of a pregnancy, has been fired from a job, has a serious physical ailment, that individual may become depressed. How this depression is handled is extremely important. Although it is often considered an adult problem, many children suffer with depression.

Although some children with depression will recover within two years of being diagnosed, about three in four will have further bouts of depression in the future. Many will grow up to become adults who suffer from depression. One study contacted the families of children with depression 15 years after the child’s initial diagnosis. Four percent of the children had committed suicide.¹⁴

¹² Hicks, *50 Signs*, 238.

¹³ Clinton and Hawkins, *The Popular Encyclopedia of Christian Counseling*, 208.

¹⁴ Faraone, *Your Child’s Mental Health*, 139.

Because the possibility of suicide is present, every step possible must be taken to help a child suffering with depression.

For thousands of years depression has been one mental illness that doctors have been able to diagnosis and those dealing with depression understood what they were up against. There are many causes for this illness and those who have a close relative who suffers from depression have a greater chance of also having the illness. The risk is increased if the person suffering with depression also has schizophrenia.

Bipolar Disorder

“Mania is the term psychiatrists use to describe a state of elevated mood, rapid speech, grandiose thinking, and agitation that can occur in several different, but which is the hallmark of bipolar disorder, previously known as manic-depressive illness. Psychiatrists sometimes use the dictionary definition of mania, which refers to any abnormal desire or compulsion.”¹⁵ Just as with many other mental illnesses it is hard for doctors to be certain of what causes the bipolar disorder. Also like many other mental disorders genetics play a great part in the chance a person will have this illness.

Intellectual Disability (Mental Retardation)

Children who are mentally challenged usually have a lower intelligence quotient (IQ) than children of the same age. “An average IQ is defined as one hundred. People with low IQ scores may nevertheless be quite capable of taking care of themselves and of interacting appropriately with others. Mental retardation is diagnosed only in those who have significant practical

¹⁵ Hicks, *50 Signs*, 195.

impairments.”¹⁶ Other difficulties in learning may be present along with mental challenges. Again genetics plays a large part in whether or not an individual will suffer with a learning difficulty.

When a child has a problem with one subject, such as math, it is probably just the same as many people who have a problem with math. When the problem is with all subjects in school, tests must be administered to determine why they are having the difficulty. Parents and teachers are sometimes torn with what decisions to make. For many mentally challenged children, the ability to speak or read may be normal but their reasoning skills may be significantly below the average.

Psychosis

When an individual has thoughts or emotions that are impaired, it may indicate that he or she is suffering from a mental disorder known as psychosis. Those dealing with psychosis are thought to have lost touch with reality and suffer with hallucination. “A hallucination is a sensory misperception. You hallucinate when you hear, see, feel, smell, or taste something that, in fact, is not there. Psychiatrists refer to these, respectively, as auditory, visual, tactile, olfactory, or gustatory hallucinations. Hallucinations are symptoms of psychosis and involve a break with reality.”¹⁷ Most of this behavior is found to be related to schizophrenia or some other mental illness. Hallucinations appear to be real to those who suffer with psychosis. Attempting to convince the person that what they think they see, feel, or hear is not present only leads to more frustration. The brain is where the event of hallucination takes place and the sounds, visions, or feelings are real to the person dealing with the illness.

¹⁶ Ibid., 186.

¹⁷ Ibid., 139.

Symptoms of Mental Illnesses

Symptoms of mental illness can be difficult for doctors to recognize. Many individuals who suffer with a mental illness may function without showing signs of having the illness. In other situations, symptoms are manifested without any way of knowing what brought them on. Some individuals hear voices and become agitated. In cases of schizophrenia, they dissociate themselves from their environment and their personalities and character begins to deteriorate. Other individuals may experience split personalities with contradictory and inconsistent qualities.

Antisocial Disorder

“Antisocial personality disorder begins to manifest itself early in life. During childhood, you may be diagnosed with oppositional defiant disorder. At school and at home, you refuse to do what you are asked to do, and you lose your temper and throw tantrums when you do not get your way.”¹⁸ Many of these individuals will insist on having a particular item one day and declare the next day that they hate the same item. Again, parents and teachers should not jump to conclusions and start a child on therapy or medication without carefully investigating to be certain the child has antisocial disorder (also referred to as “conduct disorder”). A child’s behavior may not be a disorder at all.

Anxiety

¹⁸ Ibid., 17.

When individuals suffer with anxiety they worry more than normal. The symptoms of anxiety are clear and include tensed muscles and headaches. “You may feel a tightness in your neck, shoulder, and back muscles. Stomach complaints range from butterfly sensation to cramps, indigestion, nausea, and diarrhea. Your blood pressure and pulse may rise, and you can feel short of breath. You may sweat excessively. You are in constant motion unable to relax.”¹⁹ For individuals struggling with anxiety, after one stressor is cleared they move on to another. It is hard for them to accept life as being content.

Children who suffer with anxiety fear many different things. Some have a fear of dogs, others fear going to school for the first time, and others have fears without any concrete reason behind them.

Because of the child’s difficulty expressing abstract fears in language, these abstract fears known as anxiety express themselves in behavior (clinging), observable emotion (crying), and even physical symptoms (stomachaches, nausea, vomiting). The child’s expression of anxiety perplexes parents, leading them to more frustration and even anger as they try to figure out what exactly is wrong with their child.²⁰

Anxiety in an adult is hard to deal with, but caring for a child with anxiety is stressful for parents and caregivers. Childhood anxiety is often the result of an unfortunate stressful event in the life of the child such as a dog attack or the death of a loved one. The child, as well as the family, will then find that they need help.

Obsessive-Compulsive Disorder

¹⁹ Ibid., 21.

²⁰ Faraone, *Your Child’s Mental Health*, 155.

Individuals with obsessive-compulsive disorder seem to constantly struggle with irrational thoughts and irrational behaviors. “OCD sufferers often devote much time to what most of us would regard as the infrastructure of our lives. They usually realize how peculiar their obsessive thoughts and compulsive rituals must seem, and feel embarrassed.”²¹ Because of this shame many OCD sufferers hide their illness from friends and refuse to see doctors.

One common symptom of OCD is excessive worry about germs and dirt and constant hand-washing. Another common symptom is hoarding, a result of being unable to throw anything away.

Depression

Many individuals who suffer with depression feel alone and think others will not understand their situation. Even when people of faith deal with depression they do not feel they have the support needed from other individuals of faith. Too often members of the church say, “Just pray and let go.”

When you are depressed, sadness also colors all of your thoughts. You feel like the world has defeated you. You feel that you can do nothing right. You feel that nothing can be solved. You feel like your life is a waste. If you are a religious person, you may feel that you have let God down, or that God has forsaken you. You feel you are to blame for everything, even your depression.²²

Psalm 62:5-8 encourages everyone to trust in the Lord because God is a refuge and rock for all who suffer.

Attention Deficit Hyperactivity Disorder

²¹ Morrison, *Your Mental Health* 253.

²² Hicks, *50 Signs*, 93.

When discussing the many psychiatric childhood disorders, attention deficit hyperactivity disorder (ADHD) is considered both the most misunderstood and one of the most well known. “About 1 in 10 children develop ADHD, making it one of the most common childhood psychiatric disorders worldwide, and almost everyone knows someone who has been diagnosed with it. Mental health scientists know more about this disorder than about any other psychological problem that affects children, yet we still have much to learn.”²³

There is so much yet to be learned about (ADHD) that there are many who disagree on what is already known. In addition, children can be misdiagnosed as having ADHD; it seems that when there is confusion or disagreement about a diagnosis for a child, doctors label it ADHD. As parents try to get a clear understanding of what the illness is that their child is dealing with what is broadcasted is misinformation.

Dementia

Failing memory is one of the first symptoms many people say they recognize in aging family. “Dementia patients are too often kept out of church because of erratic, disruptive behaviors. Yet within their long-term memories is a sweet connection with God, as seen in the calming effect of old hymns, prayers, and Scripture readings.”²⁴ “As dementia progresses, other cognitive skills deteriorate. You may develop troubles with language, forgetting how to read and write. You may have trouble remembering what to call different objects. Your thinking slows, and you may stop talking altogether.”²⁵ Very often simple skills such as telling time, doing simple

²³ Faraone, *Your Child's Mental Health*, 98.

²⁴ Clinton and Hawkins, eds., *Encyclopedia of Christian Counseling*, 221.

²⁵ Hicks, *50 Signs*, 207.

calculations, and drawing shapes become difficult. When a member of a family who at one time was alert and active starts to lose normal abilities it proves to be harder on the family than on the person suffering with dementia.

When individuals who have cared for their family are no longer able to even care for themselves it, there are many different emotions for both the individuals and their families. Having to take car keys away from loved ones or telling them that they must move from their home is very stressful on the entire family.

Bipolar Disorder

Psychiatrists describe a person suffering with mania as someone having a mood that is elevated and speaking at a rapid pace. “Until recently bipolar disorder was commonly known as manic-depressive illness, reflecting the fact that virtually all people with bipolar disorder experience episodes of depression as well as episodes of mania. These severe changes in mood are quite different from the normal ups and downs that we all experience from time to time as good and bad things happen in our lives.”²⁶

Another symptom of bipolar is described as an individual who thinks they are a person who is great and also unique. These people have so much energy that they move from one project to another and have trouble sleeping. A great number of those suffering with mania or bipolar at one time also dealt with depression.

Schizophrenia

²⁶ Ibid., 197.

Most people with schizophrenia experience auditory hallucinations, which is why people often associate the illness with 'hearing voices.' Voices are usually heard as if they were coming from outside of the head, as if someone were actually present with you and speaking. Sometimes the voice seems to be coming from within, like a loud and intrusive thought. Most of the time the voice is recognizable as the voice of a family member or someone you know.²⁷

A person suffering with schizophrenia is thought to be out of touch with reality.

Schizophrenia is the mental illness that hallucination is most often associated with, but hallucinations do not necessarily have to be caused by a mental illness. The symptoms of schizophrenia are not clearly understood and the behavior of the person suffering with this mental illness develops over time.

Paranoia

Individuals dealing with paranoia usually behave normally. The problem arises when the illness causes them to have delusions that someone is out to cause them harm. Exercising reasonable caution is important; however, those suffering with paranoia usually take suspicion to the extreme. When something goes wrong the person known to have paranoia puts the blame on someone other than themselves.

There appears to be a genetic component to paranoia, with paranoid delusions and personality styles tending to cluster in families. Paranoid personality is also more common among men than women. Therapists think that paranoia arises from an exaggerated sense of self-consciousness. You are sensitive to the views of others and think that others are paying as much judgmental attention to you as you do to them.²⁸

²⁷ Ibid., 140.

²⁸ Ibid., 252.

Treatments for Mental Illness

The first attempt at medical care for the mentally ill was done in Europe in the late 1800s. “Emil Kraepelin, a German psychiatrist, developed a system of diagnosing and classifying mental disorders in 1883.”²⁹ “Finally in 1938, Italian physicians Ugo Cerletti and Lucio Bini administered the first shock therapy using electricity to a schizophrenic patient and received successful results. The treatment soon became widespread and was used most often in America and Europe.”³⁰ The number of people in Europe and America suffering with mental illnesses who were being placed in hospitals began to increase greatly. Soon behavior therapy developed and patients were trained to overcome their phobias. Federal money was allocated to provide mental health services in 1963 by the passing of the Mental Retardation Facilities and Community Mental Health Centers Construction Act.

When individuals display symptoms of a mental illness, the first step is to determine whether there is a physical illness that their family physician could handle or indications that there is a mental illness. “For more than a century, psychotherapy has been the mainstay of mental health treatment. Perhaps you are like many people who think that psychotherapy means psychoanalysis, in which the patient spends years talking to a doctor who takes notes and doesn’t say much. This is one style of psychotherapy, but we now have available many newer, more quickly effective psychological treatments.”³¹ If the symptoms do indicate a mental illness, a psychiatrist should be seen. Psychotherapy alone or in conjunction with medicine is often a more effective treatment than just medicine.

²⁹ *The World Book Encyclopedia*, 409.

³⁰ Foerschner, *Skull Drills to Happy Pill*, 4.

³¹ Morrison, *Your Mental Health*, 14.

The introduction of psychopharmacology is arguably one of the most significant and successful contributions to mental illness treatment, although it did lead to a movement that has been devastating to mental health care systems around the world, especially in the United States. The advent of psychoactive drugs convinced many that all illnesses would soon be effectively managed with medication, leading to the deinstitutionalization movement that rapidly occurred starting in the 1960s.³²

Different medicines have been used to help those suffering with mental illnesses. Most of these medicines help, but some have been known to cause more harm than good. A few types of these medicines used are antidepressants for depression, anxiolytics for anxiety, mood stabilizers for bipolar disorders, antipsychotics for schizophrenia, and stimulants for ADHD. The side effects can be extensive and often patients will refuse to continue taking their medication once they experience the side effects.

Antidepressants are used to help those suffering with depression, anxiety, ADHD, and many other mental disorders. Some antidepressants can cause a mania episode, or the patient could experience flu like symptoms if the medication is discontinued incorrectly.

As with most mental disorders the first and most important step that must be taken is to receive a proper diagnosis and appropriate medication. There was a need to discover the best medication to help those suffering with schizophrenia.

The mainstay of treatment for schizophrenia and other psychotic illnesses is antipsychotic medication. The first antipsychotic medication was discovered around 1950 and revolutionized the treatment of mental illness. For the first time it was possible to treat schizophrenia and thousands of people benefited. State hospitals were able to discharge patients who had been in a psychotic state for decades.³³

³² Foerschner, *Skull to Happy Pill*, 4.

³³ Hicks, *50 Signs*, 277.

The fastest way to help a person who has hallucinations is to use antipsychotic medication. In addition to medication, some people have been successfully treated for hallucinations using other methods, such as using headphones to drown out the voices. Through treatment, many individuals who suffer with hallucinations learn how to make a distinction between the voices they hear and what is real.

“We have learned a lot about anxiety in children in recent decades, and we have many effective treatments. Children with some types of anxiety disorders, especially if the disorders are relatively mild, can often be cured. But these children may retain a tendency toward anxiety throughout life, perhaps because they are biologically predisposed to it.”³⁴ There are many factors that can cause behavioral problems in children. Genetics, environment, and the structure of the brain play a large part in mental health.

³⁴ Faraone, *Your Child's Mental Health*, 155.

Chapter 3: Problems Resulting from Mental Illness

Problems

Family members for years have tried to care for loved ones who have a mental condition too severe for them to make proper decisions for their own care. When the task to care for the mentally ill becomes greater than the family can handle, they have no choice than to put their loved one out. The expense and time becomes a hardship and families are left with no alternative.

It was believed that numerous community-based facilities would be conveniently available to the mentally ill should they choose to seek it out, although this plan was never sufficiently realized. Instead, thousands of the mentally ill discharged from institutions were incapable of living independently, medicated or not, and became homeless as a result of inadequate housing and follow-up care.¹

Approximately thirty-three percent of the homeless in America during the 1980's were dealing with extreme mental illness. Many of the homeless, mentally ill individuals found themselves in trouble with the law as their attempts to acquire shelter and food became a problem. "Lack of support and guidance led to the incarceration of over 100,000 mentally ill individuals in America as well. A 1992 survey reported that 7.2 percent of the inmate population was 'overtly and seriously mentally ill;' over one-fourth of that population was being detained without charges until beds became available in one of the country's few remaining mental hospitals."²

Still today many individuals who suffer with mental disorders walk around every day undiagnosed and unfortunately many of those who suffer find themselves homeless. Life for the mentally ill person and their family members can be extremely difficult and the churches seem to be blind to the issue. The Bible states in Matthew 11:28, "Come to me, all you who are weary and

¹ Foerschner, *'Skull Drills' to 'Happy Pills'*, 4.

² Ibid.

burdened and I will give you rest.” If anyone in our society is weary and burdened it truly would be those suffering with mental disorders and the family members who care for them.

“There are three main misconceptions that the media spreads about mental disorders: (1) people with mental disorders should be feared because they are potentially aggressive or homicidal; (2) people with mental disorders are childlike, view the world simply and should be treated as such; (3) people with mental disorders are rebellious and need to be civilized.”³

The stigma attached to the discussions of the mentally ill stems in large part from how the media reports violent incidents involving those dealing with mental disorders. Reports are not made of those who suffer with mental illness but are taking medications, getting psychiatric help and doing well. When every tragedy committed by a mentally ill person is repeated over and over in the news, it creates misunderstanding and fear of anyone with a mental disorder. President Obama shared critical information in a message to the National Alliance on Mental Illness:

Struggling with a mental illness or caring for someone who does can be isolating. But the truth is, in any given year, millions of Americans suffer from things like depression, anxiety, schizophrenia, or PTSD. All of us – Michelle and myself included – know a family member, a neighbor, or a friend who struggles with mental health issues at some point in their lives. And yet, too many of our fellow citizens still suffer in silence rather than 40 percent of people with a mental illness receive treatment. And even though three-quarters of mental illnesses emerge by the age of 24, only about half of children with mental health problems receive the care they need.⁴

The United States has dealt with mass shootings that have devastated nearly everyone. These shootings have caused many to wonder what can be done. There has been talk about gun control as well as the need for better mental health care. However important these discussions are,

³ Posey, “Attitudes Toward Mental Disorders,” 7.

⁴ NAMI *Advocate*, “A Message to NAMI from the President of the United States (Fall, 2013), 10.

they are only part of the problem. We must also change the negative stigmas connected with mental health disorders. Some mentally ill people refuse to get treatment due to the stigma attached to it, some refuse to remain with the treatment, and others feel no need for treatment.

One researcher noted, “Decisions about what to do when something seems wrong are critical – not only to the well-being of children but also to their healthy development and successful transition to adulthood. Making correct decisions can spare parents a good deal of sleepless nights as well.”⁵

The most deadly shooting in the United States done by one person occurred on April 16, 2007. A young man by the name of Seung-Hui Cho wounded 17 people and killed 32 at Virginia Tech in Blacksburg, Virginia. Cho was diagnosed with having major depression and selective mutism, which is an anxiety disorder that causes a person to have difficulty speaking in public. He was given antidepressant Paroxetine but when one doctor determined Cho had done well enough on the medication it was stopped. Due to the federal privacy laws, Cho’s medical records were not shared with Virginia Tech. As a result of this shooting, the state of Virginia, with the first federal gun control measure, attempted to make it harder for mentally ill persons to purchase guns. Unfortunately the measure was defeated.

The second deadliest shooting in the United States, the killing of twenty children in the first grade at Sandy Hook Elementary School in Newtown, Connecticut, devastated the United States and many parts of the world. Twenty year old Adam Lanza killed twenty children and six adults. It was later discovered that, before to the elementary school, he had killed his mother in her bed. Adam had been diagnosed with sensory processing disorder. People suffering with this illness will usually avoid crowds, loud noises, hugs, and sudden touches.

⁵ Faraone, *Your Child’s Mental Health*, 2.

“Regardless of the treatment employed, one of the most important considerations is your safety – and that of those around you. Suicide is a risk that every clinician must consider for every patient, every visit. In the general population, the chance of suicide is about 1 in 100; many mental disorders carry a much greater risk.”⁶

After the Sandy Hook shooting Bishop T. D. Jakes was interviewed by the Christian Post Reporter.

Jakes stressed the importance of maintaining a sense of community when tragedies such as these strike, and remembering that each person has a responsibility to watch out for their neighbor. ‘We owe it upon ourselves to be careful to look out for those who are mentally, emotionally, or psychologically disturbed to help them to get the help that they need before it erupts into this type of violence.’⁷

Bishop Jakes was referencing Genesis 4:9. In verse 8 Cain had killed his brother Abel. When God asked Cain where his brother was his response was, “Am I my brother’s keeper?” This was a situation that definitely needed intervention. Everyone would benefit if the church would get involved in helping those who are disturbed. In the interview, Jakes continued “We all have to be watchmen on the wall, and answer the great question of the Scriptures: ‘Am I my brother’s keeper?’”⁸

Another very recent shooting took place at the Washington, D. C. Navy Yard. Aaron Alexis was a thirty-four year old government contractor who suffered from delusions and told officers he heard voices. He murdered twelve individuals before he was killed. More attention should have been given to his emotional well being before this happened. In a Chicago Tribune article, the executive director of the National Alliance on Mental Illnesses of Greater Chicago speaks to current laws. Suzanne Andriukaitis states, “Our current laws make what the

⁶ Morrison, *Your Mental Health*, 15.

⁷ Weber, “We Are Our Brother’s Keeper.”

⁸ Ibid.

public seems to be wishing for impossible...that information about everyone who seeks mental health treatment be accessible to anyone who sells guns.” “Still, Valinda Rowe, spokeswoman for Illinois Carry a gun advocacy group, said ‘something needs to be done especially given the nation’s closure of public psychiatric hospitals, dismantling the system that once cared for the most severely ill.’”⁹

There seems to be a constant battle in our society when it comes to dealing with the privacy of people suffering with mental disorders. Once a person turns eighteen and is hospitalized for a mental illness or been involved with the law their information is closed to family members. Many families would be able to use this information to get help for their mentally ill loved one but find their hands tied.

Over many years there have been changes in our laws which make it nearly impossible to have a person hospitalized even for an evaluation until that person harms themselves or someone else. In the Chicago Tribune article, Rowe continued, “‘It, used to be, too easy to hospitalize someone without consent. Now, the pendulum has swung so far the other way, we are left with mentally dangerous people on the street and their families can’t do anything.’”¹⁰

The more often tragic crimes committed by the mentally ill occur, the more it becomes apparent that there needs to be a change in our gun laws, our privacy laws, and the care provided for the mentally ill. Years ago when the state hospitals closed, community-based facilities were not available, and family members could not handle their mentally ill loved ones. These individuals often found themselves in the prisons and jails. Sadly, prisons and jails do not provide the necessary treatment. Many people who suffer with mental disorders are housed in jails

⁹ Rubin and Glanton, “Keeping Guns from Mentally Ill.”

¹⁰ Ibid.

instead of mental hospitals. “Experts say good numbers are hard to come by, but one estimate calculates there are about 2.1 million annual bookings of persons with serious mental illnesses into jails. That number swells when you count state and federal prisons.”¹¹ Columnist, Steve Lopez considers this treatment a crime: “Yes, for some people maybe it’s better than being on the street. But that doesn’t mean that a jail is a therapeutic environment, and that doesn’t mean that this is good public policy, and that doesn’t mean that anyone should find this acceptable.”¹²

In order to preserve the dignity of a mentally ill family member, families will avoid taking the loved one to church and often will not share anything at all about that particular member of the family. Recently there was a fiftieth wedding anniversary celebration given for a couple by their children and grand children. The couple’s children, grand children, and great-grand children were there and they all wore white. It was a great, well deserved occasion. This beautiful affair was an elaborate expensive gathering and those planning it wanted every family member to be there. One young man stood out from the rest of the family. It was a grandson, approximately thirty years old, whom most of the church members had not seen.

This young man’s mental capacity seemed to be that of a two year old. As everyone attempted to enjoy the affair, different family members tried their best to control him. At inappropriate times, as music played, he would go to the middle of the floor, dance, and make loud unrecognizable sounds. He seemed to be enjoying himself, but mid-way through the celebration another family member took this young man home.

It is unfortunate that our society has allowed the stigma of mental illness to cause so many families to remain silent about their struggles. A study done by Baylor University brought out

¹¹ NPR Staff, “Role of Jails in Treating the Mentally Ill?”

¹² Ibid.

interesting facts concerning families affected by mental illness and their relationship with their faith community:

The study shows that while families with a member who has a mental illness have less involvement in faith practices, they would like their congregation to provide assistance with those issues. However the rest of the church community seemed to overlook their need entirely. In fact, the study found that while help from the church with depression and mental illness was the second priority of families with mental illness, it ranked 42nd on the list of requests from families that did not have a family member with mental illness.¹³

Galatians 6:2 “Bear one another’s burdens and in this way you will fulfill the law of Christ.” It is important that Christians not pick and choose the burdens of others to help with, but to do whatever is within their power. The situation may present a challenge and may at first seem uncomfortable, but through prayer God will provide what is needed to be with others through burdensome times.

The researchers at Baylor University called on 24 churches and surveyed approximately 6,000 people from several denominations. The survey included questions about practices of faith, stresses, desires, and even family strengths. The results showed that as many as 27 percent of the families in the survey dealt with stresses related to mental illness.

Today, families struggle with many problems and often feel they have no places to turn. Once the church decides to embrace the needs of these families it will discover that the community is also in need of this same support and assistance. The Baylor University study points out the fact that there is much work for the church to do.

¹³ Baylor University, “Church Congregations can be Blind to Mental Illness,” <http://www.sciencedaily.com/release/2011/06/110622115307>.

It was found that mental illness really puts families who deal with it in a unique category. According to the Baylor University survey, “Families with mental illness also scored lower on measures of family strength and faith practices, and analysis of desires for assistance found that help with mental illness was a priority for those families affected by it, but virtually ignored by others in the congregation.”¹⁴

Most members of a congregation give thought to mental illness only when the news reports a crime committed by someone who was mentally ill or if someone close to them is affected. In the October, 2013 issue of *Ebony* magazine Reverend Doctor Otis Moss, pastor of Trinity United Church of Christ, shared the experience of his sister’s death. She had battled with paranoid schizophrenia for years and at the age of thirty-three she committed suicide. Even though this occurred years ago many members of the congregation were probably hearing about it for the first time. “Image is so important that we will go to great lengths to create, nurture, and protect it.”¹⁵

For many years, members of the African American community did not speak of mental illnesses. If a family member had a mental disorder nothing about it was ever mentioned outside of the family. Statements such as ‘she is not in her right mind’ or ‘he has lost his mind’ were used instead of getting a medical diagnosis. In 1997 the movie “Soul Food”¹⁶ came out which centered on a close African American family. The matriarch of the family invited everyone over for dinner each Sunday. There was a male family member, known as Uncle Pete, who stayed in a back

¹⁴ Baylor University, “Church Congregation Can Be Blind to Mental Illness,” 1.

¹⁵ Schaeffer, *Defining Moments*, 96.

¹⁶ Kenneth Edmonds, Tracy Edmonds, and Robert Teitel. *Soul Food*, (American Comedy Drama Film: Fox Pictures) September 26, 1997.

bedroom. Everyone knew he was there, but they never saw him. Food would be placed at the bedroom door and when he was done he would place the tray on the floor outside of the door. If anyone asked about him the matriarch would tell them to leave him alone, he's just strange.

For African Americans it seemed shameful to allow the neighbors to see or know that a family member may be labeled schizophrenic. In *Ebony's* Wellness and Empowerment section an article entitled, "Black Folks and Mental Health: Why Do We Suffer in Silence?," Dr. Taylor, a psychiatrist, shares several thoughts that affect the behavior of many people:

Historically, African Americans have normalized our own suffering. During slavery, mental illness often resulted in a more inhumane lifestyle including frequent beatings and abuse, which forced many slaves to hide their issues. Over time, strength became equated with survival and weakness (including mental illness) meant you might not survive. That stigma still exists today.¹⁷

For those not familiar with this type of treatment and the stigma that comes with it would not understand the pain that accompanies these experiences. 'Dr. Taylor said many African Americans, especially those who've ascended the socio-economic and professional ladder in the face of institutionalized racism, struggle with feelings compelled to be strong. Some are so socially isolated that they feel they can't trust anyone or share anything and must go it alone.'¹⁸

Refusing to get help for a mental disorder for fear of being labeled 'weak' is something that needs to be rectified. When individuals are encouraged by their church, when they hear of others who have gotten help, and when they are made aware of the benefits of counseling and medication they may then be inclined to seek help.

Another article found in *Ebony*, Wellness & Empowerment, is "Black Suicide: When Prayer is Not Enough."

¹⁷ Hamm, *Ebony*, "Why Do We Suffer in Silence?"

¹⁸ Ibid.

Mental health concerns are among the biggest and most dangerously tabooed topics in Black America. A comedian once said that the only mental condition in the Black community was ‘a nervous breakdown’. This speaks to the millions of Blacks in the shadows suffering alone, managing the weight of the world in silent bent knee prayer. Perhaps if we ignore it for long enough or fail to name it, it will magically disappear.¹⁹

Eighty percent of the African American community says that religion, God, worship, and prayer are extremely important, in light of that, they depend on the Word of God for answers to family situations. Many have an understanding that if they pray and do not receive an answer to their prayer it must mean their faith is not strong enough. Often church members will quote scriptures such as Matthew 7:7-8 which says, “Ask, and it will be given to you; seek, and you will find; knock and it will be opened to you. For everyone who asks, receives, and he who seeks finds, and to him who knocks it will be opened.” Having faith in God is very necessary for Christians; however they must be taught that God does not always answer prayer in the way expected. Bishop Jakes says it well, “We ask for strength, and God sends us difficult situations to make us strong. We pray for wisdom, and God provides us with problems that provoke us to come up with solutions and develop wisdom.”²⁰

An article in *Ebony* magazine spoke of the fact that many who suffer with a mental illness along with their family members and church pray from for healing, but deliverance outside of death does not come. According to Donald Grant “Lee Thompson Young, best known as Disney’s ‘Jett Jackson’ and a current TNT leading man, was found dead in his home from a self inflicted gun-shot wound. Black social media was buzzing with demands for mental health awareness,

¹⁹ Donald E. Grant, *Ebony*, “Black Suicide: When Prayer is not Enough,” *Ebony*, August, 2013. Accessed <http://www.ebony.com/wellness-empowerment/black-suicide-when-prayer-is-not-enough-405#axzz3NIwGYNvA>.

²⁰ Jakes, *Strength to Stand*, 62.

touting this level of intimacy with psychology that felt diametrically opposed to what the realities of Black mental health show.”²¹

There are scriptures that speak of individuals being demon-possessed and they were healed. Mark 5:1-8 states, “They went across the lake to the region of the Gerasenes. When Jesus got out of the boat a man with an impure spirit, came from the tombs to meet him. This man lived in the tombs and no one could bind him anymore, not even with a chain. For he had often been chained, hand and foot, but he tore the chains apart and broke the irons on his feet. No one was strong enough to subdue him. Night and day among the tombs in the hills he would cry out and cut himself with stones. When he saw Jesus from a distance, he ran and fell on his knees in front of him. He shouted at the top of his voice, ‘What do you want with me, Jesus, Son of the Most High God? In God’s name don’t torture me.’ For Jesus said to him, ‘Come out of this man, you impure spirit.’” The man in this scripture truly was having serious problems. Today he would probably have been diagnosed as a schizophrenic. “The best-known chronic type of psychosis is schizophrenia. For convenience, everyone speaks of it as a single disease, but it is really a group of diseases with many common symptoms. Known for many centuries, it is far from rare today – about 1% of all adults have schizophrenia – and it is found in every culture on earth.”²²

Another verse that can be troubling to people who suffer with illnesses without relief is Matthew 4:24. It states, “News about him spread all over Syria, and people brought to him all who were ill with various diseases, those suffering severe pain, the demon-possessed, those having seizures, and paralyzed, and he healed them.” Because of scriptures such as these the thought that some people have is that anyone with a mental problem must be ‘demon-possessed’

²¹ Grant, “When Prayer is not Enough.”

²² Morrison, *Your Mental Health*, 264.

or have an 'evil spirit' and should pray and be healed. If healing does not come, some consider these sufferers sinful or not in right standing with God, although these condemners would not make this same statement about people with physical illnesses. Special care must be given to the advice accepted from many who claim to be professional, for they could do more harm than good to those suffering with a mental disorder.

Researcher Ed Payne challenged modern mental health care; "What are the roles of psychotherapy, drugs, and religion in mental health? There is no role for secular psychotherapy. Mental health does not exist for the unbeliever. He can only exchange one problem for another. The secular psychotherapist cannot advise or understand a Christian and his responsibilities."²³ However, individuals who feel this way seldom express the same stand when it comes to a physician treating a physical ailment. Also according to Payne, "The only counsel that a Christian Counselor can give to an unbeliever is to tell them they must be born again."²⁴ People need both Jesus Christ and mental help.

Dr. Grant, in the article "Black Suicide: When Prayer is not Enough" states, "I do, however, have a problem with our community's practice of praying 'demons' out of people plagued by schizophrenia, or beating the defiance out of a boy suffering from undiagnosed bipolar disorder."²⁵

The affects of mental illness can be devastating, even faithful to followers of Christ. When the person suffering cannot endure the pain of his or her illness any longer and decides suicide is better than continuing to live, family members must then find a way to go on. Changes need to be

²³ Ed Payne, "Biblical Reflections on Modern Medicine," 9.

²⁴ Ibid.

²⁵ Grant, "When Prayer is Not Enough."

made so that all concerned may benefit. The topic of mental health was discussed during the 2013 Southern Baptist Annual Convention. A vote was made by church leaders to approve a resolution on “Mental Health Concerns and the Heart of God”. This resolution is to assist individuals who suffer with mental illness and it will help family members who find themselves impacted by the affect mental illness has on their loved one.

A thorough job of investigating the proper treatment should be done before a family member is taken in for therapy. “Every treatment plan should include alternatives, which you should take pains to understand. If none is presented, ask, even if it is only for the option not to begin treatment at this time. You may have to ask specifically about treatments (or diagnoses) that have not already been discussed. Of all the treatment choices you discuss, usually one will stand out.”²⁶

Survey

For this project several churches were surveyed in order to compile information leading to the need for support of members and families dealing with mental illness.²⁷ Those taking the survey were church leaders as well as other members of the congregation. The survey showed a definite need for a ministry in the church that would not only provide information on the different types of mental illness but that the ministry would be a safe place to discuss the struggles they endure. Many individuals who participated in the survey were not aware of any ministry in their church to assist the mentally ill or their family members even when there was such a ministry in place. Some commented that they are thankful that there is at least dialogue about this and prayerfully the church will get involved with helping families and the mentally ill. A few

²⁶ Morrison, *Your Mental Health*, 37.

²⁷ See Appendix

indicated that they are now dealing with a mentally ill love one and look forward to the church being a place that will assist.

Survey Results

What is needed in community and churches to assist with mental health:

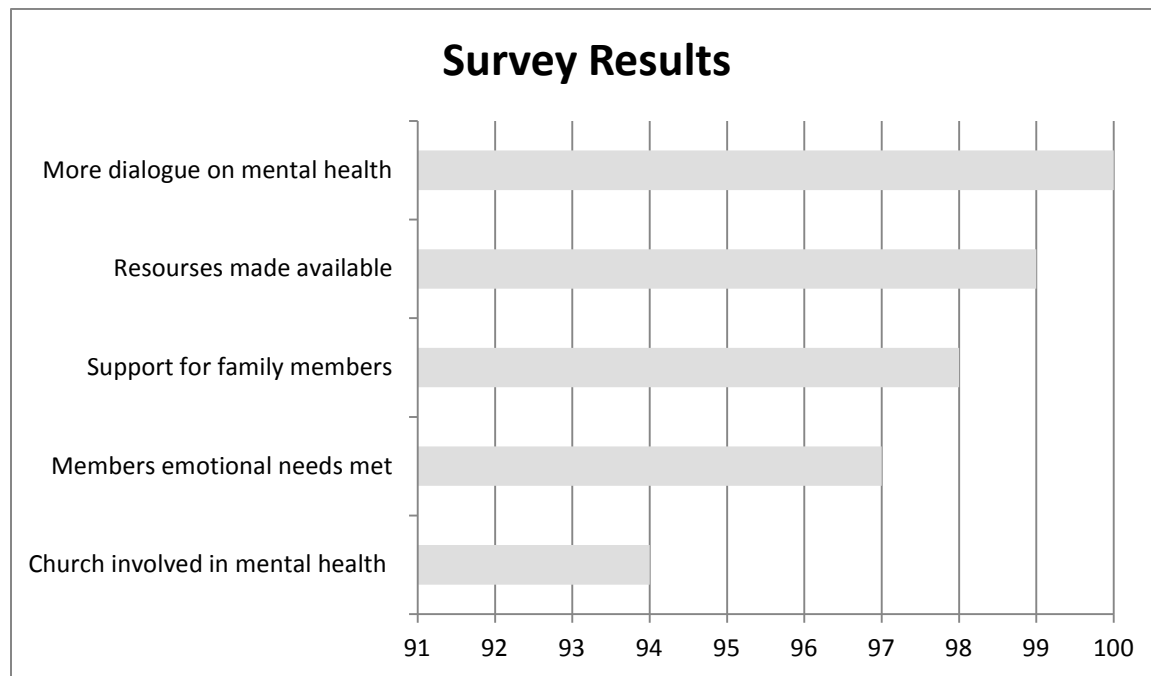


Figure 1. Survey results

Chapter 4: First Hand Account

The writer and her husband had three children. The youngest child, a daughter, suffered with a mental illness. “Confusion of one sort or another is a feature of many mental illnesses. Misperceptions, false beliefs, and befuddlement are common in psychosis and mania, syndromes in which one loses touch with reality. When psychotic or manic, you may behave in a hyperactive and disorganized fashion, seemingly without purpose.”¹ This family endured many days of confusion as they tried to care for the youngest child.

Both the writer and her husband grew up understanding the importance of remaining close to family members. The husband had an aunt with a mental disorder, but never gave it much thought because her husband cared for her. The writer has a sister who suffers with depression. This knowledge mental illness in the family did not give this couple reason for concern because they were not aware of the fact that genetic research shows that the mental disorders in families are connected. “Genes play an enormous role in creating brain defects that lead to the symptoms of psychological disorders. Our genes contain all the instructions needed to build our bodies and thus our brains.”²

Wherever the couple lived, they always made a point of connecting with a church because it was always a major part of their lives as they grew up. Their church family welcomed the entire family and they all got involved in the activities of the church. The two older children adjusted well and made friends easily, but the youngest child did not have the same experience. Her kindergarten teacher called several times a week stating that the daughter had either a sore throat or a stomach ache. She was taken to her pediatrician in an attempt to figure out what was causing

¹ Hicks, *50 Signs*, 54.

² Faraone, *Your Child's Mental Health*, 84.

her ailments. Many times parents are unsure when and how to respond to behaviors like this. Dr. Faraone sums up the questions parents must ask. “So how do you know whether your child has an illness or is just going through a phase? Is your child suffering from a neurological abnormality or reacting to some pressure from the people and events in his or her daily life? Would the behavior that you consider odd be viewed that way by parents of other kids your child’s age? How would a doctor view it?”³

The entire family went to the appointment. The doctor performed a complete physical on this five year old little girl. His results were that he found nothing physically wrong but stated that she did not believe her parents loved her. He said he understood that this was a loving family but this particular child did not believe that. He suggested that she get to spend time alone with Dad, alone with Mom, and with both parents without the other children. This was tough but in order to rectify the problem the family tried.

Dr. Faraone understands the difficulties families face in situations like this. “Yes, guiding children from infancy to adulthood is a wild ride. But if you have a child with a psychological problem, that problem can begin to pervade the entire family. As the child grows, small problems grow to big problems if nothing is done to help the child. The joys shrink while the troubles expand. The entire family suffers.”⁴

Things did not get better as she got older; instead they got worse. Teachers of the older two children spoke often of how well they did in school and how well they got along with the other children. It was not the same for the youngest child. Her grades were good but her behavior was not. The pediatrician’s advice caused her to demand more and more attention and privileges.

³ Ibid., 13.

⁴ Ibid., 3.

Around the age of thirteen she took a pin and scratched “Happily Morbid” into her arm. When asked why she did this her response was that she did not know.

As a teenager the behavior continued to get worse. One family doctor suggested that she be taken to a psychologist. The diagnosis was Attention Deficit Hyperactivity Disorder and she was given Ritalin. The medication did not help and she stopped taking it. Research shows that, even if a child is correctly diagnoses with a disorder such as ADHD, there may be other problems; treating only one mental disorder will be ineffective. “To complicate matters, children who have any of the four main types of disorders characterized by disruptive behavior – ADHD, ODD, conduct disorder (CD), or alcohol or drug use disorders – often have other disorders as well.”⁵

The problems continued to grow. Her sleep habits became disturbing. There were many nights that she was awake after midnight and would leave the house and just walk around the neighborhood. This kept her parents, especially Mom, with lots of sleepless nights.

The family always went on vacation and attended church together until after the older two children went away to college. Dealing with this youngest child became such a challenge that the parents stopped long family vacations. On one vacation, while in her early teens, her behavior caused the parents to cut the vacation short and return home. This is a familiar situation for families with a mentally ill child. Dr. Faraone states, “As the child grows, small problems grow to big problems if nothing is done to help the child. The joys shrink while the troubles expand. The entire family suffers. Parents fight over how to deal with the child, other children feel neglected,

⁵ Ibid., 97.

and the child with the problem worsens. When the normal aggravations of life explode into daily disasters, even the most skilled of parents needs help.”⁶

When it came to church, the parents would not force their daughter to attend. This is a heartbreaking statement since church and fellowship meant so much to the family. One Sunday morning in the first week of March of the daughter’s senior year in high school her mom tapped on her bedroom door and indicated it was time for church. She did not come out and they left without her. Later in the evening after church Dad noticed she had not come down from her room and there was no noise coming from her room. When Mom checked the daughter was not there and was nowhere to be found.

After several calls searching for her and asking what should be done, a family friend and the dean of the high school instructed the parents to call the police. Instead, the father wanted to wait until morning thinking she may have gone to a friend’s house to spend the night. The next morning this writer checked with the high school to see if their daughter was there and found out she was not. The police were called and as the officer sat at the kitchen table to take down the report, the daughter called. She asked Mom if she would come and pick her up. Mom found that after midnight Saturday the daughter put on several layers of clothes walked approximately three miles from home and spent the rest of the night, all day Sunday, and Sunday night in a wooded area. The temperature outside was near freezing. She stated that when she thought about going home, a voice told her that her family didn’t want her.

A voice like the daughter heard is common with certain mental illness. “Voices are usually heard as if they were coming from outside of the head, as if someone were actually present with you and speaking. Sometimes the voice seems to be coming from within, like a loud and intrusive thought. Most of the time the voice is recognizable as the voice of a family member, or someone

⁶ Ibid., 3.

recognizable. Sometimes it seems to be the voice of God or the devil.”⁷ The daughter had decided to stop keeping her appointments with the psychologist so at this time there was no medication, therapy, or treatment of any kind. Trying to talk her into continuing her treatment only caused arguments.

One morning a few months later, her dad was awakened to the smell of something burning. When he went downstairs to investigate, the daughter came into the parent’s bedroom to talk with her mother. She said she felt she was not wanted so she took the family picture off of the mantel, cut her image out of it, then took the image out on the patio and burned it. Her behavior disturbed both parents but even though they had not received a proper diagnosis the mother was more understanding because she believed the daughter’s problem was a mental illness. The father felt she may have a mental illness but that mostly it was just being rebellious.

After hearing their daughter one afternoon in her bedroom talking with someone and at times stopping often to cry, the mother went upstairs to check on her; knowing the daughter was alone. The daughter was crying and asking God why He let this happen to her.

I was taught not to ask God, ‘Why?’ I was taught that true Christians never ask God *why*? It was considered a breach of our faith to ask God *why*? If you really believe God, you just completely accept everything that comes your way without asking God anything pertaining to its reason for happening: It’s as if God gets insulted, mad, or feels like you’re questioning His authority when you ask Him *why*?⁸

Proverbs 2:3-6 states, “and if you call out for insight and cry aloud for understanding, and if you look for it as for silver and search for it as for hidden treasure, then you will understand the fear of the Lord and find the knowledge of God.”

⁷ Hicks, *50 Signs*, 140.

⁸ Jakes, *Strength to Stand*, 53.

The extended family called often to check on how the daughter and family were doing. They are all faithful believers in Christ and always reminded this family they were keeping them in prayer. Mom on occasion, when the daughter was not at home, would go into her room, kneel by her bed and pray for her daughter to be healed. When it was hard to find the words to pray the scriptures helped.

This daughter wanted to do the same as her siblings and go away for college. In the fall she went away to a college in Iowa. It turned out to be a huge mistake. She came home for the Christmas holiday and there did not seem to be any new or different. In March this mom received a call from the mom of a young lady who attended the same university and stayed in the same dormitory as this daughter. She stated that the girls in the dormitory and on the floor with this daughter had not seen her eat in a while. Mom called to check on her daughter but the daughter refused to explain what was happening. This Mom called the university's psychologist and explained the situation. The psychologist said they would check on her and return the call. When she called she said she had spoken with this daughter and had her sign a form that she would not harm herself.

The parents always prayed for their children and especially for their youngest daughter. When they received this troubling news they called other family and church members and asked them to pray for the daughter's safety.

We are spiritual beings, created by God and incomplete without Him. Also we are physical beings, and a physical disease can lead to psychological or spiritual problems, and vice versa. And then too we are psychological beings, meaning that each person has a mind, emotions, and a will. The interrelationships among these three realms in our humanity mean that specific problems may have many symptoms and causes behind them.⁹

⁹ Clinton and Hawkins, *Biblical Counseling*, 167.

Four days later the parents drove to the university to find their daughter, as one doctor stated, one day from death. She had not eaten in five weeks and she had not had liquid in a week. She was so weak that her father had to carry her from the dormitory. Her parents drove back to Illinois and put her in a hospital near their home. Mother asked why she had not and eaten and she said she was fasting for God to heal her mind. She was five feet and nine inches and when she first went to the university her weight was 175 pounds. Her weight was 110 pounds when her parents found her. The doctors said that in one more day she would have died. Tests were done to check her kidneys because there was a chance they had been damaged. She asked if their pastor would come to the hospital and give her communion. He was glad to come serve communion and pray for her.

Psalm 34:17-20 “When the righteous cry for help, the Lord hears and delivers them out of all their troubles. The Lord is near to the brokenhearted and saves the crushed in spirit. Many are the afflictions of the righteous, but the Lord delivers him out of them all. He keeps all his bones; not one of them is broken.”

The following fall she was back at home and the behavior continued and even worsened. As it is with many people who suffer with a mental illness, there are days when the mind is clear and days when there is total confusion. The daughter’s behavior became so difficult to deal with that the parents tried to find a facility or apartment for her. Since she was an adult the parents could not have her committed to a hospital or a mental facility. Finding a place that would rent to one person and allow another individual who had no credit and no job live there was not easy. Her behavior would cause landlords to ask her to leave after a year or two and the search for another place for her to live started again.

At this point there still was no diagnosis other than ADHD and it was obvious that there existed a problem greater than that. Her parents were told that the longer she went without medication the worse her condition would get, but it was difficult to get her to see a doctor. This is a common struggle.

If someone you care about has a mental illness, you may find that he sometimes loses insight into the fact that he is ill. He may want to stop medication or stop seeing his doctor. He may resent you for reminding him that he is sick and needs to stick with his treatment plan. It may be difficult for you to strike a balance between letting your loved one make his own decisions and take responsibility for his life, and doing your best to ensure that he does not relapse.¹⁰

The family continued to find home in the scripture. Psalm 62:5-8 states, “Find rest, O my soul, in God alone; my hope comes from him. He alone is my rock and my salvation; he is my fortress, I will not be shaken. My salvation and my honor depend on God; he is my mighty rock, my refuge. Trust in him at all times, O people; pour out your hearts to him, for God is our refuge.”

In the spring of 2008 a disagreement with a bus driver turned into a physical altercation and this daughter was arrested. An attorney was retained and both parents were prepared to be with the daughter in court. When Mom and Dad went to her apartment to pick her up she was not there. They discovered in her attempt to get to the courthouse alone she was stopped by a police officer and asked for identification. Because she said she was not doing anything wrong, she refused to show her identification. After attempting to walk away from the police they handcuffed her and arrested her. Her behavior was outrageous, largely because she did not like to be touched.

Because of her perspective on the world, this young woman had a negative response to perceived hostility. Research shows this to be true of many people with mental illnesses.

¹⁰ Hicks, *50 Signs*, 89.

“Though anger is an instinctive reaction, the extent to which you express anger depends much on your attitude. If you have a general hostile view of the world, then you are likely to perceive threats and feel a need to defend yourself in situations where others would remain calm. You may tend to leap to conclusions and misinterpret the intentions of others.”¹¹ This understanding and reaction to the world around her impacted her relationships and interactions before, but the interaction with the police was different. The police thought she was either on drugs or had been drinking. When they discovered these were not the case they took her to a mental hospital; finally she was where a proper diagnosis could be made. During this time, her parents were searching for her and asking the church members to call them if anyone saw her.

After four days of not knowing where their daughter was, mom found a message from the mental hospital. She was relieved because what she expected was a call from the morgue. It had taken four days to contact them because the daughter would not tell the hospital staff her name. They found an empty medicine container for Ritalin in her belongings that had her name and the pharmacy where it was filled and the hospital was able to locate her family with the information. She was in the mental hospital for thirty days and was diagnosed as paranoid schizophrenic, but because she was an adult when she was released they gave her all of her paper work. Since it was always her desired to deny she even had a mental illness she refused to allow her parents to see any information from the mental hospital, which included the diagnosis and prescriptions.

The daughter asked her mom to order a medical report of her stay in the hospital. When the report arrived the parents were able see the diagnosis. The parents had a better understanding of her behavior after finding she suffered with paranoia.

Paranoia is an unwarranted feeling that others are trying to harm you. The word comes from the ancient Greek for ‘out of your mind,’ and it originally had a

¹¹ Ibid., 9.

broader meaning. If you are paranoid you may believe that someone, or some group of people, is deceiving you, manipulating you, talking about you behind your back, or insulting you. In more extreme forms you may believe that your life is in danger.¹²

With mom encouraging her, the daughter was finally on medication that prayerfully would bring about an improvement. “Contrary to general opinion schizophrenia is a treatable illness. Medication is essential, and symptoms are generally reduced or eliminated with medication. Approximately seventy percent of patients suffering from schizophrenia improve with the first medication prescribed for their illness.”¹³ The parents prayed that the treatment would have a long-term outcome and that life for their daughter the entire family would be pleasant.

She was given Haloperidol for the paranoia and Benztropina to ease the side effects of the Haloperidol. In the excitement of knowing that the daughter was finally on medication, the parents paid very little attention to the side effects of the medicine. Haloperidol is used to help a person think clearly and feel less nervous, but causes tremors or convulsions. Benztropina is used to treat tremors.

The oldest daughter of this couple was getting married in August of that year and she wanted her sister to be in the wedding, but some of the family feared what would happen having this daughter who suffered with this mental illness in the wedding. She would be in Virginia, away from home and around a crowd of people she did not know. Mom convinced the oldest daughter that things would be fine because the sister was now on medication to help her control the illness. The wedding was beautiful and everyone had a wonderful time even the youngest daughter.

¹² Ibid., 251.

¹³ Ibid., 274.

Two months after the wedding, the side effects of the Haloperidol increased causing the daughter and her parents to be alarmed. “Medications like haldoperidol and fluphenazine may cause stiffness, tremors, and an internal sense of restlessness (known as akathisia).”¹⁴ The medicine dosage was too strong and these side effects frightened the daughter; as a result, she refused to take it any longer.

Refusing to take medication or visit a doctor was troublesome and the effects of her paranoid schizophrenia increased. “People with schizophrenia often experience what psychiatrists call negative or deficit symptoms of schizophrenia, and these are particularly evident between acute psychotic episodes. Negative symptoms include social withdrawal, apathy, poor hygiene, diminished emotional responses, and subtle impairments in thinking.”¹⁵ There were times when the daughter would stop taking care of simple hygiene such as bathing, changing her clothes, and taking care of personal needs. This lack of care seemed to Mom to signal suicide.

The only thing the mom felt she could do was to go to court and obtain an “Order of Detention” to have her daughter picked up by the police and taken to the hospital. Twice the mom went to court to get the order, but it was carried out only once. Getting the order is stressful but having police carry it out is even more stressful, especially when it is done to a female. The daughter’s paranoia caused her to hate being touched and she also hated being taken to the hospital. The mother knew her daughter would not go willingly, so she tried to convince her to go willingly with the police, explaining that she needed medication and this was the only way.

Becoming her daughter’s legal guardian would have helped the parents care for her, but this require going to court and the judge would ask the daughter if she was in agreement. The

¹⁴ Ibid., 278.

¹⁵ Ibid., 272.

daughter refused to allow the mother to be her legal guardian. It was stressful and frustrating for the entire family. Once Mom asked an agency for help and was told, “Nothing can be done until she hurts herself or someone else.” The problem with this is that the harm done may mean death to someone. Praying and trusting in God has been what kept this family standing.

The daughter’s paranoia soon caused her to stop signing her name and opening her mail. Many attempts were made by the mom to get assistance for the daughter, but without her cooperation it was next to impossible. The parents had responsibility for rent, utilities, clothing, medical care, and other necessities. The mother took the daughter to the aide office to get some assistance with food. During one visit to the aide office the daughter became agitated and Mom tried very hard to calm her daughter to no avail. A young woman, who the mom later realized was the manager, brought a gentleman back who took this mom and daughter to his office. As the man prepared forms to get assistance for her daughter the mother noticed how much the daughter’s memory and reasoning skills had deteriorated.

The daughter tried several times to work but was only able to remain employed for a month or two. The behavior due to the illness prohibited her from being able to keep a job. As the parents thought about how their daughter would make it when they are not longer around they planned to set up a trust for her. Attempting to discuss this with the daughter was not easy. “One of your biggest hurdles may be to understand just how difficult some patients find it to communicate with those they love. They don’t want to be difficult, but illness has reduced their trust and empathy.”¹⁶ This young woman was talented in so many areas; she played the guitar, was a wonderful artist, wanted to work with animal shelters, and enjoyed writing. She wanted a happy life, but her illness was crippling. One day, as her dad was helping her move he picked up a large trunk and asked her what was in it. She said, “Hope and dreams.”

¹⁶ Morrison, *Your Mental Health*, 271.

Fortunately most of the apartments the mom found for the daughter were in walking distance to the church. The daughter would come to church occasionally, sit in the balcony, and leave as soon as the sermon was over. Most of the time Mom and Dad did not know their daughter was present until members of the church told them that they saw her. The daughter still enjoyed studying the scriptures and challenging her mom to remember who a particular person was in the Bible or who made a particular statement.

By 2012, the dad had become so concerned about the daughter's behavior that he feared his daughter would harm her mother and asked his wife to be very careful around her. Even though Mom was beginning to sense the same thing she would not tell her husband. She thought, "Who will be there for this daughter if not Mom?" Mom continued to check on her, take her shopping, and spend time socializing, but the daughter resented her mom giving attention to anyone or anything else, church programs and grandchildren. Spending time with her was very pleasant when she was not having an episode.

Extremes in behavior and personality are common with certain mental illnesses. As Hicks explains, "Sometimes antisocial behaviors emerge for the first time in an adult as a result of another mental illness. If you suffer a manic episode, for example, you may behave recklessly as a result of decreased inhibitions and grandiose feelings that you are above the law. When you recover from your illness, you may be mortified by your uncharacteristic behavior."¹⁷

In May of 2012, during yet another move for the daughter, the mom noticed that she was in a very agitated state, but things needed to be done. Because her mother would not do what the daughter wanted to do the daughter became very angry and attacked her mom trying to injure her. The mother managed to get out of her daughter's grip and, after a fall, made it out of the

¹⁷ Hicks, *50 Signs*, 18.

apartment. Police officers were called and the mom explained the situation. In addition to the officers and an ambulance, the dad, and a deacon from the church arrived. There was the scene of putting this young woman into an ambulance and taking her to the hospital again. This time her dad went to the hospital with her.

The incident that occurred in Sandy Hook Elementary School stayed on this mom's mind during this time. The mother of Adam Lanza, as most mothers did what she could for her child. "But this report the most detailed account to date on his troubled life, paints a picture of a child coping with special needs and a mother, 'devoted but perhaps misguided,' struggling unsuccessfully to help"¹⁸

The next morning the daughter called and, in the sweet voice she has when her mind is clear she asked, "Mom do you know where I am?" After the attack against the mom, the dad took over doing things for their daughter, a painful decision for all concerned. The mom found another apartment, this time one owned by a senior member of the church and the dad was faithful in checking on their daughter, taking her whatever things she needed, and taking her shopping when she needed to go.

In March of 2013, the daughter asked if she could have breakfast with Mom and Dad on the upcoming Saturday. Dad informed her that Mom was leaving that Saturday for Virginia to attend a class and he had to go out of town for work but he promised they would have breakfast when both returned. They returned on a Sunday and the father went by the daughter's apartment to check on her. He rang her doorbell, but she did not answer. Assuming she was not at home he left and went back the next day, still no answer, so the maybe she parents believed maybe she

¹⁸ "Newtown Shooter Lanza had Sensory Processing Disorder," *Good Morning America*, aired February 20, 2013, on ABC.

was away with someone, but they wondered with whom. He drove by one evening later that week and saw a light on and thought she was there and everything was okay.

On Friday, they still had not heard from their daughter and so they entered the apartment. They found their daughter on the floor, dead. Clinton and Hawkins aptly state, “We must always be ready to die, ready to stand before God, and ready to thank Him for all He has done in giving us salvation.”¹⁹ However, this does not ease the pain of losing a loved one, especially a child who has battled an illness her entire life. This was a time when the scriptures spoke for us.

Psalm 57:1-2 cries, “Have mercy on me, O God, have mercy on me, for in you my soul takes refuge. I will take refuge in the shadow of your wings until the disaster has passed. I cry out to God Most High, to God who fulfills His purpose for me.”

The investigators said there were not puncture wounds so no one had harmed her. They searched the apartment looking for something she could have taken to end her life but found nothing. In a few weeks the medical examiner’s report arrived and it said “pulmonary thromboembolism,” which is a medical condition when one or more of the pulmonary arteries in your lungs is blocked by a blood clot.

After notifying the rest of the family, plans were made for the service. The funeral director stated that the family had touched many people in the community so it would be best to have the service at the church. The pastor gave permission for her service to be held on the following Friday which was Good Friday. Employees and spouses at both the dad’s job and the brother’s job came; students and teachers from the school districts that the children attended and Mom at one time worked also attended; even parents of students were there to give their condolences. The family was very grateful for the support from the community.

¹⁹ Clinton and Hawkins, *Biblical Counseling*, 65.

There is no pain like the pain that comes when a parent's child dies. Just as many other parents have probably asked questions, these parents did the same. They asked each other: "What else could we have done?" "Where did we go wrong?" According to Bishop T. D. Jakes, "You cannot bring back a loved one, but you must not let your grief rob you of loving those who remain in your life."²⁰ The parents almost daily inquire how the other is doing. They do what they can to comfort each other as well as remind each other that their daughter is at peace and God cares. They also enjoy time with their son and daughter and their families.

While working on a Master of Divinity, the mom heard an instructor say that the purpose of the preacher at a funeral is to comfort the family. He said a preacher's purpose at a funeral is not to preach to people to be saved. At that time, the mom agreed because it sounded right that a preacher should be there to comfort the family. However the week before this daughter was found, the mom attended a class where the instructor said, "Some people will only go to church to attend a funeral, so the preacher should use every opportunity to preach Jesus Christ." This statement seemed to be more of what Jesus Christ would want of preachers at a funeral. The family decided they would perform the funeral service for the daughter; the dad and oldest daughter would sing, the son would give remarks, an aunt would read the scripture, and a minister from the church would pray. The mom decided to bring words of comfort.

The evening before the service, as the mom was preparing the message, she prayed that God would give her the words to say to those who would be attending but did not have a relationship with the Lord.

The outpouring of love at the service was wonderful; so many people came to say how sorry they were and that they were praying for the family. Their daughter-in-law's father came up before the service started to say how sorry he was; he had tears in his eyes so the mom told

²⁰ Jakes, *Reposition Yourself*, 66.

him everything was alright. He is not one who attends church, but when everything was over the daughter-in-law said her dad remarked, “The service was two hours long and it seemed like five minutes.” He later told the mom he felt so much better. At the close of the service, people were given an envelope and asked to donate to the National Alliance on Mental Illness. (NAMI).

This daughter is truly missed. Her family has finally stopped asking each other what else could have been done. Their prayer had always been for God to heal her, but unfortunately people often want God to answer a pray in the way that is easy or clear. “Jesus asked it just before breathing his last breath on the cross: ‘My God, my God, why hast thou forsaken me?’ (Mark 15:34 –KJV). When we find ourselves stuck in the gap between the way we think life ought to be and the way it really is, it’s easy to doubt God’s presence in lives. He feels distant. We feel alone.”²¹ Mom and Dad know that God has healed their child and she no longer struggles with fear, confusion, loneliness, disappointment, or pain any longer.

Now Mom and Dad pray for each other and the son and daughter who still have questions. The prayer is also that as the pain gets easier to deal with there will be an understanding one day of why this all took place. They continue to hold to the scripture in Romans 12:12 “Be joyful in hope, patient in affliction, faithful in prayer.”

Christians who faithfully walk with God and obey the Word must hold fast to scriptures such as Romans 5:1-5. It states, “Therefore, since we have been justified through faith, we have peace with God through our Lord Jesus Christ, through whom we have gained access by faith into this grace in which we now stand. And rejoice in the hope of the glory of God. Not only so, but we also rejoice in our sufferings, because we know that suffering produces perseverance; perseverance, character, and character, hope. And hope does not disappoint us, because God has poured out his love into our hearts by the Holy Spirit, whom he has given us.” “There is a

²¹ Clinton and Straub, *God Attachment*, 39.

wonderful energy in each of our hearts, placed so deeply in us by the Holy Spirit that no failure or heartbreak can dislodge it. Our spirits are alive with the actual life of Christ”²²

Words of Comfort and Encouragement

(Delivered by the mother)

After giving thanks to God for the comfort He has given through the people of God the mom thanked those who endured the years of hearing about their struggles as she and her husband discussed their mentally ill child. She reminded the congregation that many people knew that the deceased daughter was diagnosed with paranoid schizophrenia. Parents were told that the longer she was not taking medicine the worst the condition would get, and it did. The older sister said that this loved one is now at peace. The first thought was to think she died alone, but all Christians know the Lord was with her. Another thought was that she might be saying, “Awww, free at last.”

So the questions remain, “What about everyone present? Is there peace in everyone’s life?” There is a little book about love that indicates the great tragedy of life is when people cease to love. Imagine how wonderful the world would be if everyone loved as God has asked. Why not “Begin today!” A scripture that was read at the service states, “He gives strength to the weary and increases the power of the weak. Even youth grow tired and weary, and young men stumble and fall; but those who hope in the Lord will renew their strength. They will soar on wings like eagles; they will run and not grow weary. They will walk and not be faint.” (Isaiah 40:29-31)

²² Crabb, *Connecting*, 185.

As Christians, it is important to listen to God as He directs the paths He plans for believers. God knows what is best for those who follow Him. Isaiah 55:8 says, “For My thoughts are not your thoughts, neither are your ways My ways,” It would be foolish to try to fit God’s plan in what a human plan would be. Romans 12:12 says, “Be joyful in hope, patient in affliction, faithful in prayer.” Why? Through it He shows His love and power.

The oldest daughter talked of how difficult it was to deal with a loved one who had a mental illness and then wondered how hard it must be for the person suffering with the illness. The perception of a person who has a mental illness is their reality; anything they believe, whether real or not, it is real to them. Churches need to find a better way of supporting those with mental illnesses. Many individuals are of the thought that if a person suffers with a mental illness they a danger to society. Individuals suffering with a mental illness need support and love just as those dealing with a physical illness. This daughter did not come to church often but when she did the pastor and members here embraced her.

As she thought of their daughter, the mother did not question “Why did she die?,” but instead, “Why now?” The mother shared the following story with the congregation. An instructor some years ago stated that the preacher’s job at a funeral is to comfort the family, not a time to encourage the people to come to Christ. The week before this daughter died this mother attended a class where the instructor said, “Some people will only come to church for a funeral, it may be the only opportunity to present Jesus Christ to them. Why miss the chance?”

Praying every day for understanding is what this mother did. What was realized is that this precious child belonged, body and soul, in life and in death, to our Savior Jesus Christ. Saturday morning this preacher’s oldest brother said God was saying, “That’s enough.” It was enough pain for the entire family; dad and mom, brother, sister, and this child. As friends of the family

did what they could to be supportive, they spoke of the importance of surrendering all things to the Lord. Too often parents really struggle with the decision to allow their children to make be on their own. Even as this daughter reached adulthood, due to her illness and the love her parents had for her they continued to make most of the decisions for her care.

Building supportive, genuine, loving relationships is very important. The mother stated that everyone should make an assertive effort to “Begin Today”. The message asked three things of the people present at the funeral service. First, when this family comes to mind ask God to make a way for the mentally ill and their families. Second, she asked if those present were Christians “Begin today” living the life required of them by God. Third, she asked that as they work on their relationship with the Lord also work on their relationship with their family members. “Begin today” making wise decisions – because time is shorter than anyone expects. “An important part of your defining moment as a family, as a church, as a group, will be the people closest to you.”²³ The mother ended the message with, “God bless and keep everyone.”

The service was closed with prayer.

²³ Schaeffer, *Defining Moments*, 145.

Chapter Five: Four Steps the Church Must Take

Be Open to Addressing Mental Illness

The stories of individuals suffering from some sort of mental illness are heard of more and more. Whether a person is saved or unsaved, male or female, old or young, families are left wondering what to do. It may seem that the church does not care but that is not the case. The problem is that most leaders in the church do not have the knowledge necessary to assist families when it comes to mental disorders or they are frightened by the portrayals of mental illness in the news.

Ed Stetzer president of Life Way research shared his first experience with mental illness while serving as a pastor. He states that a man, named Jim, came to their church for help:

He'd visit with me, sing spontaneously, pray regularly and was always ready to help. 'Until he was gone.' For days and sometimes weeks at a time, he would struggle with darkness and depression. During this time, he would withdraw from societal interaction and do practically nothing but read Psalms and pray for hours on end. I later learned that this behavior is symptomatic of what is often called bipolar disorder or, in years before, manic depression.¹

Ed said he would pray with Jim and discuss with him that he should take his medication, while Jim continued to look to God for healing. Unfortunately Jim took his life, after reaching a low point of despair. "As a young pastor unacquainted with how to deal with these events, I found myself searching for answers. I realized two things: first, people with mental illness are often attracted to religion and the church, either to receive help in a safe environment or to live out the worst impulses of their mental illness. Second, most congregations, sadly, have few resources for help."²

¹ Stetzer, "How churches can respond To Mental Illness."

² Ibid.

One of the first steps the church will have to take in addressing mental disorders is to help individuals deal with the stigma associated with mental illness. “We stick our heads in the sand, add the person to the prayer list and continue on ministering to the ‘normal’ people. But it’s real, and it isn’t going away. There are people in the pews every week – ministers too – struggling with mental illness or depression, and we need to recognize this.”³

The most important step to take after a church makes the decision to create a ministry that will reach out to those suffering with a mental illness and their family members is to select a person who has the heart for such a ministry. Often people are confused in thinking that because they have spent years dealing with a mentally ill person they are ready to be over a ministry for the mentally ill. Working with a family member is different from dealing with people you don’t know. It takes training and patience. Church leaders must be careful that their approach is filled with compassion and understanding, not criticism. Mental illness is very destructive and those suffering would do better when they do not have to deal with presumptuous attitudes.

The scripture in Romans 12:3 warns believers, “not to think of himself more highly than he ought to think,” Too often individuals who recognize the abundant blessings of God forget about those who are searching and praying for the blessings of the Lord. Christians must be careful that they do not display an attitude of being better than those still struggling. Johnny Cash once performed the song, “No earthly Good.” “Come hear me good brothers, come here one and all. Don’t brag about standing or you’ll fall. You’re shinin’ your light and shine it you should. But you’re so heavenly minded you’re no earthly good.”⁴

³ Ibid.

⁴ Cash, “No Earthly Good.”

Church leaders must, with compassion, encourage those dealing with mental illness to trust God. “The congregation should be a safe place for those who struggle. We are often afraid of mental illness and symptoms that come with it. As a result, we don’t know what to do with our own level of discomfort and our fears for safety, or we just don’t want to be inconvenienced.”⁵

This problem touches everyone and no amount of money, education, or church affiliation keeps this painful illness from families. Many people have heard of Rick Warren a pastor who wrote the book *Purpose Driven Life*. After suffering for years with a mental illness, while having the best doctors, medicine, praying church, and loving family, Pastor Rick Warren’s son Matthew took his life. Stetzer says, “We need to end the shame. Let’s be honest. These are typically delicate situations. And we want to protect the privacy and dignity of the people we love, particularly when they are behaving in ways that might draw negative attention. But compassion and care can go a long way in helping people know they don’t have to hide.”⁶ When it comes to cancer, it is apparent that medication has done wonders. The church can be instrumental in helping sufferers of mental illness see the value in taking their medicine as well as provide spiritual support. Ephesians 6:12 states, “For our struggle is not against flesh and blood, but against the rulers, against the authorities, against the powers of this dark world and against the spiritual forces of evil in the heavenly realms.”

Why should this be a concern to people of faith? Simply put, there is no place where Americans are more connected and no place where grace is more expected than church. Christians believe the church is the body of Christ – the hands and

⁵ Stetzer, “How Churches Can Respond to Mental Illness.”

⁶ Ibid.

feet of Jesus – and that means going into the darkest places and the toughest situations to bring light. It means walking with those who are suffering, no matter what the suffering looks like.⁷

Those who suffer with mental illness are coming to the church more and more. Some become affiliated with the church through special outreach programs offered by the church such clothing or feeding programs. Families are starting to invite those who are suffering because there is an awareness coming into the church for mental health problems. The church can no longer ignore the need for help with this issue. Pastors, associate ministers, and those in leadership positions should be trained in ways to address mental health issues especially if the mental disorder results in a suicide. Some churches have progressed to having a “Grief Ministry” to assist family members with final arrangements and to listen if someone realizes a need to share their feelings. These individual should also be trained because grief can sometimes turn into depression.

“Depression is a growing problem in today’s society. Many people who are suffering from depression do not seek professional help because they fear the stigma of mental illness. However, some may reach out to lay counselors, friends, ministers, and others from their churches.”⁸ A person suffering with depression should be encouraged to seek counseling. The best outcome will come when mental health professionals and the church leaders works together to help those dealing with mental disorders.

People who do not have direct contact with a person who has a mental disorder cannot understand what the one suffering with the illness or what the family who cares for them goes through. After the death of the daughter of this writer, several church members approached her to discuss how they had searched for information on mental illnesses after her service. One of them

⁷ Ibid., 2.

⁸ Birchett, *God’s Power to Help Hurting People*, 185.

stated they had never heard of schizophrenia until hearing it spoken of in the daughter's funeral service, often thought of as going home to be with the Lord.

“In a church, mental disorder most often becomes apparent in relationships. Mentally ill people who are active in the church may have difficulty tolerating the opinions of others, getting along on committees, or accepting limits. Other mentally ill people may be on the periphery of the church – a churchgoer's spouse or child who is often the subject of prayer requests.”⁹ Too often people suffer when something could be done to assist them with the proper treatment and medication.

Ministry for those Dealing with Mental Illness

The leader of this ministry must be well trained to understand the difference between a person suffering from an evil spirit and someone who truly has a mental illness. “Some people are only confessing sin when they should be taking medication; others are blaming an illness when they should be confessing their sin. Demons are being cast out of schizophrenics who need medical treatment; people who need to challenge evil are put into mental hospitals and drugged to complacency.”¹⁰ In the United States one out of four families deal with mental illness, leaders need to know how to assist a person with a mental illness by knowing when, how, and who to refer the individual to should that be necessary.

“The numbers of single-parent and fatherless homes have increased. And with the poor economy, two incomes are no longer a luxury but a necessity just for most families to stay afloat.”¹¹ Due to these changes families do not have the closeness that they once had and the

⁹ Clinton and Hawkins, *Biblical Counseling*, 163.

¹⁰ *Ibid.*, 164.

¹¹ Clinton and Straub, *God Attachment*, 51.

connections with the community does not exist as it once did. Neighbors do not spend time with each other because everyone seems to be busy trying to make ends meet. Children today now suffer with problems that at one time only adults suffered with. Some of these are drug abuse, anxiety, suicide, depression, and specific disorders. The University of Dartmouth Medical School conducted a study to find the link between how society has changed and the problems children now deal with. The study discovered that what is missing is connecting through relationship.

John Hopkins Medical School also put together a research team. Their study found that mental illness, suicide, and several other problems had a specific connection. “After studying 1,377 people over a thirty-year period, the single common denominator was not diet or exercise. Not at all. They found instead that the most significant predictor of these five calamities was a lack of closeness to the parents, especially the father.”¹²

This information gives the church another opportunity to reach out to families and minister to the needs by helping to show members of families the importance of having a close relationship and how to improve their relationship

“The power is found in connection, that profound meeting when the truest part of one soul meets the emptiest recesses in another and finds something there, when life passes from one to the other. When that happens, the giver is left more full than before and the receiver less terrified, eventually eager, to experience even deeper, more mutual connection.”¹³

II Corinthians 4:16-18 states, “Therefore we do not lose heart. Though outwardly we are wasting away, yet inwardly we are being renewed day by day, for our light and momentary

¹² Ibid., 53.

¹³ Crabb, *Connecting*, 31.

troubles are achieving for us an eternal glory that far outweighs them all. So we fix our eyes not on what is seen, but on what is unseen. For what is seen is temporary, but what is unseen is eternal.” Families that deal with a loved one who has a mental illness endure a lot of stress, heartache, and often disappointment. The individual suffering with the illness may at some point have a desire to give up on life. A support ministry should be available to listen and pray with the family and the suffering individual to hold to their faith in God.

“NAMI, the National Alliance on Mental Illness, is the nation’s largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. NAMI advocates for access to services, treatment, supports and research and is steadfast in its commitment to raising awareness and building a community of hope for all of those in need.”¹⁴ The Body of Christ must accept the duty to encourage others through difficult times. NAMI provides a tremendous amount of information on mental illnesses, forms necessary when being admitted to a hospital, treatments, diets that help with mental illness, etc. Having this information available for members of the church and the community would be a great help. Every member of the church will be strengthened when those who face hardship are blessed by the prayers and togetherness that is shared. Research show that relationships are key to the healing from mental illnesses.

“After a half century of research, it’s still difficult to demonstrate that one brand of psychotherapy is superior to another. There are a multitude of horse races, but no champions. Yet research consistently shows that the quality of a therapeutic relationship makes a major contribution to treatment outcome.”¹⁵

¹⁴ NAMI, *Advocate*.

¹⁵ NAMI, *Together We Can Make a Difference*, 2013 National Convention, Summer 2013, 5.

The National Alliance on Mental Illness has had many well-known individuals come to speak on how mental illness has touched them. These speakers assist in helping the organization remain current when it comes to what and how families are touched by mental illness. The organization also welcomes stories from those who would share their experiences and their triumphs dealing with a mental disorder or a family member suffering with a mental disorder. This type of information shared within the ministry will help those dealing with a mental illness understand that they are not alone.

“NAMI Ending the Silence (ETS) was launched in October 2013 to inform teens about the signs and symptoms of mental illness and to help combat the stigma and end the silence around mental health issues in this age group. The program sends presenters into classrooms in high schools across the country.”¹⁶ One topic that is not unaddressed enough is how children and teens are affected by mental illness. Church support ministry should have an “Ending the Silence” presenter from NAMI speak to the congregation to help teens with the stigma they face dealing with mental illness.

Pathways to Promise, is an interfaith organization that provides a wealth of information on what would be a tremendous help to any church or organization. It was created by fourteen mental health and faith groups attempting to reach the community with information to help the families and those suffering with mental illness. They pride themselves in being a great resource center. With their material they share information on several topics.

Understanding Denial

Realizing the fact that a loved one has a mental disorder is very hard for family members to accept. “When mental illness first strikes, family members may deny the person has a

¹⁶ NAMI, New NAMI Program for High School Students: Ending the Silence, Winter 2014, 5.

continuing illness. During the acute episode the family members will be alarmed by what is happening to their loved one. When the episode is over and the family member returns home, everyone will feel a tremendous sense of relief.”¹⁷ The individual suffering with the mental illness as well as their family would like to put the experience behind them.

Understanding Stigma

Families do all in their power to protect their loved ones from behavior or statements from people who do not understand their mental illness. “Even when all members of the family have the knowledge to deal with mental illness, the family is often reluctant to discuss their family member with others because they do not know how people will react. After all, myths and misconceptions surround mental illness. For many, even their closest friends may not understand.”¹⁸ Churches should work diligently to eliminate the stigma associated with mental illness.

Reaching out to Families

There is a desperate need for the church and community to reach out to families. Many people who have a family member who suffers with a mental illness desire to share their feelings with someone they can trust and usually they cannot afford a counselor or think they would not be necessary.

Concern for daily living, concerns about the future and distress about the past strike each family member in different ways. Guilt, anger, fear, confusion and exhaustion are emotions associated with living with such illnesses. Every person displays such feelings in unique and differing ways. What is important to remember is that either separately or in a group, each family member who wishes to share their concerns and spiritual distress should be able to do so.¹⁹

¹⁷ Pathway to Promise, “Working with the Family,” (St. Louis, MO 1999).

¹⁸ Pathway to Promise, “Understanding Stigma.”

¹⁹ Pathway to Promise, “Reaching Out to Families.”

What to do in a Crisis Situation

“The pastor, congregation, staff, ushers, etc. should be prepared to deal with a crisis with a person who has a mental illness just as they are prepared to deal with a crisis if someone has a seizure, a heart attack, has difficulties with diabetes, etc. When a crisis occurs because of the person’s behavior or actions, it is critical to take action.”²⁰ If the situation is not handled immediately and carefully it could result in damage being done to the ill person and maybe others. Pathways to Promise’s crisis center has a twenty-four hour National Suicide Prevention Lifeline that provides counseling.

Pastors, in addition to the church ministry leaders, must have knowledge of mental disorders. “Despite being so often sought out, many clergy members feel inadequate to properly counsel their parishioners. In fact, they refer less than 10% of their clients to a mental health care professional. For this reason it is imperative that pastors are educated about the biological aspects of mental disorders, how to recognize a mental disorder in a counselee, and how to properly give that individual advice or refer that person to an appropriate mental health care.”²¹

During research for this project another resource discovered to help prepare leaders for ministering to the mentally ill was a one day workshop called “Mental Health First Aid.” Attending this workshop were persons who work with agencies that service the mentally ill as well as church leaders. The class instructed participants on how to identify the behavior when a

²⁰ Pathway to Promise, “What to do in a Crisis situation.”

²¹ Mike Ferguson, “Are Ministers Being Trained to Deal with the Mentally Ill?” *Mental Health First Aid*, September 9, 2013.

person is having a mental disorder episode. “Many factors contribute to recovery. These can include support of family and friends, availability of treatments, and getting early and appropriate treatment.”²² The sooner an individual gets medical assistance the better the outcome will be.

After defining mental health and discussing the problems that are faced in the United States the instructor proceeded to describe the different national resources that are available. The next discussion was on the necessity for a workshop on mental health first aid. Contact is made every day with people who suffer with some form of mental illness, often they do not know they have an illness or are refusing to accept the fact. Those who come face to face with persons needing mental health must be aware of the signs of these particular illnesses in order to deal appropriately them.

Anyone trained in first aid understands what must be done to combat what could eventually become a tragedy. So it is with mental illnesses. If a person providing a service has some knowledge of the signs of a particular mental illness and what is necessary to bring about control or calm chances are things will run smoothly. When a problem occurs there may not be a professional available to take control of the situation; therefore, it is important for those around to be knowledgeable of what needs to be done. It is important to remain calm and to listen.

Since there are different types of mental illness there are also different behaviors and signs that someone may be having when an episode is present. The same behavior may occur for more than one mental disorder, but being able to recognize that an event is happening and knowing what to do with or for the person is half the battle. “It is important not to ignore symptoms or assume that they will just go away. It is also important not to lie or make excuses

²² *Mental Health First Aid USA* by permission of Betty Kitchener and Anthony Jorm, (Lutherville, MD: Mental Health Association of Maryland, 2013), 6.

for the person's behavior, as this may delay getting assistance."²³

As was discussed earlier, some of the more familiar or recognizable mental disorders are: attention deficit hyperactive disorder, depression, schizophrenia, anxiety disorder, bipolar disorder, dementia, hallucination, and retardation. With each or any of these disorders there are very important things to remember. In addition to listening well and staying calm those assisting must try getting the person to be calm by asking them to take a deep breath. If the problem seems to get out of hand it is important to remember to call the professionals and allow them to handle things.

"Mental Health First Aid is the help offered to a person developing a mental health problem or experiencing a mental health crisis. The first aid is given until appropriate treatment and support are received or until the crisis resolves."²⁴ The person affected with the mental disorder or having a crisis may be a child, a senior, or someone who cannot speak. Every effort should be made to assist the individual and when necessary the workshop encouraged a call to the authorities.

The workshop was open to anyone for a small fee. Each church should have at least one church leader attend this workshop before the ministry starts.

One additional program discovered during research is known as Special Religious Development (SPRED) and is specifically designed for individuals with developmental and intellectual disabilities. SPRED is set up to reach children age six to adults. Groups are in the following age bracket: children ages 6-10 years old, adolescents 11-16 years old, young adults ages 17-21 years old, and adults ages 22 and older.

SPRED invites people to volunteer who have a passion and willingness to work with those

²³ Mental Health first Aid USA, 13.

²⁴ Ibid., 12.

who are developmentally and intellectually disable. The volunteers are trained and are then assigned to be a one-on-one friend of a participant. The group is kept small, around ten persons, so that there can be a one-on-one contact. The goal of the program is to help these individuals develop a sense of worship, a sense of Christ, and a sense of God. The process helps the participants have a sense of communing with Jesus Christ.

As they come together, participants and their assigned friends sit together at a table where the participant works on a craft. This activity is used to help calm the participants down and help them prepare for a worship service. After a set amount of time the participants put their projects away and everyone will gather for worship. The minister, usually while soft music is playing in the background, will first acknowledge those present, read scripture, and then share a short message.

While the worship service is taking place helpers are preparing the activity area for a meal. At the end of the service the participants their assigned friends will sit together and have a meal. This type of service fits well with the New Testament scriptures teaching us to serve and love others. Galatians 6:9-10 says, "Let us not become weary in doing good, for at the proper time we will reap a harvest if we do not give up. Therefore, as we have opportunity, let us do good to all people, especially to those who belong to the family of believers."

There are several steps to take as the church prepares to have a ministry for the mentally ill. Everyone must understand that confidentiality is stressed and maintain two separate ministries. One ministry should be for the person suffering with the mental illness. This one would include a family member attending along with them. The second ministry should be for the family member or members who care for the mentally ill person. This ministry gives the family member(s) an opportunity to share their feelings and receive information that would be helpful in the care of the

ill loved one and the family.

Whenever a family member shows signs of being violent be sure to ask the following questions:

Questions to “Rule Out

1. Has your family member ever been violent?
2. Does he (she) have access to weapons?
3. Has he (she) ever expressed feeling threatened?
4. Does your family member seem despondent?
5. Has he (she) attempted suicide?
6. (If a women) Has she recently had a baby?
7. Who could be endangered if this person becomes violent?”²⁵

Several things must happen to have a ministry that will assist individuals dealing with mental illness: the leaders must be trained in how to minister to the mentally ill, they must know how to comfort and support the family, and they should have knowledge of resources, including a Christian counselor that would be helpful. A trained counselor would have the knowledge necessary to refer a person to a specialist, and the trained counselor or therapist will monitor the care the person receives and encourages the person to continue with their therapy. “As the relationship with your therapist progresses, you will find many opportunities to facilitate your own improvement. In most cases, one or two visits won’t fix your problem, so you’ll need follow-up appointments. Be sure to keep them.”²⁶

Beyond the Walls of the Church

An even greater step the church must take is to address the closing of mental health facilities. On October 13, 1963 John F. Kennedy signed the Community Mental Health Act. The purpose of it was to change how those suffering with a mental illness were treated. He expected

²⁵ Clinton and Hawkins, *Biblical Counseling*, 164.

²⁶ Morrison, *Your Mental Health*, 38.

1,500 centers to be built. Unfortunately, only half of them were built and those that were built were not funded. Many of the mentally ill were let out into the street with the assumption that family would take care of them. Families not only experience financial hardship when they care for their mentally ill loved ones, but they do not have the knowledge needed to give them the proper medical care. The results of the lack of mental health care in our country are becoming more apparent.

“Recent deadly mass shootings, including at the Washington Navy Yard and a Colorado movie theater, have been perpetrated by men who were apparently treated for serious mental illnesses. Those tragedies have focused public attention on the mental health system and made clear that Kennedy’s vision was never fully realized.”²⁷

Many politicians visit churches, asking for support, when they are running for office. Congregations must speak up and impress upon public officials how important it is that mental hospitals and facilities are provided for those in the church and in the community who suffer with mental disorders. Due to the lack of funds, hospitals for the mentally ill have closed all over the country. Too many jail are housing the mentally ill, but the jail is not equipped to provide these individuals with the help needed to get better and reenter society.

Vice President Joe Biden announced on the one year anniversary of the Sandy Hook shooting that the government would provide \$100 million to help the countries mental health services. “So the administration will spend \$50 million from its Health and Human Services budget to help community health centers hire more mental health professionals and provide more services and another \$50 million from the Agriculture Department budget to improve

²⁷ Smith, “John F. Kennedy’s Vision for Mental Health” *Huffington Post*.

mental health facilities in rural areas, the White House said.”²⁸

Families are searching for ways to handle their mentally ill loved ones. Sometimes those with mental illnesses become violent especially if their illness causes them to hear voices. Family members worry about the ill loved one as well as stand in fear for the family members in the home. Once the affected person becomes an adult privacy laws keep many families from getting desperately needed help. This writer attempted to get help for her daughter who was diagnosed as paranoid schizophrenic the daughter refused to go along with the mom becoming her legal guardian because she understood it meant her mom could have her admitted to the hospitals when she stopped her medication or suffered an episode.

While attending a group meeting for parents of mentally ill individuals one father of a mentally ill son shared his story of the only way he knew to get his son the treatment he needed. The father said when his son refused to take medication the dad would deliberately agitate his son. Once he was upset and out of control the dad would then call the police because he knew they would take the son to the hospital. There should be a better way to handle family problems relating to situations with the mentally ill.

Pastor Alyn Waller sang the song “This Must Be the Place.” It states, “Souls on the streets addicted to sin, selling themselves to survive, not understanding the hope they could find in a place where God’s love is alive. They doubt the church would have the answers necessary, and fear they’d find rejection rather than sanctuary. This must be the place where the broken heart can mend, this must be the place where the outcast finds a friend.”²⁹

Years ago the church was the place that people felt they could go for help and truly find a listening ear, a shoulder to lean on, and a friendly hand to hold. Today families have so much to

²⁸ Mason and Rampton, “Biden Announces Mental health Push,” 1.

²⁹ Waller, “This Must Be the Place.”

deal with and usually are at a distance from their immediate family members. There was a time when a person could visit their extended family, sit and share what troubled them and leave feeling better. It was as if they visited a loving, friendly, counselor without the cost.

Churches, if they have drifted away from God's plan, must return to be the place where people can come and truly feel and receive God's love. People must be able to realize that there is hope for their lives. Whatever doubt they may have had about the church, people of faith must help to erase that doubt and show hurting people that there is a better way and God is waiting to help them overcome.

Another part of Pastor Waller's song states, "There must be a point where shame meets grace and the church must be the arms of God reaching out to bring them in regardless of their circumstances regardless of their sins."³⁰ People need to know that Christians truly care, not just in words but from their heart with the love of God. Those who come and are dealing with mental illnesses will be very thankful to know the church has a ministry to help them with something that is a burden on the family. Regardless of what people are dealing with they must know the church is a place 'where shame meets grace.' The church 'must be the place'.

If not the church, where? Matthew 11:28 says, "Come to me, all you who are weary and burdened, and I will give you rest." The only stipulation on coming is to be "weary" and "burdened". Families who deal with mental illness are definitely weary and burdened. A ministry in place to meet the special needs of families would also be a blessing to the community.

Remember those earlier days after you had received the light, when you stood your ground in a great contest in the face of suffering. Sometimes you were publicly exposed to insult and persecution; at other times you stood side by side with those who were so treated. You sympathized with those in prison and joyfully accepted the confiscation of your property, because you knew that you yourselves had better and lasting possessions. So do not throw away your

³⁰ Ibid.

confidence; it will be richly rewarded. You need to persevere so that when you have done the will of God, you will receive what he has promised. (Hebrew 10:32-36)

Church leaders and ministry members must remember that no matter what it takes to be of assistance to those dealing with mental illness God sees all the efforts and will reward them.

Charts

Table 2³¹ - shows truly unfortunate results of reasons why there are so many people walking around with untreated mental illnesses. When fifty percent of those who need mental health do not get it because they cannot afford it and added to that number are more people with excuses that could be overcome. This is defiantly a problem the church needs to address. Facilities and funds must be made available along with counseling. Living in poverty and seeing no way out can certainly cause a person to be depressed. When the depression is not addressed or resolved many other problems come to light.

Table 3³² - Media must Change how Mentally Ill are viewed. The information on this chart is staggering. Listening to the news causes the general population to believe there are large numbers of mentally ill people walking around looking for someone to attack. The reports do not highlight those who may be taking their medication and being an asset to society. People don't hear that there is a 1 in 88 chance that they would be killed by a car and a 1 in 14,300,000 chance that they would be murdered by a person suffering from schizophrenia. According to the chart a person is eight times more likely to be robbed by the general population than by a mentally ill person, fifteen times more likely to be assaulted, and twenty three times more likely to be raped.

³¹ See: <http://thinkprogress.org/health/2013/01/24/1489091/americans-just-cant-afford-mental-health>

³² See: <http://www.dailykos.com/story/2013/09/27/1241725/-Theother-closet-living-with-the-stigma-of-mental-illness>

It is a disgrace that sixty percent of television characters portrayed as having a mental illness were shown to be involved in a crime or in violence. Maybe one day someone will speak up and turn this awful stereo type around.

Table 4³³ - If many ailments come about due to a poor relationship with one's family and especially the father it would seem the solution to many sicknesses would be to improve family relationships. This is something the church could be instrumental in doing. There is nothing that says why the males in the study received more mental health service. Since the twelve to fifteen year olds were 90% more likely than the eight to eleven year olds to receive mental health service the conclusion could be the lack of male interaction.

³³ See: [http://www.google.com/search?q=mental+health+service+use+for+children+\(8-15+years\)-+chart&rlz=1T4TSNP-enus465us465&biw=1024](http://www.google.com/search?q=mental+health+service+use+for+children+(8-15+years)-+chart&rlz=1T4TSNP-enus465us465&biw=1024)

Conclusion

Even though there has been a great deal of research and study when it comes to mental illness there is still not a lot known about the subject. Mental illness is very destructive and has been misunderstood for years. “Scientists do not know exactly what causes mental illness. Like cancer, mental illness can strike anyone and has a variety of causes. Scientists are certain that genetic vulnerability plays a role in many mental illnesses, since the risk of becoming ill is greater if you have a close relative who suffers from depression, bipolar illness, schizophrenia, anxiety, or alcoholism, among others.”¹

Many people bring a loved one, who is suffering with a mental illness, to the church for prayer and afterward they do nothing to assist the person with medical care. People come for prayer when they have cancer but they still visit their doctor and take their medicine. No one looks down on that behavior so why is there such a different attitude when the person is suffering with a mental illness? This writer’s daughter was so concerned about there being a record of her having a mental disorder that she pleaded with her mother to try and have her records destroyed.

Members of the Black church have heard the words “demon possessed” so much that it seems to be drilled into their consciousness. When those who have a mental illness are labeled as being demon possessed it causes many of them to hide their illness. Some of them would get medical assistance but they do not for fear of persecution. “Religious people and environments give misleading and distorted answers to the most important relational questions we instinctively ask: ‘Am I worthy of love?’ and ‘Are others capable of loving me?’ All of us desperately need good and true answers to those questions. Empty religion and self-improvement programs can’t

¹ Hicks, *50 Signs*, 2.

provide the emotional connection we long to experience.”² During biblical times there was no one making a diagnosis, so no matter what the disorder was it was known as demon possession or an evil spirit. There are so many wonderful advances in medicine and, in cases of physical illnesses people seem to gladly accept the results of research without question. Why then are some people stuck when it comes to mental illness?

Even those who accept the results of research in the area of mental illness still have problems. Those who suffer are from families who pray for healing as well as those who do not, rich or poor, educated or not, black or white, old or young. The news of people taking their lives because of the pain of mental illness is staggering. Even with a doctor’s care and medication, these illnesses still cause much pain in families; so why would the church heap on more pain. The obvious answer is a lack of understanding or resistance to accept a new way of comprehending the scriptures. Church leader must make a point of helping the congregation understand that prayer is important and accepting God’s will is also something everyone must do.

This writer and family members spent years fasting and praying for their daughter to be healed of her mental illness. Many times words of encouragement from the church members were met with resentment. It is not always easy when the minister has to show strength when life is very painful. God comes through and gives what is needed to press on. Isaiah 26:3 says, “You will keep in perfect peace him whose mind is steadfast, because he trusts in you.”

Making a decision to share a struggle with mental illness is not easy:

It’s often said that we lose our dignity in hospitals. What is meant, I presume, is that a higher priority is placed on identifying the battle raging in our bodies than on preserving our right to physical privacy. But maybe there is a dignity we ought to lose. Maybe in community we should worry less about personal privacy than about knowing the battles

² Clinton and Straub, *God Attachment*, 136.

we are each fighting so we can join in the fray.³

Being obedient to the Spirit when led to share what the family was facing with their daughter turned out to be a blessing for this writer and others. A couple of individuals stated that they were also faced with caring for a family member with a mental illness.

The news media as well as producers of movies and television do an injustice to those who suffer with a mental illness. How those dealing with the mental illness are portrayed hurts not only the sufferer but also the family members. Many people reached out to this writer and to the writer's daughter. If their love could have made everything right it would have happened. She was loved by mom, dad, brother, sister, extended family and the church family. It was also clear that God loved her.

For most of her teen years the thought was that she was just a rebellious teenager. It was one doctor after another and one medicine after another. Thinking back to when she was five-years-old the question on this writer's mind is, "Would it have helped or been possible to diagnosis a small child with paranoid schizophrenia?" The behavior then showed the traits of paranoia.

During a day of despair the writer's husband told her that she must always have hope. Romans 8:24-26 "In hope we were saved. Now hope that is seen is not hope. For who hopes for what is seen? But if we hope for what we do not see, we wait for it with patience. Likewise the Spirit helps us in our weakness; for we do not know how to pray as we ought, but that very Spirit intercedes with sighs too deep for words." Often the entire family finds itself so involved in the care for the mentally ill person that it is hard for them to encourage each other to stay with the struggle. "It's time for the church to enter the real battle going on in our souls. Many are already engaged. Here and there, priorities are shifting from providing inspirational Sunday morning

³ Crabb, *Connecting*, 145.

services to leading the people of God in true worship, from offering to smorgasbord of programs that keep everyone happily involved to entering the struggles people are having in their longing to know God well.”⁴

As the church plans to address the issue of mental illness, and it must, there needs to be a thought of urgency with caution and not a thought of fear or resentment. News shows very often broadcast news of mentally ill individuals in ways that cause people to fear even the thought of being around a mentally ill person. What most do not realize is that they are around mentally ill people every day and do not know it.

Vice President Biden announced a 100 million dollar increase in funds for mental health. Fifty million is to go to mental health services and 50 million is to go toward mental health facilities. The church must speak up and help make this, John F. Kennedy’s dream, a reality. There are many organization and resources available to help churches put a ministry in place to help families endure the struggles they deal with every day.

The church must address the needs of the people and one of the greatest needs today deals with relationship. Mental illness is hurting families and how the church responds is very important. Pastors and church leaders should get training so they know how to relate to those who come with a mental disorder. The church should have resources that will help families deal with the daily struggles of caring for a mentally ill family member. There should also be a ministry in place in the church to help relieve the stress that comes with being a care giver.

Hebrew 6:10 “God is not unjust; He will not forget your work and the love you have shown Him as you have helped his people and continue to help them.”

The church should not turn a deaf ear to this problem thinking someone else will step up and take care of it. The church has a great voice that needs to be heard, but too often there is no

⁴ Crabb, 150.

concern for a problem if it does not hit close to home. Bishop T. D. Jakes shared his thoughts with the Christian Post Reporter after the Connecticut school shooting. “We all are mutually responsible to make sure our brothers are well taken care of and definitely that our children are kept safe.”⁵

This country has endured several devastating shootings at the hands of persons who had been diagnosed with a mental illness. In the Columbine High School shooting a psychiatrist stated that one young man, Eric Klebold, was hurting on the inside and the other student, Harris, wanted to hurt people. He was defined as a psychopath. Seung Hui Cho in the Virginia Tech shooting was a student who had been diagnosed with major depression. When he showed improvement the medication was stopped by his doctor. Adam Lanza in the Sandy Hook shooting had several problems, but one was obsessive-compulsive behavior.

This writer was troubled by the fact that her daughter could get her medication once a month without anyone checking to make sure she was really taking it. She would get the prescription so that people would believe it was taken and no one would question her. Mentally ill persons are very intelligent and, like anyone else with an illness, they often know what is best for them but will not always do it. When these individuals become adults, their families, cannot force doctors to question or examine them for proof that they are remaining on their medication, no matter how much the family may wish to intervene. Families have no recourse when they see their loved ones making poor decisions for their mental health.

Sometimes the problem is not that the mentally ill individuals harm others; it may be that they end their own life. Reverend Doctor Otis Moss, pastor of Trinity United Church of Christ in Chicago, IL, is associated with The National Alliance on Mental Illness. His sister, Daphne, at the age of thirty-three, ended her life after suffering with paranoid schizophrenia. Pastor Rick

⁵ Weber, “We Are Our Brother’s Keeper.”

Warren's son Matthew, at the age of twenty-seven, ended his life after struggling with a mental illness. Lee Thompson Young, Disney's "Jett Jackson" ended his life after suffering with bipolar disorder.

During last year's Southern Baptist Convention in Houston Pastor Frank Page shared the struggle he dealt with. He talked about how his daughter's suicide affected his family:

There are some people who feel ashamed when they suffer depression, or some kind of mental or emotional struggle ... We're encouraging churches to provide ministries, like support groups, to be there for people so that they're able to be honest in the church setting. So we encourage people to be the body of Christ, and that means an openness to those who are strong, those who are weak, and those who are hurting. The truth is, we all hurt at some time or another."⁶

Mental illness for many who suffer from it appears just when an individual is working hard trying to build their career. "For too many of us, mental illness will be persistent and result in much anguish and disability, undermining our potential as individuals and members of society. Mental illness represents a major source of disability in modern society and has the most profound economic impact, largely because of when mental illness often manifests itself."⁷

The struggle can at times cause a person to feel powerless. "People who link such feelings of powerlessness to agencies and systems are people who are usually facing seemingly unbeatable odds and a long 'uphill battle' to fight in order to overcome the odds. Usually the situations in which they find themselves are not entirely of their own making. Powerless for many is like a long, deep valley in which they are walking."⁸

⁶ Barnhart, "Suicide, Mental Health at Forefront of," 2.

⁷ Patrick McGorry, "More Complete and Lasting Mental Health Recovery," *NAMI*, Winter 2014, 19.

⁸ Urban Ministries, *God's Power to Help Hurting People* (United States of America: The African American Christian Publishing and Communications Company, 2003), 96.

As the ministry of the church works to help assist and comfort families dealing with mental illness the needs outside the four walls of the church are also great. “So what happens to people in need of mental health care when they’ve done their time and are dismissed?”⁹ Many are incarcerated due to behavior resulting from their mental illness and then find themselves back on the street with no place to go. Better arrangements should be made when facilities release a person who suffers with a mental illness. “It has been documented that many individuals living with serious mental illness may experience cycles of hospitalization. In addition, some individuals may also incur jail sentences and/or homeless, which impacts them, their families and their communities.”¹⁰ They return to the feeding and clothing programs offered by the church and that is a blessing, but there has to be more to be done for them.

This writer is responsible for the feeding and clothing program at the church and even though she does not know all of the people who come by name, they are missed when several weeks go by and they are not there. One man who had not been there for a couple of months came back and shared that he had been in jail. He suffers with schizophrenia and one day he asked this writer if she knew when Jesus was coming back. She said no and asked him why. He said he wanted to ask Him why his mind did not work right all the time. This brought tears to the eyes of this writer.

Realizing that much of the illnesses that people suffer are due to poor relationships, especially with the father the goal of the church should also be to improve family relationships. The Word of God tells us in I Thessalonians 5:11, “Therefore encourage one another and build

⁹ NPR Staff, “Role of Jails,” 2013, 3.

¹⁰ CONNECT4Mental Illness, “Consensus Statement,” (Rockville, MD: Otsuka America Pharmaceutical, Inc., 2013), 1.

each other up, just as in fact you are doing.” It is the duty of the church to pray for, encourage, and set an example for those who come.

“Young people and their families who are distressed or struggling can find a listening ear, support and skilled multidisciplinary professional help through what is essentially a blend of enhanced primary care in a one-stop-shop, youth-cultural environment. An evidence base and new expertise is being developed along with a process similar to the early psychosis reforms experienced a decade ago.”¹¹

The church has ministries that mentor young men and young women and it also has a marriage enrichment ministry. Too often churches will start such a ministry, be excited about it for a while and then it becomes just a date on the church calendar. God has asked us to be faithful. He rewards faithfulness. A wonderful earthly reward would be to see families healing and doing well. “A godly vision lets us ignore lots of problems that a selfish vision requires us to focus on. We need to think vision not problems. And we need to think godly vision not selfish vision.”¹²

Mental illness is a big problem but as the Word of God came to Jeremiah in Jeremiah 32:27, “I am the Lord, the God of all mankind, ‘Is anything too hard for me?’” As Pastor Waller’s song, “This Must Be the Place” states, the church represents the arms of God reaching out to bring people in. They will be strengthened by the testimonies of people of faith. It is imperative that the people of God express to the world that faith in God gives strength and power to all who trust in Him.

¹¹ Patrick McGorry, “More Complete and Lasting Mental Health Recovery” *NAMI Advocate*, Winter 2014.

¹² Crabb, *Connecting*, 162.

“We must remain vigilant as we move forward, learning from our past mistakes and forgiving ourselves for yesterday’s failures. We must remain true to ourselves and our heart’s dreams, never settling for less than our full potential.”¹³ Parents have dreams for their children and in the process of trying to help them parents sometimes make mistakes. This writer several times had to forgive herself that while trying to do what was best for their daughter found that what was done for her may not have been the best thing.

This journey with this daughter was not easy. Each day was a struggle, but knowing God was always there gave strength for the journey. There have been so many questions. What else could have been done? Would a different approach have worked if some other way of dealing with her had been tried? What was God’s purpose in allowing this to happen? This minister who is also a mom, a wife, a sister, and a grandmother must deal with depression without upsetting the family. “Each of us will experience moments that are far more important than all the others. In these moments we will say or do something because such behavior has become second nature to us. But the consequences will be drastically different. This one act may become a permanent snapshot of our lives that we will be unable to erase. When others look at us, that action, those words, that one moment, will dominate their thoughts. It will become our defining moment.”¹⁴

“In your own defining moment, what are you willing to risk?”¹⁵ After making the decision to perform their daughter’s funeral service funeral this writer wondered what people would think. Would they think the family was not grieving or did not care about this daughter? They made the decision to ask God for the strength to perform the service because they knew no

¹³ T. D. Jakes, *Reposition Yourself*, (New York: Atria Books, 2007), 273.

¹⁴ Schaeffer, *Defining Moments*, 7.

¹⁵ *Ibid.*, 118.

one knew this daughter as they knew her and no one loved her and cared about as they did. “God has not promised that you will not go through hardship, neither has He promised that you will not experience adversity. But listen to what He says: When you pass through the waters, I will be with you. When you go through the flood, I’ll be there.”¹⁶ What was discovered after the service was that people saw the strength that they had and knew that God was with them. Many commented on what a wonderful service it was.

A ministry to help those dealing with mental illness would be a blessing for the church and the people of God. It eventually will become a blessing for the community. People are hurting even if they are not suffering with a mental illness. Often they do not want to talk with the pastor because they feel it is too trivial but really need to share in confidence what they are going through with someone they can trust. The church leader will be able to determine if the person should speak with the pastor, be referred to a professional, or have the situation resolved with prayer.

“The church needs healed and delivered Christians who are willing to be used by God to bless others. God is looking for people who have enough compassion to stop and ask, ‘How are you today?’ and then stay long enough to hear the answer.”¹⁷

The survey that was done indicated a definite need for a ministry that could be supportive to families dealing with mental illness and the struggles that go along with the illness. Many individuals were happy to know that the church was investigating mental illness and how families are holding up under the pressures that go along with this illness. The survey also revealed that members who dealt with problems resulting from mental disorders had not shared these facts with the church.

¹⁶ Jakes, *Strength to Stand*, 25.

¹⁷ *Ibid.*, 105.

As the church prepares to go outside of the walls of the church, it should involve itself with organizations that are community-based. The job of the church is to bring the unsaved in but there is more that the church can do and must do. “We believe greater collaboration among the mental health community and other community-based organizations – such as emergency services, law enforcement and public housing – to develop localized approaches to address serious mental illness may help make a difference for individuals with these conditions and their families and also may positively impact the communities in which they live.”¹⁸

Those that are working to help persons with a mental illness and have been released from jail, those looking for housing, as well as those needing medication and/or counseling. The CONNECT4 Mental Health foundation encourages communities to get involved. “Our call for community action is two-fold:

1. For Community Leaders: Challenge members of your community, service organizations and other civic leaders to work together to implement local programs and services to help improve lives and communities.”¹⁹
2. “For individuals living with serious mental illness, their caregivers, friends, and loved ones and the public at large: Join the Connect4 Mental Illness initiative and advocate for change.”²⁰

Ministry leaders should discover locations and dates of meetings or rallies that discuss housing, insurance, hospitals, and services to be made available to families and individuals suffering with mental illness. Have a committee who is knowledgeable and available to attend

¹⁸ CONNECT4Mental Illness, 2.

¹⁹ CONNECT4 Mental Health, “Consensus Statement” Rockville, MD, Otsuka America Pharmaceutical, Inc. 2013, 2.

²⁰ Ibid., 3.

the meetings and willing to make recommendations and report their findings back to the church. The committee or individual should be willing to keep necessary documents available to persons needing assistance.

It is time for the church to take the blinders off, speak up, and seriously address the mental illness issues so many families face today. Churches must put every effort into helping to eliminate the stigma that causes so many individuals to remain silent instead of getting help. The heartache of dealing with a loved one with a mental disorder is hard enough, but when families have to struggle by not having the necessary resources and face the stigma that is present today the struggle is nearly unbearable.

Glossary

anxiety disorder. A state of intense, often disabling apprehension, uncertainty, and fear caused by the anticipation of something threatening.

dementia. The deterioration of intellectual faculties resulting from a disorder of the brain and often accompanied by emotional disturbance.

eating disorder. A potentially life-threatening neurotic condition, such as anorexia nervosa or bulimia.

hallucination. The false or distorted perception of objects or events with a compelling sense of their reality.

mania. A mental disorder that involves extreme optimism and excessive energy, often accompanied by uncontrollable irritability and anger.

manic depression. An affective disorder marked by alternating episodes of mania and depression.

mental retardation. having slow mental development

mood disorder. A mental illness in which people experience severe disturbances in their feelings and general state of mind.

obsession. A recurring thought that a person considers senseless or terrible but cannot ignore.

organic disorder. A mental illness which results from a physical cause, such as a birth defect, a disease, or an injury.

personality disorder. A condition characterized by patterns of thinking and behavior that create significant difficulties in relationship with other people.

phobia. A strong, unreasonable fear of a particular object or situation.

schizophrenia. A severe mental disorder characterized by unpredictable thoughts and behavior and a withdrawal from reality.

Appendix

Survey

Survey addressing the need for mental health assistance in the church

	YES	NO
1. Is the church you attend involved in community outreach programs that are committed to the mentally ill?	___	___
2. To your knowledge are the requested or identified emotional needs of members with mental disorders met by the church?	___	___
3. Are the supportive needs of families affected by mental illness met by the church?	___	___
4. Do you or a family member have a mental disorder?	___	___
5. Are you or a loved one receiving professional help for a mental disorder?	___	___
6. Does your church help mentally ill individuals feel comfortable being a part of the church family?	___	___
7. Does the church have a ministry to support those who suffer with a mental illness?	___	___
8. Is there a ministry in place to give support to family members?	___	___
9. Do you see the need to have someone available who is able to identify, understand, and respond to persons experiencing signs of mental illness?	___	___
10. Would information providing resources available to families affected by mental illness be beneficial?	___	___
11. Do you feel a need for more church dialogue on mental disorders, suicide, and/or early detection of a mental disorder?	___	___

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