

Resource Guide for Mental Health Sunday Worship Services



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Content in the guide is also available as separate pdf or Word files at **mhn-ucc.blogspot.com**

"People with mental problems are our neighbors. They are members of our congregations, members of our families; they are everywhere in this country. If we ignore their cries for help, we will be continuing to participate in the anguish from which those cries for help come. A problem of this magnitude will not go away. Because it will not go away, and because of our spiritual commitments, we are compelled to take action."

Rosalynn Carter



ntroduction

Dear UCC friends,

Who are those with a mental illness? We are your brother, your sister, the man across the street, the person next to you in the pew.

In a given year, one in every four people (26.2%, according to the National Institute on Mental Health) will be affected by substance abuse or a mental illness that is severe, moderate or mild.

Why widen the welcome to all? Jesus reached out to people who were marginalized, to those who were ostracized, and to those who were the outcasts in the eyes of society. The way of Jesus was comfort, not ridicule; it was love, not indifference; it was empathy, not hostility. The way of Jesus is our spiritual calling. It is the way we are to acknowledge and affirm the worth of everyone, especially those who are deemed less than, not enough, and not deserving of respect. Jesus' way is to overturn the customs that put the lowly down and to lift up those who have been shut out. It is our spiritual calling to follow Jesus that leads us to widen our welcome.

The United Church of Christ Mental Health Network invites you to highlight mental health awareness on the first Sunday in May. If this date does not work for you, we encourage you to find another Sunday that suits your schedule.

We see Mental Health Sunday as a way for your congregation to begin or to continue to provide education and support to your members around mental health challenges.

We encourage you to:

- Plan a Sunday with the theme:
 "Widen the Welcome: UCC for
 Mental Health"
- Use the worship resources and church bulletin insert collected in this resource guide and available as individual files on the Web at mhn-ucc.blogspot.com
- Explore the UCC kits (available at the URL above) for teaching your congregation about mental illnesses
- Pay particular attention to future UCC MHN emails regarding mental health concerns

Feel free to use the resources in this guide as they are or adapt them to meet the specific needs of your congregation. You can also develop your own resources, and if you do, we encourage you to share them with us so we can make them available to other congregations.

The UCC Mental Health Network intends to provide on-going resources and suggestions. We would gladly welcome your feedback, questions and stories about what you have done to focus on mental health in your congregation. Share these by emailing me at the address below.

Blessings,

Alan Johnson

Chair, UCC Mental Health Network Email: revalan2004@comcast.net

Alan Johnson

CALL TO WORSHIP

God calls us to love our neighbor as ourselves;
the one who is weak and the one who is strong,
the one who is happy and the one who is sad,
the one who is enjoying mental wellness today
and the one who is struggling with mental illness today,
the one whom we understand and the one we don't,
the one who is embraced and the one who is shunned,
the one who is like us and the one who is different.
Come, let us worship together!
We come, trusting God's abundant love!

PRAYER

O Holy God, we all live in communities where there are people whose lives are challenged by substance abuse, mental illness and brain disorders. The families of people living with serious mental health issues often feel overwhelmed and isolated by the many challenges these issues create. Holy One, create in us a tenderness to the needs of all, an openness to everyone's gifts, and a commitment to the struggle for justice. We offer this prayer in the name of the Risen Christ who makes all things new. Amen.

LITANY

Ask church staff or a volunteer to apply a colored sticker on every fourth bulletin prior to the service. As we begin the litany, each person who has a colored sticker is asked to rise in body or in spirit, as they are representative of the one in four(see box below) people in America who are affected by mental illness in a given year.

Leader: If you have a colored sticker on your bulletin, I invite you to rise in body or in spirit, as you represent the one in four people in America who are affected by substance abuse or a mental illness that is severe, moderate, or mild. We acknowledge that we are often uninformed about these issues and how they impact persons and their families.

Response (those who are seated): At times, because of our lack of knowledge and understanding, we find ourselves separated from our sisters and brothers with serious mental illness and substance abuse, as well as their families.

Response (those who have risen): We hope that God will help us all dispel ignorance and misinformation about substance abuse and the serious mental illnesses such as major depression, bipolar disorder, schizophrenia, panic disorder, post traumatic stress disorder, and obsessive compulsive disorder.

Leader: We pray that troubled minds and hearts, and broken lives and relationships might be healed.

Response (those who are seated): We pray that the cloud of stigma, labels, exclusion and marginalization might be dispelled for the sake of those touched by mental illness and substance abuse. Response (those who have risen): We pray that we may be containers of hope for persons and families living with mental health challenges. We pray also for better treatment, for steadier recovery, for greater opportunity to work and serve.

Leader: We live with gratitude for compassionate, dedicated caregivers and mental health professionals, for new discoveries in brain research and better medications.

All: O God, we seek the power of your Spirit, that we may live in fuller union with you, ourselves, and those living with mental health issues. Grant that we may gain courage to love and understand each other, as you love and understand us. Amen

Adapted by First Congregational Church,
Boulder, Colo., from prayers by
Susan Gregg Schroeder
found at
http://www.mentalhealthministries.net

Facts about the prevalence of mental illness

According to a study conducted by Harvard Medical School, 26% of adults in the U.S. have an anxiety, mood, impulse control, or substance disorder in a given year. Of those, 22% were classified as serious; 37%, moderate; and 40%, mild. You can read a summary of the study at http://www.ncbi.nlm.nih.gov/pubmed/15939839



SERMON STARTERS

"Coming Out of the Dark"

Isaiah 58: 8, 9 (Isaiah 58:1-12 – Ash Wednesday, Years A, B and C) John 1: 1-5 (John 1: 1-14 – Christmas Day, Years A, B and C) John 8: 12

The creation story from the first chapter of Genesis tells of God creating light out of the darkness. Light is a symbol of hope and new life throughout our sacred scriptures. The Gospel of John proclaims, "The light shines in the darkness, and the darkness did not overcome it." (John 1:5) The foundation of our faith is God's victory over darkness and the ultimate triumph of light. Darkness can be terrifying for those experiencing mental illness. But love comes out of the darkness and this love gradually draws us back into the light of this world. For persons experiencing a mental illness, we can be instruments of God's love by extending care, compassion and hope to those in the grip of darkness and despair.

"Mental Illness and Families of Faith" Luke 15: 1-10 (Proper 19, Year C)

When mental illness strikes in young adulthood, families of faith often tell how they experience being "lost" from their faith communities much as the lost son, the lost sheep, or the lost coin in these parables. Jesus' parables image the housewife leaving nothing undisturbed to find the lost coin, and the shepherd risking the entire flock to find the lost sheep. The parables set an example of how we care for persons with a mental illness and their families. They lead us away from our impulse to blame those who are struggling and to focus instead on acceptance and support. When we surround them with our love and care, everyone can celebrate a time of healing and recovery in the family of faith.

"Understanding Depression"

1 Kings 19: 1-16a (Proper 7, Year C)

After a dramatic showdown with the priests of Baal on Mt. Carmel, in which Elijah was victorious, Queen Jezebel, sympathetic to Baal worship, threatened Elijah's life. Elijah left his servant and fled to the desert where he took refuge under a broom tree. He wished he would die. Instead of gathering his friends around him for support, he isolated himself. Elijah was experiencing many of the symptoms of depression, which are still so very common today, such as lack of sleep, physical exhaustion, feeling rejected and worthless, isolation and irrational negative thoughts about his own death. An angel of the Lord ministered to Elijah until he was ready to return to his community.

"Addiction and Depression"

John 4: 7-30 (Lent 3, Year A)

In the story of the Samaritan woman, Jesus asks for water from an outcast woman - a woman who has had five husbands and is living with still another. Jesus boldly initiates a conversation with the woman at the well, knowing the cultural taboos of a man speaking to a woman and a Jew addressing a Samaritan. Their lengthy conversation centers on the theme of "living water," which Jesus promises to the woman. Persons struggling with addictions that are often brought on by mental illnesses such as depression, also thirst for "living water." Jesus did not dwell on the Samaritan woman's past. Rather he showed us how faith communities can initiate a relationship with those struggling with these illnesses. Jesus clearly understood that all persons of faith, and especially those who are separated from their faith community for whatever reason, need to be offered a drink from the deep well of

Sermon Starters

"living water" so they may find the gift of new life.

"Teenage Depression and Suicide"Luke 15: 11-32 The Prodigal Son (Lent 4, Year C)

When young adults have a mental illness they often feel lost and abandoned by family, friends and church. Parents need to realize that young people make mistakes because they are young and sometimes because their judgment is impaired by a mental illness. Most, like the prodigal son, come home. If they don't seem to be headed in this direction, parents need to know the signs and not be afraid to intervene. Seeking professional help is not a sign of weakness, but a sign of strength. The church can play a vital role in educating the congregation so the church can be a safe, supportive community for youth and families struggling with these issues.

"Mental Illness and Older Adults" 1 Samuel 16: 14-23

The young David is introduced to the troubled King Saul who is tormented by "an evil spirit from the Lord." David's provides soothing music for the troubled king. But, more importantly, he is caring and compassionate even in the face of Saul's terrible rages. Too often we try to explain behaviors we do not understand by labeling as an "evil spirit" or as a punishment from God. Medical science has taught us much about illnesses of the brain. Modern researchers have theorized that Saul suffered from a mental illness. As people of faith, we are called to share God's love and compassion with those who are hurting. We can and should be instruments of healing and comfort to those we know are suffering from a mental illness through no fault of their own, just as David was an instrument of healing and comfort to Saul.

"Where is God in the Darkness?" Psalm 88

If you have never experienced the devastation of a serious mental illness, Psalm 88 is one place to begin. This Psalmist describes feelings of sadness, isolation, anger, abandonment, mistrust, spiritual emptiness and hopelessness. But sometimes it is precisely with our wounds and in our brokenness that we are most open to God. When we let go of our need to control and are truly open to God's transforming grace, we find that the darkness becomes a time not of doing and knowing, but of being and unknowing. It is here that we discover the source of mystery that holds us and surrounds us even when we are not aware of that Divine presence.

"Overcoming Stigma: Finding Hope" Micah 6: 8 (8th Sunday in Ordinary Time, Year A)

The major reason many persons do not get the treatment they need for a mental illness is the stigma that surrounds these illnesses of the brain. Most fear comes from our lack of understanding of these illnesses. Faith leaders and congregations can and should learn ways to be supportive and helpful to persons struggling with mental illness. The words of Micah remind us that the Lord requires us "to act justly and to love mercy." This may require us to advocate for social issues affecting the mentally ill. By offering loving mercy and including those struggling with mental illness in our prayers and in the life of our congregations, we will give hope to those who often feel hopeless.

"Creating Caring Congregations"

Luke 8: 26-29 (Proper 7, Year C)

The story of the man called Legion, though it appears three times in the Gospels, only appears once in the preaching lectionary. This text from Luke reveals that people with mental illness in biblical times were often banished from their communities because of the community's fear of behaviors they did not understand.

In Luke's version of this story, Jesus intentionally sought out this man just as the church must do today. Because of Jesus' love and compassion, this man was healed. The church today is called to embrace those who struggle with a mental illness and be instruments of healing and wholeness. Even though this man wanted to follow Jesus, he was sent back to the full membership of his own community. And so it was that a person with a mental illness became the first evangelist to the Gentiles.

The above sermon starters are from Mental Health Ministries, "Scripture Citations with Sermon Starters," from the resource guide that accompanies the DVD, "Mental Health Mission Moments."

SCRIPTURAL RESOURCES

Luke 14: 15-24

Two stories Luke's gospel illustrate the power of spiritual support through inclusion, especially for people who are living with a disability. The first is the Great Banquet recorded in Luke's gospel (14:15-24). Bob Molsberry writes, "Jesus makes a point of including persons with disabilities. They don't have to repent and be forgiven first. They are not required to be 'fixed' or 'normalized' before

they can enter. They are welcome just as they are." In the gospel, the invitations go out to the poor, the lame, the blind and the crippled. I would add that the invitations are given to those who have been stigmatized by most of society because of their major depression, bipolar disorder, anxiety disorder or other brain disorders. These are conditions that are mostly not visible. It is those who feel left out in the biblical story that are brought in. They get preferential treatment. Bob writes, "Only when the previously excluded are ingathered can the feast commence. Only when the pernicious idea of normalcy is destroyed can normal life begin. The principle of radical inclusion is the unifying thread for all of scripture, and the key to understanding the gospel."

Luke 8: 26-39

(Also see the sermon starter, above, for thoughts on this text.)

The second story from Luke (8:26-39) is the one of the man who lived in the tombs, as one who is a living dead person. He was bound with chains and shackles and when he broke those bonds, he would run wild. He was broken from the community, and the community was broken off from him. The community itself was incomplete since he was not a member. He was tormented and driven by inner forces that separated him from others in community. As the man recognizes Jesus, Jesus reaches out to this man and through Jesus' own presence and power the man was healed. He was brought into his right mind. Then we read that the man was clothed and surrounded by Jesus' followers. Perhaps the disciples took some of their own garments to clothe this man. This biblical story tells us of the welcome of a person who is unusual and because of the unconditional love of, the respect of, and the connection

with Jesus. The community embraces this outcast. He is brought into the care of the community. He is brought from the living dead into life through his encounter with Jesus and is welcomed into the community.

Psalm 23

Another biblical image that underscores our calling to provide support to those who are disconnected and who may be vulnerable is in Psalm 23. We think about a Shepherd who holds and is rocking the lamb. Also, there is the rod and the staff of the Shepherd that provides comfort as well as signs of strength in face of opposition. They are used to fight off the dangers. The Shepherd prepares a table in the presence of one's enemies. This is a Shepherd who advocates for the vulnerable, who protects the hurting, and who creates that place where there is calm and rest.

Ephesians 6:10-17

Ephesians 6:10-17 speaks to many people who are seeking to find their own confidence and inner strength. The armor of God includes "the belt of truth, the breastplate of righteousness, shoes so as to proclaim the gospel of peace, the shield of faith, the helmet of salvation and the sword of the Spirit, which is the word of God." Imaging yourself with these objects, you can see them not as heavy but metaphorical as gifts that will give you what is needed to continue on with assurance of being embraced by the divine. You can see yourself embraced and defended with the metaphorical armor of faith. You are given the strength to find your own inner resources of confidence, trust, and giftedness.

Lamentations 5: 19-22

Mental illness remains one of the most stigmatized disorders in American society. Stigma refers to those negative attitudes and beliefs that arouse fear, rejection, avoidance, and discrimination against individuals with mental illness. Consequently, individuals with mental illness may internalize those negative attitudes and beliefs, so much so that they may conceal symptoms and fail to seek treatment. Stigmatization also contributes to an approach to Christian faith that is at dis-ease with expressions of psychological distress (e.g., depression or anxiety), and thus may lead Christian congregations to treat individuals with mental illness as outcasts.

The primary literary form utilized in the book of Lamentations is the lament, which is a prayer of protest, complaint, and grief that fervently appeals, either individually or communally, for divine deliverance. Its purpose "is to address God in the midst of inexplicable suffering." At its essence, a lament is a "cry for help." As such, it is familiar – in content, if not in form - to all of us, for who among us has not cried out - in anger, grief, frustration, or torment – at some point in our lives? Individuals with mental illness know lament all too well. While Lamentations chapter 5 fits the formcritical category of communal lament, the "themes of the alienation of God's people" in verses 19 - 22 can be seen as analogous to the stigma of mental illness, and thus gives voice to the lament of those with mental illness.

Find a full exegesis of this passage at mhn-ucc.blogspot.com.

"Widening the Welcome"

Text: Galatians 4:14
The Rev. Martie McMane
First Congregational, UCC Church, Boulder, Colorado

One early summer afternoon when I was 16, I was at home sitting at the piano, just doodling on the keyboard, when my father came into the room. I looked up startled to see him because he and my mother had just left for a trip the day before. I slid off the piano bench and got up to say hello to him when he burst into tears. It was the first time I had ever seen my father cry. Between sobs, trying to catch his breath he told me that my mother was ill and he had taken her to the hospital. As I tried to get him to tell me what was wrong, he could barely find the words. "Your mother," he stammered, "had a 'nervous breakdown." In reality, my mother had a psychotic episode, a complete break with reality, with hallucinations, paranoid ideation, incredible surges of physical strength and aggression that could not be subdued. "Nervous breakdown" was the euphemism used in those days. My father had taken my mother to a psychiatric hospital.

We discovered as the weeks went on that my mother had suffered from a rapid decrease in estrogen that had upset the chemistry in her brain and had created a serious malfunction. She remained in the hospital for six weeks, underwent electric shock treatments which thankfully re-set her brain functioning and with added estrogen prescribed her biochemical imbalance was eventually restored.

My mother never had another episode again, and once she was stabilized she returned to us as high functioning as always. When she got out of the hospital, she returned to her business as a hairdresser. But, some of her regular customers whom she had seen every week for over 25 years stopped coming to her to do their hair. Because my mother had spent six weeks in a psychiatric hospital.

These customers' reactions to my mother astounded me then and astound me still. My mother was the same person that her customers had known for twenty-five years. The same person whom they respected and counted on to be there for them week after week, doing their hair just as she always had. She was no less competent than she had ever been. But now they saw her differently. She had been stigmatized by a mental health issue.

If she had been in the hospital with a malfunctioning pancreas causing out of control diabetes, or a malfunctioning heart causing a heart attack would they have refused to let her do their hair? Probably not. But she had had a malfunctioning brain.

This month, as many of you know, is Mental Health Awareness month. The subject is so vast I can only speak of one infinitesimal aspect of the subject with you today. There are issues of treatment, medications, resources, the role of spirituality and faith, the whole understanding of what constitutes a mental illness, even the issue of language itself and how we might talk about it. Should we speak about Mental Health, Mental Illness, Brain Disorder, or just talk about "differences" in brain functioning. It is important that we increase our awareness of all these issues and to continue to dialogue about them.

Sermon

Today, I simply want to crack the door open a little wider in our awareness of the stigma associated with mental health issues and to invite us to the call of widening the welcome to include an ever broader spectrum of difference in our faith community. I believe this is at the center of our calling as a church if we are seeking to follow in the way of Jesus.

I began with a story from my own life. But how many families in our church do you think have a loved one who struggles with a serious, acute or chronic mental health issue? That's kind of a trick question. Because most people don't talk about mental health issues, so there's no way of knowing.

People are still reluctant to talk about their own struggles with mental health issues or those of their loved ones, primarily because our culture still stigmatizes those who live with mental illness. This makes it difficult to reach out and give support that might be beneficial in the healing process. It's not the kind of illness that the neighbors respond to with a casserole; so often people are isolated and alone.

Carlene Hill Byron, in a piece she wrote for Vision New England's Ministries with the Disabled, says 1 in 4 households in your church is afraid to tell you this secret. She writes: "You're more likely to hear people describe their child's condition as "something like autism," as the elder of one church we know says. Or they might cover up entirely, as does an elder's wife in another congregation. When her daughter with bipolar disorder swung into mania after childbirth, her family, already managing the added responsibilities of a newborn, had to manage her mental health issue as well. But because her illness was kept a secret, they did so without any support from their church beyond the usual "new baby" dinners." If this new mother had had any other kind of medical condition, the family would have let people know and no doubt the church would have been able to respond with more support.

"How many families in your church," asks Carlene, "have a loved one who struggles with a serious, acute or chronic mental health issue?" The answer to the question, if your congregation is representative of the United States population, is one in four. "Look at the faces seated around you this morning," she says. "Someone is probably hurting and they're afraid to tell you."

NAMI, the National Alliance on Mental Illness, is the largest grassroots mental health organization dedicated to improving the lives of individuals and families affected by mental illness. NAMI teaches us that "Mental illnesses are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others, and daily functioning. Just as diabetes is a disorder of the pancreas, mental illnesses are medical conditions that often result in a diminished capacity for coping with the ordinary demands of life. According to NAMI serious mental illnesses include, but are not limited to. major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and various anxiety disorders. The good news about mental illness is that recovery is possible; help is available.

One of the best programs to help families dealing with loved ones with a mental illness is NAMI's Family-to-Family program – a twelve session program with trained facilitators who offer tremendous

amounts of information and support. We will be hosting this program for the second time at our church in the fall.

Mental illnesses, or brain disorders, a terminology some prefer, can affect persons of any age, race, religion, or income.

Mental illnesses are not the result of personal weakness, lack of character, too little faith or lack of prayer. Most mental illnesses are biologically based, and most are treatable. Most people diagnosed with a serious mental illness can experience relief from their symptoms by actively participating in an individual treatment plan, and they can live productive lives sharing their unique gifts with the world.

On the Mental Health Ministries website there's a whole section on famous people who have contributed enormously to society who suffered the symptoms of mental illness, some before there was a name for what chronically caused them distress. People like Isaac Newton, Ludwig von Beethoven, Abraham Lincoln, Winston Churchill, Leo Tolstoy, Charles Dickens, Michelangelo, Virginia Woolf, Jane Pauley, Bet Midler – the list goes on and on.

Many of you know that the Apostle Paul had some kind of chronic illness that he refers to in his letters in Scripture. Some people have surmised it was epilepsy, which is a brain disorder, but we don't know because he never really talks about the symptoms – just that it is recurring and something he has had to learn to live with. Some have speculated it was recurring depression. We don't know. But in his letter to the early church in Galatia, he writes something which is a model for us in faith communities when he says, "Even though my illness was a trial to you, you did not treat me with contempt or scorn. Instead, you welcomed me as if I were an angel of God, as if I were Christ Jesus himself." (Galatians 4:14)

I am reminded of Jesus' words to us, "You did not choose me, but I chose you to go and bear fruit, fruit that will last." The reducing of stigma around mental illness is one of our callings as a faith community. Stereotyping and stigmatizing are two things we all are prone to do, and we all need to examine our own stereotypes and prejudices and work intentionally to overcome them. This is a faith issue for us, because in Christ there are no distinctions, each person is welcomed as a unique expression of the Divine Creator, each one is called "the beloved of God."

Today we baptized two beautiful little ones into Christ's church universal. We "signed and sealed them as Christ's own forever" which is a way of expressing God's unconditional love for them. We welcomed them with open arms into our community. We offer this welcome unconditionally. And it is a welcome that we are called to extend to all who come seeking the blessed assurance of a loving God.

Our mental health task force here at First Congregational Church is calling us to a wider welcome, as we each begin to understand that God has created us each to be different, and different is not deficient, it's just different. As we learn to create a safe place for people to share their stories, as we offer services of healing and groups for encouragement of one another on the journey, the circle widens and we can all be enriched by one another's perspectives, experiences, struggles, and triumphs.

It has been a long time since my mother's breakdown. In those days we knew of no churches where we could go and share what was happening in our family. No place where we could share our fears and receive a word of encouragement and

A Pastor's Reflections

hope. There was no one to bring us casseroles. We were isolated and alone. Sadly it is still true in too many churches even today. I am so privileged to serve this church whose welcome is so wide and whose mental health task force is encouraging us to continue to widen the welcome so that people can find spiritual support and a sense of community, so that stigma can be reduced, and so that the community itself can receive the wondrous gifts that are the fruit of our differences.

"Welcome one another, as Christ has welcomed you." Surely Christ has welcomed us, each with our own differences, each of us bringing a new gift, a new story to our community, each of our differences giving new breadth to our horizons. May that horizon grow wider and wider, until we actually see each person just as Christ sees us — as beloved children of God, each one different, each one unique with a gift to offer, signed and sealed as Christ's own forever.

"Providing Hope in Troubled Times for People with Brain Disorders"

Reflections by The Rev. Martie McMane, Senior Minister, First Congregational Church, Boulder, Colorado

Certainly we expect our faith communities to be sources of hope and support whenever we are facing troubled times.

Over 30 years in ministry, I have many parishioners who personally suffered from brain disorders or who had a family member who did. In 1982 in my little small membership church – it had 35-50 in worship when I started, and that was 31 years ago now – I had seven people at once who were hospitalized in institutions in the Cleveland area, so I was baptized by fire, as it were, in learning what might be helpful to these people and their families.

Here are some things that have been helpful to me over the years as a pastor trying to provide hope for people with brain disorders and their families:

1. Having the knowledge that most mental illness is treatable and needs to be

- seen for the chemical imbalance that it is

 educating your congregation in whatever way possible: forums, small group
 classes, offering the NAMI training.
- 2. Becoming familiar with the different disorders and their characteristics and challenges.
- 3. Having good people to act as referrals, particularly psychiatrists who are skilled diagnosticians and people whom you can trust with the intricacies of the pharmacological aspects of treatment getting the medications right is an art as well as a science, and it is important to have people you trust to make the right diagnosis and offer the best treatment plan.
- 4. Establishing a good relationship of trust with the person, especially when they are stable. For some of my parishioners, this was crucial because they lived alone and had no family or no family

near by. I got so that I could tell if things were starting to decompensate for some of my parishioners, because I became attuned to subtle (and some not so subtle) behaviors that were signs that they needed to be checked for medication, and could sometimes be taken to the doctor and an episode could be caught early and hospitalization avoided. This was easier to do in a small congregation where I saw a limited number of people on a regular basis. But the more people with more awareness, the more helpful we can become as communities of care.

- 5. During hospitalization I found it important to visit regularly, if the patient would allow me to. I know some clergy who are reluctant to visit in these situations because they feel it doesn't do any good. It is easy to feel this way, because the person isn't "herself" or "himself" and often will not remember whether you ever came or not. It's true that sometimes when the episode subsides and the person is stabilized they don't remember or don't want to talk about it, but it is still important. The ministry of presence, of support, of simply listening and accepting a person where they are is an important aspect of healing. The clergy person can often bring a sense of calm and hope and peace with them to the situation. I always ask if the person would like me to offer prayer or to anoint them with oil when touch or something more tangible seems appropriate.
- 6. Checking in with other family members at a time of hospitalization is also important. Often they just need someone to listen to them, to be given the re-assurance that their loved one will get better, that they are in a safe place with good people attending them. Again, the acceptance of the disorder as a medical

condition of chemical imbalance is so important to reducing stigma and helping a family be a part of the healing process.

7. Help people with brain disorders feel useful in your community. There are many extremely high-functioning people with brain disorders who are already contributing much to your faith community and you may or may not know they are being treated for a brain disorder. However, sometimes there are people whose illness is debilitating and they can't hold jobs and can become very isolated. Connecting them with others can be a lifesaver. Finding a way for people to be useful can help restore their confidence. Finding some way for a person to do tasks that are meaningful and ways they can give to the community and feel connected as a valuable part of your community can be away to provide hope and social support.

Just yesterday I heard one of the volunteers in the congregation who was working at our front desk say to a man who came into the office, "What do you do?"

"I'm a therapist," he said.

"Oh," the volunteer said, "I have bipolar disorder, and I've been through the mental health system here in Boulder and at Chinook House, and look at me now. I'm working at the desk being useful, helping other people, and trying to give back! My friends in this church have given so much to me!"

And I thought about that, and I thought, wow - you know that's really true — and I started thinking about it and I could name several other people in our church community for whom that same kind of experience would be true.

A Pastor's Reflections

- 8. From the spiritual perspective, I have experienced that there is a power greater than myself that is able to be trusted to give comfort, guidance, support, strength, and courage for facing life's difficulties. It is this spiritual presence, however one names it, that is the basis for our healing. And it's simplest name is Love. A knowing that you are held by an eternal Love is a powerful healing agent in and of itself. However that can be communicated to others can be a balm of supportive healing.
- Prayer
- Silence
- Music
- Anointing
- Ministry of Presence and Acceptance
- Readings: I have gone through the

- bible and made a list of 120 bible verses that offer comfort, strength, support, love and acceptance. I have offered them as readings, I have also cut them up into separate verses and put them in a bowl and let people take one and carry it with them as a special verse to support them.
- Remembering to pray for those with schizophrenia, bipolar illness, depression – naming the illness publically helps to reduce stigma, helps people feel known, accepted, and supported, and is a channel for healing

Perhaps you heard the poet, Elizabeth Alexander, at the inauguration of President Obama. Here are some lines from her poem to encourage us all:

We need to find a place where we are safe; We walk into that which we cannot yet see.

Praise song for struggle; praise song for the day. Praise song for every hand-lettered sign; The figuring it out at kitchen tables.

Some live by "Love thy neighbor as thy self."

Others by first do no harm, or take no more than you need.

What if the mightiest word is love, love beyond marital, filial, national. Love that casts a widening pool of light. Love with no need to preempt grievance.

In today's sharp sparkle, this winter air, anything can be made, any sentence begun.

On the brink, on the brim, on the cusp -- praise song for walking forward in that light

Elizabeth Alexander

In place of a sermon on Mental Health Sunday, consider inviting a person from your congregation to speak from the pulpit about his or her mental illness. Another alternative is to split the talk among three people: A person with a mental illness, a family member (make sure they have asked permission to speak publicly about their loved one's illness) and a mental health professional. Below are the reflections shared by a member of one congregation on living with a mental illness.

My Journey with Mental Illness and Spirituality

Presentation by Anne Weiher
The First Congregational Church, Boulder
June 5, 2011

It's both exciting and a bit overwhelming to be before you today. I must admit that it has been many, many years, okay decades, since I could imagine myself in front of a congregation. My journey with God and my spiritual life has been checkered to say the least. Yet, in some ways I have always felt guided by God and the tenets which Jesus espoused.

The last few sermons have dealt with concepts which have truly resonated with my journey with mental illness and recovery. Several weeks ago, Martie talked about the walls and detours our lives may take. Jason talked about the scars we all share. Like Jason, some of my scars are visible (at least in certain contexts), but others are invisible most of the time. For those of us who live with serious mental illness, many times our despair and pain is lost on others. It is often not understood. In 1987, after living with serious mental illness for many years, I was finally diagnosed with Type I Bipolar Disorder. This is not a trivial diagnosis. For many, it means years of isolation, unbearable pain, loss of loved ones, and loss of faith in God. For me, this diagnosis embodied all of these elements, but it also answered some unanswered questions about my behavior and helped set me on a path to recovery.

The journey was tumultuous. I lost many

friends, destroyed relationships as I struggled with the ups and downs of my life. I was fortunate that my family stood by me and did not abandon me. When I tell people I have survived cancer for 30 years, they congratulate me. The stigma which once surrounded cancer is no longer there and for that I am grateful. However, my 40 or more year journey learning to live with and control my bipolar disorder has been the real challenge and few have congratulated me on that. I tried many different medications before I found some that worked and continue to work. Through therapy, I became more aware of my triggers and red flags as I called them which signaled to me that I was on a path to mania or depression. Until stability reigned more supreme in my life, I was plagued by periods of deep depression and psychotic mania where I was disconnected from most of the world. On one particular night when my mania was in control of my thoughts and reason, I remember very strongly the presence of God with me. I had, that night, just a very thin line of sanity in my awareness. I felt as if I were on a tightrope, keeping what little sanity I had in balance. The urge was to go outside and wander the streets of Boulder, but I knew if I did that I was putting not only myself at risk, but also might cause distress to my family if I didn't return. I shut myself in our guest

room and paced the floor almost all night—hanging on to that slender thread of sanity and feeling the presence of God in my midst as I went round and round that small room. Though I didn't truly understand it at the time, it is clear now that through my entire journey, God did not forsake me.

As time went on, I began to see the need for community and got involved in a support group for those touched in some way with bipolar disorder. As I founded that group, I was mindful of the phrase "faith without works is dead." I threw myself into works and while this helped break the isolation I was feeling and created a community, I was neglecting my own spiritual needs in the quest to help others.

One might say for some inexplicable reason, I read about Craig Rennebohm's visit to Boulder. Others may say, it was God leading me to a new spiritual home. In any case, on a lonely Sat evening, I found myself at First Congregational Church in a spiritual support group. Craig himself suffers from clinical depression and has used his experience to reach out to homeless and disenfranchised street people in Seattle. I was tentative at first. Everyone in the group seemed to be family members. I wondered how folks would react to one of those "crazies." As the evening wore on, I became more comfortable and realized that I would probably never see these folks again, so I might as well be honest. In my honesty about my life and journey with mental illness, I found not derision, but love and compassion. I left renewed in spirit and knowing that I had a need for something more in my life. I'd like to say that I came to First Congregational right after that, but it took almost a year before I began to attend church. I chose First Congregational because of the mental health ministry,

knowing at some level that I wanted to grow in my spiritual life and practice. As time passed, I became involved in the spiritual support group, again to fulfill a need in myself and a need to practice my faith. In many ways, my spiritual journey is in its infancy, but I know I have found a spiritual home. A couple of years ago, Martie gave a sermon about mental illness and recovery. She called mental illness, the "no-casserole illness." This is all too true. When I've been hospitalized for mental illness, few have come to see me, even fewer have asked how I am doing after the episode. In general, people ask about my physical health, but not my mental health which is still somewhat precarious at times.

This congregation has reached out to me in many ways. I grow spiritually when I sit in church, be it the small intimate gathering of the 8 a.m. service or the larger service which meets in the beautiful sanctuary where I feel the presence of all those who have occupied this space for almost 150 years. The spiritual support group is another place where I can grow in my journey with faith and also feel the sense of community which has been so important to my recovery. The Mental Health Ministry of this church and its commitment to it has also helped me expand my faith. I am privileged to come to a church that seeks to be inclusive of all, regardless of the differences we all share.

I know the will is there to reach others living with brain disorders or mental health issues. The welcome I've received can be extended to all and I am thankful for this community, the vision of the mental health ministry, and its ongoing work which encourages me to grow in my faith. My coming out to you today is another way in which I can grow spiritually and hopefully help reduce the stigma sur-

A Congregant's Reflection

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Suggested Hymns

rounding mental illness. Our mental health ministry is small, but we are passionate and dedicated. If the spirit moves you, we would love to have you become involved in that endeavor. If you or your loved one lives will mental illness and you have ideas about how we can reach out to them, let us know. This church has been a leader in the movement to include spirituality in the recovery process from mental illness, but I am sure there is more we can do. We can sincerely ask someone how they are doing in their journey with mental illness. We can visit them in the hospital or at home if they so desire. We can recognize the tremendous strength and courage it takes to live every day with mental health challenges and applaud and congratulate those on their journey. We can look within ourselves, at

our own stereotypes and misconceptions and can educate ourselves about mental health issues so that we can truly emphasize with those who struggle.

My gratitude to the Mental Health Ministry, to Alan Johnson, Bill Forbes, Jason, and Martie, who had faith in me that I could stand here before you, knows no bounds. My personal commitment is to speak out about my experiences, to let people know that recovery is possible and that belonging to an understanding and open faith community can help me strengthen my commitment to changing the face of mental illness. From the bottom of my heart, I thank you all for your presence here, your attention, and your love and support.

SUGGESTED HYMNS

Amazing Grace

Words: John Newton; Tune: NEW BRITAIN

Bless God, O my Soul

Words: Russell E. Sonafrank; Tune: SPRING WOODS

Help Us Accept Each Other

Words: Fred Kaan; Tune: AURELIA

Healer of Our Every Ill

Words and music: Marty Haugen

In the Bulb There is a Flower

Words: Natalie Sleeth; Tune: PROMISE

On Eagle's Wings

Words and Music: Michael Joncas

Come and Find the Quiet Center

Words: Shirley Erena Murray; Tune: BEACH SPRING Take, O Take Me As I Am Words and music: John Bell

My Life Flows on in Endless Song (How Can I keep from Singing)

Words and music Robert Lowry

Lord of All Hopefulness

Words: Jan Struther; Tune: SLANE

O Love That Will Not Let Me Go

Words: George Matheson; Tune: ST.

MARGARET

Won't You Let Me Be Your Servant

Words and music: Richard Gillard

O God in Whom All Life Begins

Words: Carl P. Daw, Jr.; Tune: NOEL

Helpful Hints

POINTERS FOR SUCCESSFUL CONVERSATIONS ABOUT MENTAL HEALTH

Conversations about mental health, both public and private, sometimes can be complicated and difficult, especially in a religious context. Below are some Do's and Don'ts that may help you navigate the awkwardness.

D0:

Be careful to respect your congregants' confidentiality. Many people with mental illness have endured stigma for many years. They may not want others to know they have a mental illness, so always check with the person before talking about his or her illness publicly.

Watch your language. Avoid stigmatizing words like "crazy," "nuts" and "psycho."

Listen without being judgmental or offering advice.

Talk to your congregants of God's unconditional love for them and your care and concern for them.

Pray for balance in their lives and tolerance in yours.

Gently educate those who spread misinformation about mental illness or perpetuate negative stereotypes.

Treat persons affected by mental illness and their families with compassion, not condescension. Most don't want pity, just understanding and support.

Educate yourself about mental illness and learn to identify individuals who need more than spiritual counseling. Refer them to appropriate mental health professionals.

DON'T:

Don't tell a person with mental illness to just pray harder. That would not be appropriate advice for someone with cancer or a heart condition, and it is not appropriate for someone with mental illness. Mental illnesses are biologically based and frequently respond well to medications, just like other disorders.

Don't use shame or guilt as a motivator. For many who suffer from mental illness, shame and inappropriate guilt may exacerbate their problems.

Don't look down on persons with mental illness for using medications to control their symptoms. Someone with depression using antidepressants is no different from someone with diabetes using insulin.

Don't forget to find simple ways to support family members and friends of people living with a mental illness. Your supportive listening can be healing itself.

Don't shy away from talking with a person who has let it be known they are living with a mental illness/mental health challenge.

Bulletin insert front:





to make the world a better place for people with mental illnesses and their families

1 Be a friend

Provide companionship and compassion on the road toward recovery. Offer a ride to church or to a local support group. Listen without judgement. Pray for those you know with mental illnesses and for their family members.

2 Be an inspiration

Share your story. Has mental illness impacted you or your family in some way? Your story may empower others to seek treatment or have hope.

3 Watch your language

Pay attention to the words you use and avoid stigmatizing labels. Do not refer to people as "crazy," "psycho," "lunatic" or "mental."

4 Be a "StigmaBuster"

Challenge negative attitudes toward mental illness among your friends and acquaintances and in the media.

5 Learn the facts

Educate yourself about the various mental illnesses. Attend a lecture or class or use the Internet. Good places to start include the National Alliance on Mental Illness, www.nami.org, and the National Institute of Mental Health, www.nimh.nih.gov.

Bulletin insert back:



Did you know...?

Mental illnesses are medical conditions.

Research has shown that mental illness has a biological basis. Mental illnesses are brain disorders associated with changes in the brain's structure, chemistry and function, which in turn affects how a person thinks, feels and acts.

One in every four adults is affected by mental illness.

The National Institute of Mental Health reports that one in four adults in the U.S. experiences some kind of mental health disorder in a given year. However, the main burden of illness is concentrated in a much smaller proportion. Approximately 1 in 17 Americans, or about 13.6 million people, live with a serious mental illness such as schizophrenia, major depression or bipolar disorder.

Stigma prevents many people from seeking treatment.

Approximately 60 percent of adults and almost one-half of youth ages 8 to 15 with a mental illness received no mental health services in the previous year. In some locations, services simply are not available or are not affordable to the people who need them. In many cases, people avoid treatment because of the fear of stigma.

Treatment works and recovery is possible.

There is no "cure" for mental illness, but with effective treatment (which may include medication, therapy, other services and support), most people experience relief from their symptoms and live productive, fulfilling lives.

Most people with mental illness are not violent.

The most common form of violence by those who have mental illness is violence against themselves. People with serious mental illnesses are far more likely to be victims of violent crime than perpetrators of it.

9 Ways You Can Hel

9 Things Faith Community Leaders Can Do to Make The World a Better Place for People with Mental Illnesses

people to mental health professionals and where to refer them when the need arises. Learn more at www.CaringClergyProject.org/makingreferrals.html. You can also refer congregants and family members to a variety of support groups and classes.

1 Make sure you know when to refer

- 2 Stay in touch with the person with mental illness and his or her family after you make a referral. People with mental illness and their family members need your ongoing support.
- Bencourage your congregation to treat people with mental illnesses the same way they treat people with other illnesses. Offer to visit them when they are hospitalized. With their permission, ask your members to send them cards and bring them casseroles when they are ill.
- 4 Plan a specific day for your congregation to focus on mental health (either October 20 or another Sunday). Say specific prayers for people with schizophrenia, bipolar disorder, anxiety disorders, depression and other mental illnesses.
- Talk about mental illness in your sermons, classes, and adult forums, especially when you are addressing compassionate outreach, social justice and erasing stigma and discrimination. Talking openly about mental illnesses reduces the grip of stigma. Emphasize the biological nature of brain disorders and remind your congregations that they can affect anyone, regardless of age, race, religion or income. Mental illnesses are not the result of personal weakness, lack of character or poor upbringing.

- 6 Educate your congregation. Use the resource kits at mhn-ucc.blogspot.com or bring in speakers from NAMI (National Alliance on Mental Illness), the medical community and your local mental health center. Run a series of articles in your congregation's newsletter. Show videos on the subject and then encourage your congregation to discuss the issues raised.
- 7 If you have a peace and justice ministry, encourage them to get involved in the systemic problems that affect people with mental illness. More people with mental illnesses are in jails and prisons than are in mental hospitals. Programs for people with mental illnesses are under funded and axed quickly when budgets need to be cut. Many chronically homeless people have chronic mental illnesses.
- 8 Housing and jobs are critical to the recovery process. Encourage members of your community to help find jobs and provide housing options for people with mental illnesses.
- 9 Start a spiritual support group in your faith community for people with mental health challenges and their families. For resources that will help you structure the support group, go to www.caringclergyproject.org/howyour-faithcommunitycanhelp.html.

This content was adapted from a handout developed by the Interfaith Network on Mental Illness.

dditional Resource

ADDITIONAL RESOURCES

Mental Health Ministries (www.mentalhealthministries.net) provides educational resources to help erase the stigma of mental illness in our faith communities.

The Caring Clergy Project website (www.caringclergyproject.org) offers videos and other resources designed specifically for faith community leaders.

NAMI FaithNet (www.nami.org/faithnet) is a network of members and friends of the National Alliance on Mental Illness. It was established to help faith communities develop non-threatening, supportive environment for those with serious mental illness and their families. You can subscribe to a free newsletter and explore their newsletter archives for many insightful articles about faith and mental illness.

Pathways to Promise (http://www.pathways2promise.org) is an interfaith cooperative that provide assistance and resources, including liturgical and educational materials, program models and caring ministry with people experiencing a mental illness and their families.

The Congregational Resource Guide (http://www.mentalhealthministries.net/resources/faith_group_resources/congregational_resource_guide.pdf) by Carole Wills is an extensive and fully annotated list of more than 60 mental health ministry resources, including books and videos.

The Interfaith Network on Mental Illness (www.interfaithnetworkonmentalillness.org) aims to increase awareness and understanding of mental illness among clergy, staff, lay leaders and members of faith communities and help them more effectively develop and nurture supportive environments for persons dealing with mental illnesses and their families and friends.



This Resource Guide was developed by a subcommittee recruited by the UCC Mental Health Network. Contributors include:

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The United Church of Christ Mental Health Network (UCC MHN) works to reduce stigma and promote the inclusion of people with mental illnesses/brain disorders and their families in the life and work of congregations.

Content in the guide is also available as separate pdf or Word files at **mhn-ucc.blogspot.com**

This resource guide was edited and designed by Joanne Kelly, member of the UCC Mental Health Network and cofounder of the Interfaith Network on Mental Illness.

