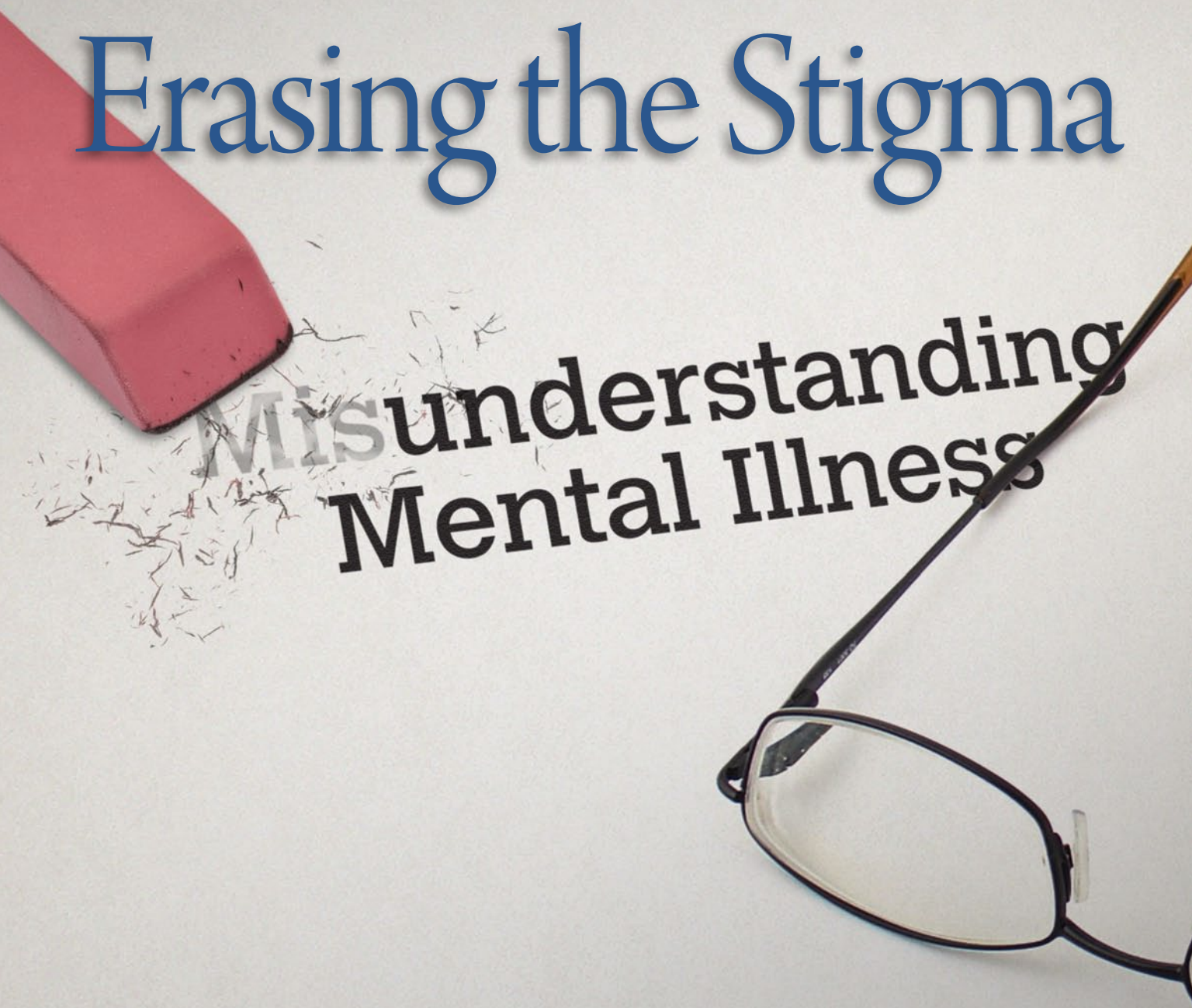
A call to move beyond stereotypes and address the needs surrounding mental illness | STAN FRIEDMAN

Erasing the Stigma



For four years Rachel Mohn traveled around the country giving comedic performances in which she poked fun at her ongoing battle with anxiety and panic attacks. Mohn, whose husband, Jason, is associate pastor at First Covenant Church in Everett, Washington, still talks openly about her illness. "People think, 'If the pastor's wife is talking about it, then I can too,'" she says.

Kurt Harker is often invited to speak to news outlets about his struggles with mental illness that began twenty-five years ago. Shortly after graduating from Purdue University, he inexplicably sank into a deep depression. He has been treated for the disease ever since. A member of Riverside Covenant Church in Lafayette, Indiana, Harker says that his experiences at a previous church deepened his sense of shame about his illness when his pastor and members of the congregation told him that his lack of faith caused his disease. "I went to them for help and it screwed me up even worse," he says. It was years before he felt safe again to talk about his illness. He does so now because he no longer feels ashamed and wants to confront the stigma that surrounds the disease.

At one point Sheila Brady's husband, Alan, was so ill with severe obsessive-compulsive disorder (OCD) that, Brady says, "I was literally scared to be away from home because I was afraid something would happen." Alan was hospitalized and placed in a residential treatment center in Boston for four months in 2002-2003. Although they still must cope with his OCD, he has improved, and Brady, a member of Trinity Covenant Church in Greensboro, North Carolina, no longer fears leaving him alone. Now she gives workshops on living with a severely ill family member.

Mohn, Harker, and Brady are among a growing number of Covenanters who are trying to increase awareness about mental illness and help eliminate the negative stereotypes that surround it.

All three Covenanters encounter audiences who are eager to share their own stories. A mother confesses the guilt she has suffered since her fifteen-year-old daughter committed suicide in the family's basement. A teenage girl rolls up a pant leg to reveal where she has been cutting herself. A forty-year-old man reveals the secret about his grandmother who hadn't run off with another man, as everyone in the community thought, but had actually died in an asylum. A frightened senior at a small college in Kansas is desperate for help because her fiancé, the student body president and a star athlete, suddenly claims that he is Jesus and can't be convinced otherwise. Parents commiserate about teachers who still don't know what ADHD is. Speakers who are open about mental health issues find a population hungry for acceptance and understanding.

Taboos, Misconceptions, and Stereotypes

Unfortunately misunderstandings about mental illnesses continue to be as prevalent as the various forms of the disease. Until recently medical professionals—and society at large—knew too little about the causes and treatments. Mental illness was often conflated with moral failings or personal quirks, as if those with mental disorders had a choice in their behavior. Lack of understanding produces fear and, as a result, individuals cover up or disguise their suffering, as do their families.

Myths surrounding mental disorders include the belief that people with illnesses can't handle regular jobs, especially if the work involves stress; that all mental illnesses are lifelong conditions; or that people who suffer them are weak.

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Misconceptions extend to the church too. When Brady's husband was hospitalized, no one from the church they were attending at the time visited him. "When people have cancer, people from the church visit them, they'll bring meals by for the family," she says, "but not when someone is hospitalized with a mental illness. I felt alienated, depressed, sad. I felt like the church had abandoned me."

"People still have the idea you could stop if you wanted," says Harker of his OCD behavior. Each person interviewed for this story encountered well-meaning individuals who told them they just needed to pray harder, read the Bible more, and work more diligently to change their behavior in order to get well.

A recent Baylor University study revealed that 30 percent of Christians

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who approached their local church for help regarding a diagnosed mental illness were told by a minister that they or their loved one did not really have a mental illness. Fifty-seven percent of those who received such counsel quit taking their medication. More often than people might think, individuals with mental illness are told their disorders are the result of sin or demon possession. Families who suffer the tragedy of a suicide are told that their love one had separated themselves from God—perhaps for eternity.

Sometimes misunderstandings are disguised as flippant humor. After announcing one of her workshops, Brady was approached by a church member who laughingly told her, "I'm not coming to your group because I'm not crazy." She retorted, "Would you be saying that if the program was about cancer?" She explains her response, saying, "Sometimes you just have to be blunt."

Understanding Mental Illness

The medical profession continues to make progress in its understanding of mental illness. Although much still needs to be learned, experts agree biological causes are at the root of these disorders. External factors, such as trauma or environment, can trigger neurological responses.

One in four families is struck by mental illness, which is defined as a medical condition that alters a person's thinking, moods, ability to relate to others, and other daily functions. As many as one in seventeen individuals suffers from "serious mental illness." Some of the most common forms are: major depression, bipolar disorder, schizophrenia, and a variety of anxiety and personality disorders.

Depression can mean shadows, darkness, and despair. Episcopal minister Kathryn Greene-McCreight detailed her sometimes crippling journey in the well-regarded book *Darkness Is My Only Companion: A Christian Response to Mental Illness*. Those suffering from severe depression may not have the strength to brush their teeth, or they may despair that God had abandoned them. Others may experience only mild depression for a period of time.

A person with bipolar disorder (often called "manic depression") can swing from terrible depressions to excessive energy or irritation that can become debilitating. These swings can happen multiple times within a day or over the course of months.

Schizophrenia, contrary to popular stereotypes, has nothing to do with "split personalities." Rather, it is a thought disorder that distorts reality. Individuals suffering from schizophrenia cannot determine whether the person next to them is really sitting there, or which of the voices inside their head carrying on different conversations are real ones. Someone might genuinely disbelieve that he is a schoolteacher and become convinced that he is Abraham Lincoln.

Anxiety disorders can manifest themselves in obsessive compulsions, phobias, or eating disorders.

All of these illnesses can occur along a spectrum. Compulsions, for example, can range from triple checking that a door is locked to hoarding. Someone with a bipolar disorder can become psychotic.

Mental illness is sometimes referred to as a young person's disease because one-half of all lifetime disorders strike before a person reaches the age of fourteen. Three-quarters occur before the age of twenty-four. Anxiety illnesses often begin in late childhood, and mood disorders in late adolescence. Schizophrenia often rips apart a life by the early twenties. The onset may take years or strike suddenly.

Even when early onset occurs, it can take an average of eight years to obtain a proper diagnosis, according to the National Institute of Mental Health. Sometimes sufferers delay seeking medical help, waiting until they are severely depressed before they go to a physician. Sometimes family members discourage medical intervention because they fear the potential diagnosis. But delayed assistance can mean the world spirals out of control—both for the patient and the family.

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University chaplains and medical workers are often among the first to see the effects. "Several students a year come to our faculty and staff and confess to feeling suicidal or in fear of hurting themselves," says Judy Peterson, campus chaplain at North Park University. "In my five years at the school it is the rare occasion where a student moves into an active attempt on their life, but there are many students who are placed under watchful care."

People who receive treatment often say that their families have suffered more than they have. Families can become drained physically, emotionally, and financially. They live with fear in the present and for the future. "You go into this constant, vigilant state," says Brady.

Caring for a family member can be overwhelming. A twelve-year-old may play the role of parent when the adult

in the family is sick. Marriages are strained and frequently break.

Dwindling Resources

In 2003 the President's New Freedom Commission on Mental Health, which was formed under George W. Bush, declared the U.S. mental health system to be "in shambles." The situation has worsened since then. In the last two years, states have cut budgets for non-Medicaid mental health services by nearly two billion dollars, and more deep cuts are projected. In the past year budget slashes have caused states to make plans to eliminate four thousand beds, according to the National Association of State Mental Health Program Directors.

The shortage of resources directly affects patients. "Officers are traveling from one end of the state to the other and are out of their departments six, eight, ten hours at a time" trying to find psychiatric beds for the people who need them, said one police official in Oklahoma. Prisons are now the country's largest mental health facilities. When treatment is unavailable, law enforcement are forced to deal with the mentally ill in a different context. "We haven't de-institutionalized people with mental illness. We've only changed the institutions where we place people," is a common refrain of advocates.

Getting help for patients who need it can be nearly impossible. Adults committed to a hospital generally can check themselves out. The decreasing availability of beds forces centers to discharge patients early. One woman who was interviewed for this article but asked not to be named was released from a treatment center two days after trying to commit suicide because the staff determined that she was not sick enough to stay.

In recent years, Chicago has closed nearly all of its community mental health centers. "As a pastor, I would have people come to me, but I couldn't do much," says Linda Forbes, a Covenant minister in Chicago. "There was no place to send them."

Forbes and other Covenanters have been part of an inter-faith group that has led the fight to keep open one local center. Even so, it now employs only one psychiatrist for seven hours

one day a week.

In rural areas the problem is even worse. Suicide rates are higher than in urban communities. Fewer health professionals serve more people, especially children. One government-sponsored study found that more than three-fourths of rural counties lack a psychiatrist, and 95 percent lack a child psychiatrist. The *Los Angeles Times* reported in 2006 that California's rural Kern County had only two child psychiatrists to serve a population of more than 173,000.

A similar crisis exists in Canada. An article in the March issue of *Maclean's* cites Steve Lurie, executive director of the Canadian Mental Health Association, saying, "In Ontario, basically one in three adults get access. If you're a child, it's worse. It's one in six. We wouldn't accept that for cancer. We wouldn't accept that for heart [disease] or if you have a broken leg."

Although mental illnesses are biological, they also affect the spirit. The National Alliance on Mental Illness (NAMI), which has a large devoted outreach to faith communities, writes on its website, "Mental illness is a veil that shrouds our consecration to God, blocking out the glory of the Holy One.... Mental illness shuts all windows and doors to the soul so that we cannot speak, meditate, or do anything to the glory of God."

What the Church Can Do

Individuals and families suffering from mental illness often first turn to the church and to clergy. Study after study has shown that people with a religious commitment and a faith community surrounding them have a much greater chance of recovery.

All of the people in this story say that has been their experience. "I think the faith component is a key part of recovery. Churches need to see that more. Then they might be more supportive," Mohn says. "What I really want is for people to find healing in Christ. There definitely is a spiritual component to mental health."

That spiritual component begins with understanding the dignity of each person and the fact that they are more than their disorders. "Scripture tells us that God created us in his image. It does not say that he created schizophrenics and manic-depressives," says Gunnar Christiansen, a physician and NAMI member.

Susan Gregg-Schroeder, a Methodist minister who has struggled with her own mental disorders, says churches can help in three general areas—education, welcome, and advocacy.

Churches can offer educational opportunities, specifically for pas-

tors and lay leaders. "As a general rule I believe that those of us who are serving in pastoral capacities feel overwhelmed and underequipped for dealing with the rising mental health needs of our congregation," Peterson says. "I took two pastoral care classes during my days in seminary which was all that was required. Within those classes we dealt with the pastoral issues of grief, family dysfunction, stress, anger, and crisis of faith, but rarely did we touch on chronic mental health needs."

Brady says the local mental health center has offered many training opportunities for clergy, but adds, "There's been a problem getting pastors to attend these programs. They don't see it as important; they have other things to worry about."

Churches can offer training by reading, hearing people's stories, and attending seminars and workshops. They can schedule NAMI presentations to their congregation or provide space for NAMI support groups. Brady has purchased a subscription to the NAMI newsletter for the church library.

Churches can also network with other professionals in the community. There has been legitimate tension in the past between the psychiatric and Christian communities due to misunderstandings, but those barriers are breaking down as each community recognizes the value the other adds to the discussion. Churches can identify responsible counselors to whom pastors can refer individuals and families.

Welcoming those who are ill into the faith community is not only essential, but also a biblical mandate. Families often liken their experience with mental illness to a journey through the stages of grief, until they ultimately are able to accept the reality of the illness. Healing often begins when someone listens and offers acceptance.

A hospitable welcome means inviting people with mental illnesses to participate in the ministries of the church. It can also mean offering training for ushers and greeters on how to welcome people with severe disorders.

Churches also can do advocacy work. Discussions about justice often do not center around mental illness, but in fact the mentally ill often lack such basic human rights as access to medical care, stable and supportive housing, and job training, says Gregg-Schroeder. Churches can petition legislators to keep and restore funding for mental health care. They can work with parents to make sure schools provide equal access and appropriate accommodations for children.

Many denominations in the United States have passed resolutions addressing mental health issues and established ministries devoted to educating their churches. The Covenant Resource Center has started to gather information and and can direct churches to helpful websites (www.CovChurch.org/resources/resource-center).

Mohn says she has begun to see a shift in attitudes in society and the church. As congregations welcome and serve the large percentage of people stricken with mental illnesses, they foster openness, self-acceptance, and hope.

"Let's not be ashamed of who we are," says Mohn. "The shame factor is what I'm really trying hard to break." She adds, "People want to see us being real. They are drawn to hope."

Brady is grateful that the ministers in her church now include issues of mental illness far more often in their sermons and pastoral prayers. It is making a difference. She often sits in church next to a woman with depression. "When the pastors include mental illness in their prayers," Brady says, "she'll punch me, and say, 'They're including me.'" ■