Faith & Mental Illness

This booklet is a compilation of articles that appeared in a NAMI Metropolitan Baltimore newsletter published in 2004. Website addresses, phone numbers and other citations may have changed since original publication.

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INFORMING EACH OTHER: Faith & Mental Illness

In this booklet, we explore the connection between faith and improvement in the lives of people with mental illness and their families. For consumers of mental health services, faith can provide comfort, strength, and support as one navigates difficult terrain. Family members and consumers of mental health services can promote awareness and reduce stigma by encouraging their religious leaders to educate the faith community about mental illness.

Clergy are encouraged to respond to members of their community who must deal with mental illness with compassion and understanding of mental illness. Although mental illness does not imply crisis at all times, clergy should know what to do should a mental health crisis occur. For mental health professionals, counselors, therapists, psychiatrists, and clinical social workers, it is imperative that one fulfills the ethical responsibility to be knowledgeable about clients' faith traditions. Taking a course in world religions or reading about a particular client's tradition will help the professional to be sensitive to the worldview that influences the client's decisions and provides meaning for their life. If a therapist suggests an intervention that clashes with a person's faith tradition, the therapist runs the risk of alienating the client and perhaps causing the client to terminate therapy. Although it is important to be aware that excessive religiosity can be a symptom of certain mental illnesses, professionals must remember that faith is not always a symptom of mental illness and can be extremely helpful in the healing process. We encourage all members of the mental health community to examine the healing powers of religion and/or spirituality.

Elizabeth Gonda,

FAITHNET NAMI: An Online Resource

FaithNet NAMI is a network composed of members and friends of NAMI (National Alliance on Mental Illness). It was established by NAMI Orange County in 1994 and was co-sponsored by NAMI California on November 1, 1997 for the purposes of (1) facilitating the development within the Faith Community of a non-threatening, supportive environment for those with serious mental illness and their families, (2) pointing out the value of one's spirituality in the recovery process from mental illness and the need for spiritual strength for those who are caretakers, (3) educating clergy and congregations concerning the biologic basis and characteristics of mental illness, and (4) encouraging advocacy of the Faith Community to bring about hope and help for all who are affected by mental illness.

FaithNet NAMI is not a religious network but rather an outreach to all religious organizations. It has had significant success in doing so because all the major religions have the basic tenets of giving care and showing compassion to those in need. FaithNet NAMI respects all religious beliefs. It also recognizes the expression by the majority of those affected by mental illness of the importance of the role of their spirituality in their ability to cope with a brain disorder themselves or in caring for an ill friend or family member.

FaithNet NAMI encourages all those who are affected by a mental illness and who are also members of a faith community to talk to their clergy members about mental illness and the role their faith is playing in their lives. This is done for two purposes. (1) By telling their clergy members their story, the clergy members become personally involved and personal involvement is the best method of education. Understanding requires not only the attention of the ears and eyes, but also the heart. (2) By speaking to their clergy members they have the opportunity to gain spiritual support. Sadly, at present, many shy away from speaking with their clergy members because of the effect the stigma of mental illness has had on their lives. They needlessly feel ashamed and fear rejection.

Some Suggested Reading from FaithNet NAMI:

- In the Shadow of Our Steeples…Pastoral Presence for Families Coping with Mental Illness by Steward D. Govig, 1999, The Haworth Pastoral Press, Binghamton, NY.
- In the Shadow of God's Wings by Susan Gregg-Schroeder, 1997, Upper Room Books, P.O. Box 189, Nashville, TN 37202.

- Is Religion Good for Your Health? by Harold G. Koenig, 1997, The Haworth Pastoral Press, Binghamton, NY.
- When Bad Things Happen to Good People by Harold S. Kushner, 1983, Avon Books, New York, NY

More resources can be found at www.nami.org/namifaithnet and at pathways2promise.org, or by contacting NAMI at (800) 950-6242.

A PERSONAL EXPERIENCE: Ministry and Mental Illness

In my role as a Chaplain Intern at Johns Hopkins Hospital, I was recently asked to visit a patient on the psychiatric unit. She had requested spiritual support from the Pastoral Care office. "Sally" was a young adult, wife and mother, who had just been hospitalized for bipolar disorder. She was not from Maryland and had no friends or family in the area. In addition, she was also disconnected from her faith community and was feeling spiritually isolated. During our initial visit, I was able to give her communion as well as reassure her that the Pastoral Care Staff would give her as much support as she wanted during her time at Hopkins. The 'relief' she felt that indeed she would not be abandoned spiritually was evident from both her verbal as well as body language. Subsequently, "Sally" was seen regularly by a small number of Chaplains during her 6-week stay. She often expressed the importance of that support as she got better. The day before she was discharged, she made a point of emphasizing that the spiritual sustenance was as important as the other therapy in her recovery.

Several weeks later in my role as a support group facilitator, one of the members of the group initiated conversation about the role her faith was playing in the ways she coped with her daughter's mental illness. "Every morning before I get out of bed," she said, "I thank God for a new day and then ask Him to give me strength and patience to deal with my daughter and her problems. Without His help, I would not be able to get up and face the challenges of the day."

Both stories illustrate in a simple ways in which we connect our spiritual lives might affect us as consumers of mental health services or family members of persons with mental illness. By exploring our beliefs in whatever we name as greater than ourselves, there is the potential for finding support and solace. As there continues to be evidence and a growing emphasis on the importance of 'mind, body, and spirit,' the medical and lay communities are now exploring how spirituality influences our ability to cope and heal.

Those with mental illness often wrestle with questions of 'good vs. evil,' or 'where is God in all of this' or 'why me?' Other topics such as 'forgiveness' and 'sin' likewise sometimes need attention. Exploring spiritual beliefs can be a tool for both patients and therapists to grapple with such ultimate questions. The presence of pastoral caregivers in institutional settings is an effective resource for fostering healing and reconciliation.

What may be some practical ideas that you may do on your own? I would suggest the following:

- Prayer or meditation: Take a few minutes of silence on a regular basis to turn thoughts to 'your' God, or whatever word you may use to describe that which is greater than our human selves. Either using formal liturgy of some sort or being in solitude with your feelings centered on a single idea, immerse yourself in that state. Try to release your anxieties and concerns to the greater and ask for what you need at the time.
- Join an active Faith Community: The critical word here is community. Just as the NAMI organization offers such value because there are those that are sharing a common struggle, so does a faith community. To be with others that can offer encouragement and support is of tremendous value.
- Explore ideas and theologies: If your current religion is not speaking to you around your situation, there may be other beliefs or perspectives that may offer more meaning. Be open.
- If you are in an institution, ask for spiritual support. Most have a Chaplain on staff or on call.
- In your support groups, discuss the role of faith as another coping tool in the lives of others, as well as your own.

The NAMI website has a fact sheet (excerpted on p.5) that refers to a more subtle advantage of being a part of a faith community: "Religious communities are in a unique position to combat stigma and provide a message of acceptance and hope….For people who are not welcomed in the larger community, being welcomed in a house of prayer by a concerned, caring community, can make a critical difference for consumers with mental illnesses and their families." In a sense, the house of worship can become incorporated into a second tier of advocacy. Recently, my home parish sponsored a talk by a psychiatrist on depression and bipolar disorder. The Parish Hall had standing room only due to the great interest in the subject.

It is beyond the scope of this article to detail all aspects of how our faith impacts us psychologically, but my hope is that you give meaningful consideration to the topic. The use of spirituality as a companion for dealing with mental illness has demonstrated value both for the individual as well as family member. I invite you to add it to your pool of resources as a fountain of hope and healing.

Caroline Stewart, M.Ed, MA,
NAMI member

MINISTRY, MENTAL ILLNESS, AND COMMUNITIES OF FAITH

Look into the faces of your faith community. One in every five will suffer form some of mental illness this year, ranging from depression and anxiety to schizophrenia and bipolar disorder. They are illnesses like any other medical illness, which require treatment. Faith communities should be nurturing to those living with mental illness, helping them to grow, and supporting them with a sense of belonging. When we are loved and cared for, we can then reach out to others with understanding and compassion as we recognize our own gifts and share them. Our world is then filled with the beauty and fullness of life that our God desires for us.

Serious mental illnesses are diseases of the brain that cause disturbances in a person's thinking, feeling, moods, and ability to relate to others. They can diminish a person's capacity for coping with the regular demands of ordinary life and can place tremendous burdens on family members and loved ones. Unfortunately, both ignorance and fear continue to play leading roles in perpetuating the stigma that those with these no-fault brain disorders face. This stigma leads to under funding of government programs for public mental health services, discrimination by insurance companies, lack of appropriate housing and employment options, and pervasive media portrayals of persons with mental illnesses as violent, dangerous, or hopeless.

And yet persons with mental illnesses are all around us. According to the U.S. Center for Mental Health Services, at any given moment more than 48 million Americans are suffering from a "diagnosable" mental illness, and 11 million are suffering from a "severe" mental illness. Persons with mental illnesses are our neighbors, our coworkers, our siblings, our friends. They are even members of our churches, synagogues, and other faith communities.

Religious communities are in a unique position to combat stigma and provide a message of acceptance and hope. Proclaiming the values of social justice, respect for all persons, and non-discrimination, faith communities can reach out to individuals and families affected by mental illness in many helpful ways. Sharing the message that all persons are worthy in the eyes of God, a faith community may be the only place where a person with a mental illness truly feels accepted, valued, and loved. For people who find no other welcome in the larger community, being welcomed in a house of prayer by a concerned and caring community can make a critical difference for individuals with mental illnesses and their families. Churches, synagogues, and other places of worship can spread the message that serious mental illnesses are "diseases of the brain" and help families understand that "it's not their fault." They can open their doors and their hearts to individuals with mental illnesses and be a supportive presence in their on-going recovery.

Outreach ideas for your community of faith:

- Contact the NAMI local affiliate in your community and welcome them to your church, synagogue, mosque or temple.
- Promote workshops and forums in your congregation to teach people that mental illnesses are brain disorders. Use materials and resources available from or recommended by NAMI.
- Use stories and parables from your sacred scriptures as "teachable moments" in religious education programs to teach children about mental illness and acceptance of those who seem different.
- Provide free space for support group meetings for family members and consumers with serious mental illnesses.
- In liturgies and public worship services, pray for those who are hospitalized with serious mental illnesses, their family members and friends.
- Have annual memorial liturgical services for persons in your community who have died as a result of mental illness, lack of treatment, homelessness, or societal neglect.
- In preaching, encourage members of your community to be open-minded and welcoming towards community-based services—including residential facilities in local neighborhoods.
- Use congregational bulletins and newsletters to educate your members about serious mental illness during the annual ***Mental***

Illness Awareness Week each October, or during ***Mental Health Awareness Month*** in May.

- Adopt resolutions affirming your faith community's ministry and mission to help those suffering from serious mental illnesses.

Contact your denominational headquarters for resource materials on mental illness. If none exist, offer to help prepare them. Or contact NAMI!

Excerpted from www.nami.org/namifaithnet.

THE NEED FOR A CLINICAL INTERFACE BETWEEN PSYCHIATRY AND RELIGION

Certainly one can examine the philosophical differences and similarities between religion and psychiatry; this is a field unto itself which is certainly worthy of investigation and study. However, what I wish to communicate is that from a clinical standpoint, in the era of treatment team psychiatry, clergy should be viewed by mental health staff as professionals who study and serve the religious needs of individuals and communities. I suggest a three-pronged approach to enhancing the psychiatry/religion interface.

The first is liaison. Personal contact with clergy is quite beneficial. Contacting a patient's clergy while they are in the hospital or upon discharge may be helpful in that the clergy person will become educated about the patient's illness and treatment, and when and how to intervene when a crisis arises. The mental health professional will come to know more about the religious/spiritual aspects of the patient's life and what needs to be addressed in that regard during treatment.

The second approach to enhancing this interface is education. Education of the clergy about mental illness, and mental health professionals about the religion/spirituality is important from a staff development perspective. For example, at Western Psychiatric Institute and Clinic (WPIC), we are offering as part of our staff development and community outreach programs, education to clergy and mental health professionals alike.

Finally, treatment is an important component of this interface. A successful outpatient mental health center, the Pittsburgh Pastoral Institute in existence since the 1960s, has utilized the psychiatric/religious interface in their treatment of patients. There, an individual may receive psychological and/or psychiatric services with religious and spiritual needs considered as part of a case formulation and treatment planning. At WPIC, we have begun spiritual support groups on some inpatient units which help patients examine religious issues in their lives. The groups

are run by a clergy person, psychologist and a creative arts therapist. Participation is voluntary and does not embrace any one particular religion or theology.

In summary, total care of the psychiatric patient includes an assessment of their spiritual/religious framework and needs. Consultation-liaison with clergy is important, as is education of clergy about mental illness and of mental health staff about religion and spirituality. It makes sense to include clergy as allies in maintaining the mental health of our patients as we grow to rely more and more on community resources to assist our patients in living more stable lives.

Stuart Varon, M.D. Reprinted with permission.

DEALING WITH A MENTAL HEALTH CRISIS IN YOUR FAITH COMMUNITY

The pastor, congregational 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. Failure to respond immediately can contribute to the deterioration of the person and in some instances, can result in creating a threatening situation for the person or for others.

In some cases, hospitalization may be required to meet the person's needs. Every state has its own laws pertaining to psychiatric hospitalization. The pastor should have this information available. This can be obtained from mental health or legal resources in the community.

Suicide – The Warning Signs

80% of people who contemplate suicide give out signs that they are thinking about it. Notify the family, caregiver and/or doctor if appropriate. The following are some indications that a person may commit this act:

- A preoccupation with and/or writing about death or suicide.
- Making final arrangements and giving away special possessions.
- Avoiding commitments.
- Sudden loss of interest in something that was once quite important.
- Insomnia or sudden changes in sleep or eating patterns.
- Dependence on alcohol and/or drugs.
- Deep depression.
- A recently experienced loss.

- A sudden upturn in energy following a depression. Committing suicide takes energy, which people lack when they are severely depressed.

Aftermath of a Suicide

When a loved one dies by suicide, family and friends are devastated. Surviving family and friends can experience feelings of depression, grief, helplessness, spiritual distress, anger, guilt, hopelessness, fatigue, apathy, negativism, and anxiety. A pastor can assist those grieving for a loved one to grieve openly, to attend a support group, and to develop spiritual resources to help them deal with their loss.

Suicide Threat

- The pastor should regard this as a serious cry for help.
- The pastor should assess the suicidal potential. For example, has the person threatened or made attempts at suicide before? What happened? At the time of the threat, were there unusual circumstances or stress in this person's life? Was the threat used to arouse sympathy from the pastor or others?
- Listen to the person as they may find the pastor the easiest person or the only person it is possible to talk to. The pastor should show the person they care. Listen without making judgments or telling the person how to feel. *Do not* use statements such as, "You shouldn't feel that way," or "You don't know how lucky you are."
- The pastor should take the person seriously and show this when speaking with them. *Avoid arguing.*
- The pastor should talk to the person about suicide. They should discuss what suicide means and its finality. By talking the situation through and offering a caring place to discuss the situation, the pastor may sometimes pull the person through the crisis. The pastor should use a soft voice, speak slowly, and keep responses short and simple.
- The pastor should stay a distance away if the person is agitated because they may fear any sudden movement or being cornered.
- The pastor may have to compromise confidentiality in the interests of possibly saving a life.
- The pastor should know emergency telephone numbers, such as emergency services, the police, the person's physician, etc.
- The pastor can accompany the person, or see if someone else who is close to the person will accompany them to the emergency room if it seems warranted in this situation.
- Emergency services or hospital emergency room staff must be alerted if the pastor knows of any previous suicide attempts; if there is a plan

for how the suicide will be carried out; and if the pastor knows what the plan is.

Suicide Attempt

- Call emergency services immediately.
- If possible call the person's physician, family (or caregiver).
- Tell the emergency service personnel if alcohol has been taken.
- Tell the emergency service personnel if the person has any other medical problems and if they are on medication for it.

Overdose or Ingesting a Toxic Substance

It is *critical* to remove the ingested substance as quickly as possible from the person's system to lessen the chance of permanent injury. If a pastor is contacted in such an emergency, they can assist those involved by reporting pertinent information to emergency service personnel. They should be told: what was taken, how much was taken, what time it was taken, and the prescribed dosage if the substance was a medication.

Highly Agitated or Threatening Behavior

- The pastor should protect themselves and keep a safe distance. They should not reach out and attempt to physically touch the person. The pastor should wait until the person is calmer.
- The pastor can work with the person to identify the problem. Is the person responding to hallucinations or delusions? Did someone say or do something that was threatening or was misinterpreted? Is this a reaction to a similar situation in the past that was threatening to the person?
- The pastor should use short, simple sentences and a calm, soft delivery.
- The pastor should calmly discuss what is happening and the consequences that can occur if the situation escalates (such as the person or others being hurt; loss of trust and respect; the possible intervention of emergency services or the police, etc.)
- If a threat is stated, the pastor should find out who, when, how, and why there is a problem. The pastor should attempt to soothe the anger felt toward the threatened person(s). They should notify the threatened person(s) and, if warranted, emergency services and/or the police.
- The pastor should follow up on any concerns or suggestions that were made during this interchange.
- If a dangerous object (knife, gun, car, toxic substance, etc.) is part of

the threat, the pastor should make an emergency call to police. If the pastor has the information, the person's physician and family (or caretaker) should also be contacted.

Total Withdrawal

- The pastor should understand that the person can be using this as a protection.
- The person should not be left alone.
- The pastor should reassure the person that they are loved and accepted.
- The pastor, or someone in the congregation, should sit quietly with the person in a peaceful, secluded place. In attempting to have a conversation, the pastor should use short, simple, direct phrases to which the person can give brief responses. The pastor should not be surprised if the person is unable to respond to what is said. The pastor should not demand a response.
- The pastor should contact the family and/or caregiver and the appropriate mental health professionals.

Inappropriate Language or Behavior

- The pastor should stay calm and neutral.
- The pastor should give the person physical and emotional space and not move toward the person.
- The pastor should respond only to appropriate language and behavior.
- The pastor should tell the person, in a calm, friendly, supportive way, that their behavior is inappropriate.
- The pastor should notify the family, caregiver and/or the appropriate mental health professionals.
- The pastor should assist the person to a restful place to collect themselves. The pastor, or someone else, should sit quietly with them until the crisis has passed. If the situation continues in a crisis mode, a family member, caregiver, or the appropriate mental health professional(s) should be contacted.

Tracing a Missing Person

- Family, friends, or caregivers should be contacted to alert them that the person is missing. If the person has no other support system except the pastor and the congregation, the following steps are helpful in locating the person:
    - The pastor can check with places the ill person frequents.
    - Within a period of time, if the person has not been traced, the

pastor should notify the appropriate authorities and mental health professionals.

- The pastor, or those with the most recent information, should be prepared to give those looking for the person a full description of the person such as what clothes were worn, physical attributes, age, diagnosis, etc.

Adapted from Pathways to Understanding: A Manual on Ministry and Mental Illness by Jennifer Shifrin. This and other valuable resources that you can use to educate yourself and your faith community are available from Pathways to Promise at www.pathways2promise.org.

NAMI PROGRAMS:

FOR FAMILIES & CAREGIVERS

- **NAMI Family-to-Family**: a free 12-session course for relatives and significant others of individuals with severe mental illnesses. The course discusses the clinical treatment of these illnesses and teaches the knowledge and skills that participants need to cope more effectively.
- **NAMI Family Support Groups**: a 90-minute weekly peer support group for relatives and significant others.
- **NAMI Basics:** an education program for parents and other kinship caregivers of children living with mental illnesses.
- **NAMI Homefront:** an education class for families, partners, and friends of military service members and veterans experiencing a mental health challenge.

FOR INDIVIDUALS WITH MENTAL ILLNESS

- **NAMI Peer-to-Peer:** a free 10-session course for individuals with mental illness containing individual relapse prevention planning, a debriefing/storytelling week and an advance directive for psychiatric care.
- **NAMI Connection Recovery Support Group:** a 90-minute weekly support group run by persons who live with mental illness for other persons with any diagnosis who also live with mental illness.

FOR PROVIDERS, THE GENERAL PUBLIC & ADVOCATES

- **NAMI Ambassadors:** a variety of workshops for community and professional audiences presented by relatives and individuals living with mental illness about: Basics about Mental Illness, Working with Families in Crisis, Children with Behavioral Disorders, What is Recovery? And others.
- **NAMI In Our Own Voice:** a 90-minute interactive, multimedia presentation by individuals with mental illness that offers hope and provides insight into the recovery now possible for people with mental illness.
- **NAMI Smarts for Advocacy:** a hands-on advocacy training program that helps people living with mental illness, friends and family transform their passion and lived experience into skillful grassroots advocacy.

The foregoing programs are available across the state of Maryland. Check with your state or local NAMI to determine which programs are available in your area. To locate state or local NAMI organizations nationwide, or to receive information from the national NAMI helpline or website, call (800) 950-6264 or go to www.nami.org.

To order additional copies of this booklet, please contact
NAMI Maryland at 410-884-8691,
info@namimd.org,
or visit www.namimd.org.

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