

## Brave Church/Hard Topics, 10/13: Mental Health/Mental Illness

The chat log of the discussion. Names and identifiable information have been removed for privacy.

Slides mentioned in discussion topics refer to the BCHT Mental Illness October 13.pdf file linked from the [Brave Church-Hard Topics web page](#).

Additional information added after the discussion are identified with “**NOTE:**”

### **Definition of Mental Illness [Slide 7] and Who Is Impacted by Mental Illness [Slide 8]**

**What surprises you about the definition? What surprises you about the statistics in the book about the prevalence of mental illness?**

Surprised ADHD considered a mental illness.

Surprised dementia wasn't on CDC's list.

Maybe the CDC list is one with some kind of chemical treatment available.

The definition of mental illness is so broad - like having a cold means you're sick. Have a more narrow view of what mental illness is - we all have bad days.

Definition: condition that affects mood or behavior... depends on how 'condition' is interpreted

Also wondering where dementia was on the list. Can go on for years.

**NOTE:** Follow up on dementia and get back with class.

**NOTE 2:** We followed up and can confirm that dementia is indeed on the list of mental illnesses. Here is a link from CDC to [MedlinePlus' Mental Health and Behavior list](#).

1 in 5 of all people suffer from mental illness. Seems a little high. Does that seem a high percentage?

**NOTE:** Confirmed from the CDC page [About Mental Health](#)

1 in 25 live with serious mental illness

Situational vs. chronic mental illness.

how does nature vs nurture apply here? Does some of this relate to our culture? How does this compare to Biblical times?

Our culture does affect it. Example: increasing # of Americans who are obese -related to our diet.

Seeing a psychiatrist has become more acceptable these days. Also talking about seeing a psychiatrist is more acceptable.

We have cultural acceptance to go find health for mental health issues. A potential way culture affects us is depressing us, making us anxious. Especially in communities where we can't talk about it. Good thing we're talking about it more.

I suspect the environment causes or impacts so many conditions that affects mental health — ADHD, for instance.

Don't underestimate peer pressure. You may not want people to know that you are seeing a psychologist. Finding a psychologist that will treat kids was a struggle.

Children with ADHD--their minds think differently. You need to use different strategies. These have been learned over time.

acceptance or non-acceptance of mental illness has depended on the treatment at any time. Ex: 1st insane asylum in Williamsburg - chained people to the walls, threw cold water on them. In 1950s, electro-shock treatment, lobotomies.

Music - the gift of pursuing music. People who have euphoric experiences less likely to have anxiety, depression

### **Comments on people-first approach [Slide 9]**

The difference is between making an evaluation of behavior as opposed to making an evaluation of character. Changing behavior easier than changing character.

The focus is on narrowing the person to the condition you're talking about - there's nothing else about them. Instead, using people first, you recognize they're more than their condition

people first language can be broader than just mental illness. Also used for physical disabilities. Approach: you are a human being who happens to have a certain condition. Doesn't define all of who you are.

### **What stigmas about mental illnesses did you grow up with?**

Understanding of anxiety didn't exist when I was a kid. Didn't really understand until both kids were diagnosed with anxiety in college. Then noticed I had it, as did my mother. May have been a stigma or we didn't realize it.

In the 50s, much of the diagnoses didn't exist. Didn't remember the word 'mental illness.' No medication.

Remembering the movie "One Flew Over the Cuckoo's Nest." Using negative terms such as crazy.

We've come a long way. It used to be that we didn't talk about it, leading to misdiagnosis. Things have now changed.

As more things were diagnosed over time, more treatments developed - became better focused in society and talked about more. Can see indications of depression in history.

Some treatments were worse than the ailments

I'm reminded of mental hospitals. Not too many exist anymore, probably because we've found better ways of treating people. things have changed - people have more of a role in their healing process

We've also underfunded all of our mental treatment professions.

NOTE: As a result of funding cuts, a lot of mental health treatment facilities were also closed.

Learned a new term today: fetal alcohol syndrome. could be more growing up with that.

That is a term I'm well aware of as a female. That has been known for a very long time - women told not to drink alcohol when pregnant. Parts of population are aware of it, but maybe not all.

Mental hospitals, locking up of insane - Jane Eyre wife locked in attic because she was insane. That was a standard theme in Victorian novels - locking up a person to steal their inheritance. "Funny farm" was a common term for mental hospitals in the day. Needless medication (overmedication) used to keep kids quiet.

Using mental illness terms as an insult to people - made them less likely to talk about it. (Ex: you're crazy). Creates a stigma.

The idea that too many kids are medicated to keep them quiet - that is not always true. Ex - ADHD. People saw medication as unnecessary treatment, even though some kids need it.

Growing up, heard 'you keep that up, you'll end up in the [mental hospital name]"

Now that schools have reopened, we have situations where kids don't know how to react with one another.

We take so much for granted about our human interactions on a daily basis, and what keeps us healthy. Role of music, meditation, etc.

ADHD - children were rarely happy because adults couldn't tolerate them because they couldn't behave. Are we overdrugging them? Some need medication to behave. Hard to know when something is crossing the line. The assumption that overmedication is common stigmatizes people on the higher end who really need medications to cope.

Human interaction - important role of having friends, pastors, teachers to talk with. Easier for women to have close relationships. Having someone to share your problems

Example of ADHD--two extremes one child with a pronounced case so we missed a less pronounced form in a second child. The medication doesn't change your behavior but slows down the jumble of thoughts racing through their brain so that they can develop coping mechanisms.

Having a church community can make a big, big difference.

Church family is important. Still have trouble learning that sharing feelings is not a weakness. Dealing with growing up with the idea that men sharing feelings was a sign of weakness.

Depends on your perspective on whether the environment you are in is beneficial or not.

Keeping those feelings in not good for health.

As a teacher, I would have been sympathetic to children who reached out to me for help/advice. However, now teachers have to refer kids to counselors.

We haven't addressed PTSD. It is something a lot of people in society suffer from for various reasons.

There are medications to help treat many of the mental illnesses mentioned. But people have to stay on the drugs to stay better.

Regarding PTSD - military culture may have not encouraged admitting PTSD.

### **Discussion: Mental health awareness at Grace.**

#### **How do we balance being a welcoming community for those wanting/willing to talk about their mental health vs. providing a smaller safe space for those less comfortable opening up?**

Are we talking about discussing mental illness as a topic or about people sharing what they're going through?

Both: example - prayer requests often for physical conditions, but not for mental health concerns.

Also, the idea of helping people know it is okay to share their own personal story

A person noted they tended to answer the question "how are you doing?" with "I'm okay," even though they are struggling.

How do we help? How can we provide support?

Steven Ministry is one thing we have at Grace.

Note - Steven Ministry can also have a stigma, but it serves a good purpose. It may be hard for someone to approach a Steven Minister from the same church – someone you see, engage with as a part of the community on a regular basis.

In an email to Pam and Nelson about available resources at Grace, Katie describes Steven Ministry: "We do also have confidential Stephen Ministry for folks who have concerns and needs to talk to someone caring and with basic training in listening and compassionate responses, but again if that reached the level of mental health concerns I know we would both encourage professional counseling."

If I were to seek a Steven Minister, I would do it at another church, so as not to burden someone at our church.

Steven Ministry recommends using someone outside of your own church.

We're here to lend an ear, listen, not judge.

### **Is there something Grace can do so people will know what resources are available?**

I forget Steven Ministry exists. Don't remember when it was last mentioned from the pulpit.

There are cards for Steven Ministry in the pews.

The difficulty - as soon as you talk to that Steven Minister in the church, then I'm exposing myself to a precious group.

I'm currently in a support group outside of Grace for helping people w/ relatives with dementia. Maybe we're not doing enough for people who are struggling with chronic illnesses. Maybe should do more.

Regarding support groups, we have 2 at Grace: care-taker's support group and a widow's support group. One person who became a widow realized she needed a group and started it. Grace also hosts AA and NA groups.

How can someone new to Grace find out about what we have/offer? Do we offer things in a way that those who are less comfortable could take advantage of?

The challenge is getting the word out so people will hear/see it.

How can you help yourself if you don't admit that you need help and make some attempt to seek that help out?

The ministers are willing to help, respect your privacy and will help/refer you to mental health resources as needed.

Steven ministry is listed on the Grace web site, but at the bottom of Congregational Care on our web site. Maybe it should be more prominent than it is.

We could use support with web site design - how to make sure the information people are looking for can be found.

How do you gain knowledge of where to go for help in the church?

If you want to find out what's available at Grace during the week, the door by the office (Tower entrance) is locked much of the time but has a doorbell which Virginia WILL answer. You are always welcome. Call your pastors and ask for a private time with them.

There's a site called Mental Health First Aid that includes resources and a training program. We've linked to it on the Brave Church - Hard Topics web site (<https://www.gracepresby.org/brave-church-hard-topics/>). We might want to encourage some folks from Grace to take the training.

PC(USA) adopted a mental health initiative in the last 2 years - Mental Health Ministry also linked on the BC-HT web page.

**NOTE:** This feedback suggests that (a) it may not be as easy as we think it is to find resources available at Grace or to know where to go for help and (b) some folks are hesitant to talk to people from their own church/faith community about mental health issues.

**What is the role of prayer if the prayer itself isn't going to solve everything? How can we at Grace demonstrate prayer in action related to mental illness?**

**From the author: "...prayer is a ritual that helps us know God is present with us. Prayer in action may look like therapy."**

I'm waiting for the result of prayer to know if it is effective, but I'm not patient long enough to wait for it to be effective. Prayer with another person is more meaningful and effective than praying by myself.

Having a partner to pray with is a good point.

Prayer can be one more person to talk to.

I struggle with what prayer does. Often land where the author is in the 1st part of the sentence (a ritual that helps us know God is present with us). Stopping and focusing on God, resting with God - gives a sense of peace that not in it alone. We're all connected.

Prayer in action may mean we not just listen to prayer requests during church but listen for ways we can help. What if hearing another's prayer request is God's way of answering that person's prayer. How can we help, if we have the ability to help?

Maybe you can help something happen for someone else.

God enables those He calls, He does not call those who are able.

**Next week, will be talking about domestic violence. Linda invited a guest next Thursday.**

Thank you all for sharing.