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Dealing with Mental Illness in Your Women's Ministry

This resource provides practical advice and perspective in dealing with those who suffer from emotional problems.

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Click on an article you'd like to read:

- 3 INTRODUCTION Mental Illness Blues By JoHannah Reardon
- 5 LEADER'S GUIDE How to use this resource with a group
- 6 MENTAL ILLNESS WITHIN WOMEN'S MINISTRY

How can women's ministry help those with mental illness? *By Amy Simpson*

12 MANAGING ANXIETY AND MAKING FRIENDS

With mental illness, community becomes more challenging... and more essential. *By Anne Marie Miller*

18 DEPRESSION: THE CHURCH'S BEST KEPT SECRET

Seeing past the stigma *By Corrie Cutrer*

27 MENTAL ILLNESS AND THE CHURCH

How many lives will be lost before we change? *By Gillian Marchenko*

32 HOW TO HELP WOMEN'S MINISTRY LEADERS STRUGGLING WITH MENTAL HEALTH

Tips for prevention, resources, and support *By Julia Mateer*

37 FOLLOWERS OF THE WOUNDED HEALER

Wisdom for relating and ministering to those with mental illness *By Amy Jackson*

40 ADDITIONAL RESOURCES

Articles, books, and Bible studies to help you further



Introduction

Mental Illness Blues



By JoHannah Reardon

My husband and I founded a church that we are still a part of. During the course of the 30 years that we have been involved there, we've encountered numerous people who have suffered from mental illness. The most common has been depression, but we've also learned to love those who have bipolar disorder, autism, and eating and anxiety disorders, to name a few.

When I was involved in our women's ministry, we encountered each of these during events and retreats where women opened up a little more and became more vulnerable. We took care with what we were entrusted and sought to help in any way we could.



Dealing with Mental Illness in Your Women's Ministry Mental Illness Blues

This resource will help you do the same. It addresses how to help those with mental illness, the importance of community for those who suffer, and how to see past the stigma of depression. It also points out that ignoring mental illness could cost lives and provides ideas for resources and support. Finally, it gives us wisdom as we minister to those with mental illness.

We pray this packet of articles and questions for reflection will help your women's ministry to consider how to best help those who are suffering from mental illness.

Blessings,

JoHannah Reardon Contributing Editor for GIFTEDForLeadership.com



Leader's Guide

How to use this resource for a group study

his training tool can be used for individual or group study. If you intend to lead a group study, some simple suggestions follow.

- 1. Make enough copies for everyone in the group to have her own guide.
- 2. Depending on the time you have dedicated to the study, you might consider distributing the guides before your group meets so everyone has a chance to read the material. Some articles are quite long and could take a while to get through.
- 3. Alternately, you might consider reading the articles together as a group-out loud-and plan on meeting multiple times.
- 4. Make sure your group agrees to complete confidentiality. This is essential to getting women to open up.
- 5. When working through the Reflect questions, be willing to make yourself vulnerable. It's important for women to know that others share their experiences. Make honesty and openness a priority in your group.
- 6. End the session in prayer.

Mental Illness within Women's Ministry

How can women's ministry help those with mental illness?

By Amy Simpson

Most people don't talk much about mental illness. And because of this silence, many of us have the misconception that mental illness is something rare, something that happens to unusual people at the margins of society.

We couldn't be more wrong. Every year in the United States, more than 25 percent of adults suffer from a diagnosable mental illness. These afflictions include serious and chronic diseases like schizophrenia and bipolar disorder, as well as more common problems like depression and anxiety disorders—and everything in between.



Most church leaders have encountered mental illness in their churches. When people seek help for mental illness, **25 percent** of them go first to the church. This is higher than the percentage of people who go to psychiatrists and general medical doctors. Many people are looking to the church for help, but many church leaders, including women's ministry leaders, don't know how to help.

The best way to help someone who is struggling with mental illness is to be real community to them. This often works best in smaller gatherings, such as women's ministry often provides. Women's ministry often includes small-group gatherings that put women in a unique position to minister to other women. When mental illness affects someone, either personally or as a family issue, that person carries that burden every single day, and we can help them carry the load. But we may not know how to help and may actually respond in ways that are counterproductive. Here are some productive ways you can respond:

Acknowledge your fears. Many of our first reactions to mental illness are based in fear, either because we see our own potential reflected in people with mental illness, because we believe people with mental illness are inherently violent (which is not true), or because we're nervous about uncomfortable conversations or situations we don't know how to handle. It's important to acknowledge these fears and to learn to separate legitimate fear from irrational fear.

Recognize and embrace the truth that people with mental illness are people created in the image of God, loved and

valuable. People with mental illness are no less important than others, and people with symptoms are no less valuable than when they're not experiencing symptoms. This attitude is an important starting point for ministry.



Foster a culture of compassion and authenticity in your women's ministry. Set the example so it becomes normal for people to be real about what they're experiencing, even when that truth is not pretty. This doesn't have to mean your women's ministry is obsessed with sharing the worst about themselves with no regard for social consequences; this can be modeled in a healthy and redemptive way. Neither does it have to mean giving people an excuse to stay where they are and refuse to grow. It's just a matter of giving people the chance to be honest about who they are and the circumstances of their lives. This will go a long way toward allowing people affected by mental illness to feel less marginalized.

Watch your response. If a woman announces she has a mental disorder, don't act shocked, try to give her answers about why she's suffering, or try to solve the problem for her. Accept the news as you would an announcement that someone has a heart condition or a back injury. A loving and emotionally even response will show acceptance and maturity that mental illness is not always met with.

Care for them. Think about what your women's ministry is already equipped to do for someone in crisis or suffering from other kinds of sickness, and do that same kind of practical ministry: bring meals, care for their children, visit them in the hospital, and visit them at home if you're welcome. Also realize that unlike some other medical conditions, mental illness is often chronic or repetitive. So the crisis might repeat itself, and you may need to provide this kind of support again. You may even need to help on an ongoing basis for a matter of years. It's important to have appropriate expectations and to be patient with afflicted people and their families.



Consider helping financially, especially with the cost of medications and treatments. Psychiatric medication can

cost thousands of dollars every month. Insurance companies tend to approach coverage differently for mental disorders, and necessary treatments aren't always covered. Many people affected by mental illness lose their jobs or are disabled for a time, with obvious financial implications.

Establish your personal boundaries and stick to them. Are

you willing for women's ministry members to call you at home? Visit your home? How much time can you spend doing direct ministry outside your group meetings? Answer questions like these, tell your group about your boundaries, and apply them consistently with everyone in the group. Then stick to them. If someone violates your personal boundaries or demands more of you than you can give, grant the woman the dignity of restating your boundaries rather than just ignoring her or dropping out of her life.

Model acceptance. Set an example of acceptance during your group prayer times by sometimes praying for people affected by mental illness, just as you do for people affected by other forms of illness and injury. Without sharing any confidential information, mention people struggling with mental illness. Do this without passing judgment or giving commentary on people's illness. This ministry can go a long way toward creating a feeling of safety and hope.

As a women's ministry, decide what kind of behavior you will tolerate. Make those expectations very clear to everyone, and establish what action you'll take if someone violates those group expectations. Then if a person's behavior becomes a problem, follow the established process. But be sure to make



clear you are addressing the person's behavior, rather than the mental illness. Don't assign an amateur diagnosis, and do not suggest that the person needs to "fix herself" before being accepted into the body of Christ. Simply restate the ministry's expectations and your requirement that they be honored. Please also be gracious when forming the expectations, allowing for some latitude in social skills and focusing on what's truly important.

Work through a Bible study on mental illness.

ChristianBibleStudies.com offers two great studies: Ministering to Those with a Mental Illness and Troubled Minds: Responding to Mental Illness, or read a mental-health-related book (such as my book *Troubled Minds*) together and discuss it. Mental illness is rarely addressed in sermons, church classes, and women's ministry. Bring the issue out into the open and give people permission to discuss it while wrestling through their theological questions.

Get some training. Encourage your church to host a leader training event for all small-group leaders in your ministry, perhaps through **FaithNet** programs, sponsored by the **National Alliance on Mental Illness** (NAMI).

Pray together. If someone in your women's ministry is affected by mental illness and gives permission, pray for that person as a group. But please do this in a way that does not suggest that prayer is a substitute for mental-health treatment. Simply demonstrate that you care, that you know God cares, and that you believe prayer is powerful in the life of every suffering person and an important part of every pursuit of healing.

Call the police when necessary. If you believe a person is a danger to self or others, always call the police. Don't try to handle it on your own.



Refer to a professional when appropriate. If you believe someone needs referral to a mental-health professional for treatment, talk to the leaders in your church or contact a local Christian counselor for suggestions.

Remember, you are an example of God's love. The way you treat people affected by mental illness will probably translate, at least to some degree, into how they believe God perceives and treats them. Your attitude and actions are powerful. Please make them thoughtful and sensitive.

Amy Simpson is author of **Troubled Minds: Mental Illness** and the Church's Mission. You can find her at www.AmySimpsonOnline.com and on Twitter @aresimpson. This article is adapted from one that originally appeared on SMALLGROUPS.COM.

Reflect

• Is someone in your women's ministry suffering from mental illness? How do you know?

• How can your women's ministry better communicate love and acceptance for those with mental illness?

• What boundaries do you need to put into place so that you are prepared for those who may suffer from mental illness?

Managing Anxiety and Making Friends

With mental illness, community becomes more challenging . . . and more essential.

by Anne Marie Miller

was a high school freshman when I had my first panic attack. Heart palpitating and lightheaded from heavy breathing, I laid down and tried to take deep breaths, but my lungs didn't want to cooperate.

What was happening? Was I having a heart attack? My heart kept pounding and my head kept spinning, and I wondered what they'd say the next day at school if I died. I could see the memorial page in the yearbook. Why couldn't I take a decent school picture? I'd forever be remembered as the girl with a spiral perm and uncooperative '90s bangs. This fact only worsened my condition.



My dad comforted me by telling me my "irrational fear" would go away, and it did—for a little while. But then it came back and stayed, 20 years of constant panic.

Some days here and there, I'll find mild relief, but I'm almost certain it's here to stay. Most of the time, I'm functional and happy, and my anxiety lays dormant in the chemicals and synapses in my mind, hushed by medication that knows when it starts getting too loud.

Even on the quiet days, my anxiety can put a wall up around me, whispering (or shouting) how it's not safe to go outside, how I'm better off alone. But I know God desires more for me. He wants me to have community, real friends. People I can lean on and people who can lean on me.

No matter who you are, cultivating friendships is a difficult process. As our developed societies have become more independent, we've felt the effects of disconnectedness on such a deep level, we're afraid to admit it at times. Even though we have screens and pixels to connect us to anyone, anywhere, any time, we've never felt more lonely or **unhappy** in any decade in modern history. We're surrounded by people everywhere we go—both physically and virtually—yet the need to feel that we belong somewhere is undeniably palpable.

As if the symptoms of an anxiety disorder aren't damaging enough, coping with any mental illness (to name just a handful: depression, bipolar, ADD, and obsessive-compulsive disorders) can add to the challenge of finding community. *Real* community. Friends you can be vulnerable with. People you let into those places in your life that seem unbearable.



The National Institute of Mental Health tells us 18.6 percent of American adults have a diagnosable mental illness. That's almost one fifth of our population. Although we may feel alone, we're not. And we're not a burden to each other, either.

Over the years, I've experienced various seasons in my approach to finding community in the midst of mental illness:

There's the "I'm fine, everyone!" season. This season is the one where you shove every fear and idea of brokenness you have deep inside you. You numb out any uncomfortable feeling using whatever means necessary. You plaster on a smile when people ask how you are. "I am fine," you say. You know you're not being honest or open. When nobody's looking, you allow yourself the freedom to be not okay. As time goes by you realize living two lives is exhausting.

Next, there's the "I'm by myself and I like it!" phase. For me, this phase usually follows a period of "I'm fine, everyone!" You are exhausted from pretending you're fine, and you tell yourself you're better off alone. You cancel activities with friends, you skip out on work, and you duck in and out of church before anyone can talk to you. Sometimes we need our alone time, but this phase is about isolation. Isolation eventually leads to despair.

Finally, you reach the "I'm broken and I need help"

chapter. Although it sounds like this new chapter is emerging from a place of defeat, it's actually the birth of acceptance, healing, and freedom. When you can share your struggle with another person, safely and vulnerably, the burden is lifted off you and somebody else is there to help you carry it (see James



5:16, Gal. 6:2–3). It is not an easy place to be. Much courage is needed to realize this and to act on it.

Having genuine community takes intentionality. I used to believe the only relationships worth keeping were the ones that flourished organically, without much effort. That couldn't be further from the truth. While some relationships will grow naturally, most have to be nurtured from the beginning. When you're wrestling with mental illness, it feels like you don't have the strength to reach out. Let others know. Pray, asking God to meet your need for strength and for people.

If someone in your women's ministry struggles with mental illness, it can be difficult to understand what to do. Although each unique situation calls for discernment and prayerful guidance (even outside counsel), my friend Lon, an emotional health researcher whose wife and daughters suffer from depression, offers **this helpful advice from I Corinthians 13**.

Community gives us a place to be vulnerable, even about our mental health issues. We liken being vulnerable with being honest, but it also means being open to being wounded, defenseless. Too often we assume we must wait until we feel safe to be vulnerable with other people. They must earn our trust and show us they will not take our wounds and cause them to bleed more. We misconstrue the wisdom of guarding our hearts, our life's wellspring, as a command for us to form a fortress around it. Piece by piece, we can let the bricks of our walls down and allow others into the most sheltered, secret parts of our lives. And we can let them in consistently.

When you're intentional and vulnerable in community, the only way growth happens is through surrender and consistency—



by committing to one another. Our relationships are more nomadic and sporadic than ever. We tend to see relationship as something that has to be convenient for us in order for it to work. Instead, relationships should actually require us to step beyond convenience into being uncomfortable. If we aren't feeling growing pains as we move into more committed relationships, that's an indicator those relationships aren't becoming stronger. Commitment causes discomfort, and it also causes growth.

Mental illnesses can steal our energy and motivation. But sincere, God-given, life-giving friendships can help us through the times when we struggle the most. Where we are weak, he is strong. Anxiety is my weakness that can either break relationships and isolate my spirit, or boast Christ's strength and join me with other believers.

In the midst of our struggles, he is with us. He knows every malfunctioning neurotransmitter in our brains. And his desire for us to have relationships—to be united one to another, to carry each other's burdens—doesn't change.

Anne Marie Miller is the author of four books and speaks at colleges, conventions, and churches on the topics of social justice, sexuality, health, addiction, and biblical themes of grace and restoration. Her newest book, Lean on Me: Finding Intentional, Vulnerable and Consistent Community is available now. This article is adapted from one that first appeared on HERMENEUTICS.COM.



Reflect

• Can you identify anyone in your women's ministry who is in the "I'm fine, everyone!" phase? If so, how can you help her confront the fact that she needs help?

• Can you identify anyone in the "I'm by myself and I like it!" phase? If so, how can you help her recognize she needs others?

• What about the "I'm broken and I need help" phase? How can you meet her where she's at and give her the help she needs?

Depression: The Church's Best Kept Secret

Seeing past the stigma

Here's a statistic that should give us pause: at least one in four American women now takes a psychiatric medication. Many of these women are depressed—12 million of them, actually. And while women are roughly twice as likely as men to experience depression, many aren't receiving the holistic treatment and support they need.

Depression continues to be discussed prominently in the public sphere. Should women with a history of severe depression continue to take medication during pregnancy, despite the potential risks? Should females begin exploring and valuing their negative emotions and pain instead of suppressing them? What do the latest developments in brain imaging and clinical studies reveal about the most effective forms of treatment?



Yet despite the ongoing discourse, many women don't feel empowered to speak openly about their depression, and they aren't finding the support they need in their local churches or Christian communities. Dr. Archibald Hart, a licensed California psychologist and senior professor of psychology at Fuller Theological Seminary, vividly recalls the time he spoke about depression during a seminar to 3,000 women at Crystal Cathedral in Orange County, California. "I asked, 'How many of you are on an antidepressant but have not told your husband?' At least half of them stood up," he says.

Shame and stigma can keep people from sharing their experience with those who know them, even those who are closest to them, says Amy Simpson, author of *Troubled Minds: Mental Illness and the Church's Mission*. "There's an assumption among many people that if they were honest about what they experienced, it would be rejected or they would be shamed."

Pervasive in Nature

"I have so many friends who take medication for different things, but none of them go to counseling," Christina Fox, a licensed counselor in Florida, says. "It's hard to open up to people in your own family and tell them you're struggling, much less to a complete stranger. There's a fear of what you might have to unpack. Sometimes it's easier to shove it down than to do that kind of work."

Scripture reveals that depression has continuously been part of the human experience. But it can become easy for well-versed believers to gloss over the reality that Hannah "would be reduced to tears and would not even eat....[She] was in deep anguish, crying bitterly as she prayed to the Lord" (1 Samuel 1:7, 10). Or that David, his heart struck down like withered grass, couldn't



stomach food. "Because of my groaning, I am reduced to skin and bones," he said (Psalm 102:5). Elijah asked God to take his life (1 Kings 19:4), while Job described his life as ebbing away. "Depression haunts my days," he said. "At night my bones are filled with pain, which gnaws at me relentlessly" (Job 30:16–17).

Passages such as these demonstrate that depression reaches men and women of all ages and socioeconomic levels. Yet while strides have been made within our culture and the church to understand and support those facing depression, mental illness still often confounds those who haven't faced it, says Christian author and speaker Sheila Walsh, who's lived with depression for most of her life. "If it doesn't show up on an x-ray, people have a problem with it," she says. "If someone has a brain tumor, that person can rally people all over the world to pray. But if you have a deficiency in the chemicals in your brain, then that's harder for people to grasp."

The Two Types of Depression

Like all other parts of the body, the brain is a physical organ, subject to injury, disease, or decay, Simpson explains. "There is confusion when we think the brain, the soul, and the spirit are the same. They're not. Certainly we can't separate them from one another. We can't treat the brain without taking into account the spirit because we're holistic beings. But there is a difference. And just because someone's brain isn't quite working right or doesn't have the right mixture of chemicals going through it doesn't necessarily mean there is a spiritual problem."

Fundamentally, a significant lack of knowledge also still exists in understanding variances in depression and how to best treat them, Hart adds. One form of depression is endogenous by nature, meaning it's strongly genetic and signifies a deficiency of neurotransmitters in the brain. This is the type of depression



Walsh says she's experienced since her teenage years when she began enduring periods of acute sadness and withdrawal. "My mom described it as if I had disappeared into a hole, and it would be hard for her to reach in and pull me out," Walsh explains.

Walsh continuously struggled with a dichotomy of what she knew to be true (God's love for her and presence with her) and the isolation and darkness she felt to be true. She eventually was hospitalized for a month in 1992 for severe depression. "At that point I didn't know of anyone who openly admitted that they struggled with any kind of mental illness, and I had a very poor concept of what medication did," she says. Throughout the next two decades, the medications Zoloft and then Cymbalta became a lifeline for her, lifting the weight of the illness and restoring her strength and perspective.

Walsh's own father lived with depression before taking his life at age 34. In the years leading up to his death, he'd also slip into a state of mind where no one could reach him. "I'm pretty sure that same tendency was in my father just as it is in me," Walsh says.

Understanding the genetic component of depression is important because the illness can easily run down the family line. For this kind of depression, medication is vital. "It responds 100 percent to antidepressants, so it brings it under control," Hart says.

The other kind of depression is exogenous—which Sigmund Freud once described as a "reactive depression." This type of depression is a reaction to loss, a pronounced experience of grief. It could be the loss of a loved one, a marriage, a dream, or a job—any kind of loss, really. "It can be prolonged or even incapacitating, but it's not necessarily connected to something that is wrong biologically," Hart explains. It can also



be exacerbated by the growing sense of stress, isolation, and exhaustion many women regularly face (issues Hart has explored in detail in his books).

Man Is Not Healed Through Pills Alone

A failure to properly diagnose the type of depression women experience has created problems, Hart says. "Research now shows we are overprescribing antidepressants while often neglecting the actual depression. People are not getting the treatment they need."

This could include those struggling with a genetic or biological form of depression who are not currently receiving proper medication; it could also include those with reactive depression who are taking medication but not participating in therapy, which Hart believes is crucial in treating this kind of depression.

Fox, the Florida counselor, says it was a combination of shortterm use of antidepressants along with counseling that helped her through her own personal experience with depression after the birth of her two children. "For the longest time I struggled, blaming it on lack of sleep with a newborn," she says. "Finally I reached out to my doctor, and he gave me a prescription."

The medication initially helped keep her head above water, but it was the counseling she received that also helped her move forward "into more and more light," she describes. "I gained insight into what I was thinking, how I was looking at my life, and how to use a scriptural framework to apply the truth of the gospel to my situation. Those concepts still help me today, when my thoughts can snowball and I feel overwhelmed. I remind myself of things that are true."



Before starting an antidepressant, Fox proposes that women ask themselves a few key questions: What is the reason I feel the need for this? Am I treating my struggle like a cold or flu, wanting to medicate to primarily treat symptoms? Am I willing to also seek counseling?

Additionally, Hart recommends that women undergo a complete medical evaluation before taking mediation. These tests will reveal if any other biological issues such as a thyroid, gland, or estrogen abnormality is triggering the depression—all valid culprits that could be treated with various medications, depending on the issue. The key is moving beyond what has become the typical experience for women seeking answers and relief: the brief, ten-minute office visit with a busy general practitioner who's often required to see ten or more patients per hour. "The average GP just doesn't have time to sit down and explore the depression," Hart says.

The Necessity of Support

The church, Christian communities, and individual Christfollowers should also play a role in coming alongside those facing depression. "The most important thing a church can do is set up a support group for people living with depression," Hart says, pointing to Saddleback Church in California as a model of a congregation caring for members in this way (its pastor, Rick Warren, is one of Hart's former students).

Redeeming Work Bible Study

If churches desire to start this kind of ministry, then Simpson strongly urges for a group to be led either by someone who has personally experienced depression and is now in a healthy place to minister to others or by someone who's walked with a loved



one or family member through depression. (Simpson outlines several examples of churches and ministries doing this well in her book *Troubled Minds*).

What church leaders or individuals should not do is take an extreme approach—either ignoring the problem altogether or deciding they can take care of everything themselves. While pastoral counseling can at times be sufficient, separate mental health evaluations and the involvement of medical professionals are often necessary. Those coming alongside people with depression also should not assume they can relate to what someone with depression is feeling or facing simply because they've encountered sadness or discouragement themselves.

"People who have not experienced the clinical side of depression often tend to think they can relate because they know what sadness feels like, and they don't understand it's a completely different situation," Simpson notes. "It's more intense, more entrenched, and often depressed people have no control over it. They can't make it go away. They can't depend on the fact that they're probably going to feel better tomorrow or next week. It's a malfunction that needs treatment."

Churches would do well to minister to those with depression in the same fashion they do to those who are struggling with an illness such as cancer. "We recognize there are spiritual and practical needs for a person who's facing this kind of crisis," Simpson says. "We don't discount that they need the professional help of an oncologist. We do everything we can to support the person so she can receive the treatments she needs. We help the family; we feed the spiritual and social needs of the person. We do the things the church does best through offering support but not feeling an obligation to fix the problem entirely."



To this end, Walsh believes the act of coming together as a church, support group, or community of friends can reveal a needed and forgotten art among today's culture: the ability to just listen. "There is such a temptation within the church to think we have a Scripture verse for everything," she says. "We can't wait to tell the struggling person how to be fixed. But if churches have support groups for women that avoid sending a 'Come to the group so we can fix you' message but instead simply create a place where they can come and be heard, that would meet a tremendous need. Some women just simply need to be heard."

A Holistic Approach

Hart also encourages his students at Fuller to take a holistic approach to health in learning how to shepherd people in their churches and communities who are living with depression. Pastors need to understand the complexities of mental illness and demonstrate greater wisdom and sensitivity toward those living with it. Men and women in the pews need to be taught good theology alongside what it means to care for their bodies through stress management, proper sleep, and even activities such as meditation on Scripture or contemplation—learning to listen as well as to speak as part of the practice of prayer.

There's a healthy and healing synchronization that occurs when we realize that our bodies, emotions, and beliefs aren't separate entities but all play an integrated role in shaping who we are. While the condition of our faith may not play a role in the onset of depression, it is certainly vital in treating it.

"We are whole people: feeling people, spiritual people, and biological people," Hart says. "Healing comes when there's balance in the whole system. And our spiritual life is the most



powerful balancing factor there is for us. If we neglect it, then everything else that is wrong gets worse. Faith is a powerful remedy for the stresses and complexities of modern life. A balanced life is one where our spirituality informs the lives we live—not the other way around."

Corrie Cutrer is a former assistant editor of Today's Christian Woman, *where this article first appeared*.

Reflect

• Do you know of those in your women's ministry who are suffering from depression? If so, how can you begin to help them? Were there any helpful ideas in the article?

• Would it be possible to begin a support group for them? Why or why not?

• How might your women's ministry provide practical information for those who are depressed? What topics could you cover throughout the year that might help with this?

Mental Illness and the Church



How many lives will be lost before we change?

by Gillian Marchenko

'm hidden under blankets in a bedroom of the parsonage next door to the church my husband pastors. My limbs are cinder blocks. My gut, a pool of quicksand. I hear a muffled voice. "Mom? It's time for dinner. Mom?"

I roll onto my back and squint my eyes up at Zoya, ten years old, the easiest baby for me, the one who still crawls up in my lap and rests her head on my breast like she'd nurse if she could. "Hi." I clear my voice. This is where it gets tricky. I don't want my Major Depressive Disorder to scare my kids. I glob together blips of energy in my body. My mind gathers them like worn-out pieces of leftover pie crust that won't stay together, even with a little flour and spit.



"Hi, honey. How was school?"

"OK." Zoya's voice is small, distant. I see fear in her eyes and work to remember if I've taken a shower today, or yesterday, or if I will, perhaps, take one tomorrow. "Um, Papa says it's time for dinner. Can you come down and eat with us?" My daughter's face is creamy and smooth, like white velvet.

I catch her sometimes, when I'm doing better, lying in her bed alone and ask, "Whatchya doin?"

"Nothing, just resting."

"OK," I reply, and walk down our yellow hallway wondering if she's sad. Would she tell me if so? I worry she'll get whatever gene I seem to have inherited that makes life bad and hard for no apparent reason. I hope to God it isn't so.

"No, not tonight. I'm still not feeling great."

"Ok, do you want us to bring you up a plate?"

"Maybe a little later."

Zoya bends toward me and wraps her soft arms around my body. Her embrace stops the ache for a second. A tear slides down my cheek, and I wipe it away before she can see it. "I love you, Mom."

"I love you too, Zoya."

She leaves my bedroom, and I wriggle around on the mattress to find a way to ease the pain. The door closes. People like Joel Osteen say you can choose happy. Okay, I choose it. I choose it every day. But it



doesn't choose me. I'm sinking. I don't want to sink. Don't throw the baby out with the bathwater. Jesus, help. Help me. I ache. I need help.

For Christians with mental illness, our struggles are still largely met with silence or platitudes. *Trust God. Pray harder*. *Don't let the enemy win*. I'm a former missionary, a pastor's wife, and a leader in ministry. My mental health history goes like this: melancholy child who thought it was normal to lie in bed for hours, frightened new mother later diagnosed with postpartum depression, struggling missionary and pastor's wife who couldn't understand why prayer and Scripture did not calm the storms within, mother of a child with Down syndrome who for a time gave in to self-medication with cheap Chardonnay, ministry leader who suffered a breakdown resulting in a final diagnosis of **major depressive disorder**.

With the MDD diagnosis came the fatalistic fear that my struggles were here to stay on this side of glory, and a relief that after 30some years, there was a name for my war. Since my diagnosis, I've fought the battle to health with Prozac, therapy, Jesus, and a supportive family.

We've not kept my depression secret from our church. My husband, Sergei, includes mental illness in his sermons and pastoral prayers, and the Lord has brought people to our ministry who grapple with mental anguish.

But we can do more. I fear my home group doesn't understand the extent of my situation when I ask for prayer for my depression. As a leader in our church, the sting of stigma is still present when it comes to our sister in Christ who has bipolar disorder, or the woman at church who loses touch with reality and ambles up to



the Communion table whenever she desires, stuffing her face with the bread of Christ. As a sufferer and a leader, I look away, at a loss for how to truly get or offer help.

In his article **"My Take: How churches can respond to mental illness"** Ed Stetzer, President of LifeWay Research, shared a study out of **Baylor University** which indicated "that while help from the church with depression and mental illness was the second priority of families with mental illness, it ranked 42nd on the list of requests from families that did not have a family member with mental illness." The **Mental Health Grace Alliance** says that "research reveals 30–40 percent of those with a mental illness seeking assistance from the church are told mental illness does not exist. Only 5 percent of churches were responsive." By and large, churches are not addressing mental health.

So what can be done? Educate yourselves. Utilize resources like **The National Institute of Mental Health** that provide up-to-date information and useful statistics about mental illness. Study examples from the Bible. Talk about King David and Naomi, who some say struggled with mental illness, from the pulpit. Abstain from making mental illness a spiritual problem. Help ease the stigma by acknowledging it.

Church, move away from ignorance. **The Mental Health Grace Alliance** offers seminars, specialized consulting, and training for churches and individuals interested in helping those affected by mental illness. The **Fresh Hope support group ministry** strives to "empower individuals to live a full and rich faith-filled life in spite of a mental health diagnosis." Treat mental illness like other medical crises because it is. Offer tangible help. If you know a family battling mental illness, watch their kids, bring a meal, show up, listen, and pray for them.



To others, like me, who have faith and depression, bipolar disorder, schizophrenia, OCD, or some other illness, can I gently ask you to speak up? Too many of us struggle in silence or give up on church altogether. Chances are you have been hurt in the past from sharing. It may be scary to try again. But owning your battle and your rightful presence in the church can help change the overall view of mental illness. **Micah 7:8** says, "Though I sit in darkness, the Lord will be my light." Let's all work together to shine a light on the darkness of mental illness. And let's resolve to help before the loss of more life.

Gillian Marchenko is a wife, mother, writer, and speaker. She is the author of **Sun Shine Down**. This article is adapted from one that first appeared on GIFTEDForLeADERSHIP.COM.

Reflect

• Have we been ignoring mental illness issues in our women's ministry? If so, how? If not, how have we been helping those with mental illness?

• How can you better educate your leaders and those involved in your women's ministry?

• What outside resources can you use to help address this problem?

How to Help Women's Ministry Leaders Struggling with Mental Health

Tips for prevention, resources, and support *by Julia Mateer*

Sitting in my office on a brutally hot afternoon in Florida, I was having a difficult conversation with one of my most capable leaders. She shared with me that the stress of her schedule was causing depressive symptoms in her life. Having a history of depression, she understood her triggers. Consequently, she knew she needed to step away from her leadership responsibilities so she could rest and regain a more manageable schedule. Serving in a local church, working full-time, and caring for a family is stressful for anyone, but when you have a mental health challenge, you're particularly vulnerable to stressors.



Mental health disorders affect **tens of millions** of Americans each year. Because they're so common, it makes sense that we have leaders who are affected, but how can we help them? I must confess that it's a difficult question to answer. Few churches have clear-cut protocols or standard operating procedures for dealing with mental health situations. But I'm thankful that more churches are beginning to take the issue seriously, putting strategies into place. I'd like to offer some suggestions to help you minister to leaders who are suffering. It's an issue close to my heart, because I suffer too.

Start with Prevention

One of the most powerful things we can do to help is prevent triggers in the first place. This involves promoting healthy leadership from the very beginning, avoiding the common triggers of stress, isolation, and overwhelming responsibilities.

The first aspect of healthy leadership is simply letting leaders know we love and support them. We must communicate that our leaders are valued beyond what they do for our ministries. They need to know that we care more about them as people than the role they play in what we're trying to accomplish. John 13:34 encourages Christ-followers to love one another—our relationships should always trump tasks.

By establishing healthy supportive relationships with the leaders of our ministry, we set a foundation that helps people feel safe, affirmed, and more apt to share when life is overwhelming or stressful. Then when leaders share they're struggling, we can help them navigate a plan for healthy resolution. Often, mental health issues such as mood disorders, anxiety-based disorders, or addictions manifest when our lives are out of balance—that's



Dealing with Mental Illness in Your Women's Ministry How to Help Women's Ministry Leaders Struggling with Mental Health

when people feel overwhelmed and stressed. Helping leaders maintain healthy balance in their lives is vital.

The second aspect of promoting healthy leadership is supporting healthy priorities. We do our best to make sure our leaders put their relationship with God first, then their family relationships, and then their role in ministry. This helps leaders maintain emotional health—whether or not they're prone to mental health issues. Maintaining margin in our lives through prioritizing is important for self-care, especially when life is stressful.

The third aspect is encouraging leaders to unplug and take breaks. Pastors, including me, model this as well. As I'm writing this, I'm on a three-day spiritual retreat. Bayside understands the importance of needing to unplug and relax, so twice a year each pastor spends time on a spiritual retreat.

Provide Resources

Even with our best prevention efforts, though, some of our leaders will face mental health issues. It's important to provide helpful resources and support when a leader is struggling. One way we resource our leaders is by providing a coach for each leader. We want every leader to be cared for, known, prayed for, supported, and encouraged by a coach. Coaches provide a lot of the preventative care, but also are empathetic when leaders are struggling, providing them with resources to help, and asking them what they need. So, if issues arise such as a marital struggle, depression, grief issues, or parenting issues, the coach is there to talk and work out a plan.

Part of that plan may be counseling. At Bayside, we provide counseling services to all of our leaders through a ministry we call Care. Care provides pastoral counseling as well as professional



Dealing with Mental Illness in Your Women's Ministry How to Help Women's Ministry Leaders Struggling with Mental Health

therapeutic services. We also pay for off-site therapy when leaders need this kind of support. We recognize that sometimes it's better to go elsewhere to protect confidentiality.

Recently, one of my direct reports was feeling overwhelmed with work, family, and ministry responsibilities. Because we have a great relationship, she was able to talk freely about this with me. We developed a plan for her to step away and take a break. I communicated that we cared more about her as a person than as a leader, and we wanted her to spend time getting better.

When a leader shares they have a mental health issue, I often share about my own challenge with dysthymia, a chronic form of depression. By letting leaders know that I struggle, too, they know I empathize with their situation. Transparency and authenticity go a long way in helping to build healthy relationships. By sharing my story, I also communicate that mental health issues don't disqualify them from leadership. My hope is that by sharing my struggle, I can help to remove the stigma of mental health issues in the church.

Three Tips to Help

With one in four adults suffering with mental health issues, it's likely that at least a few of your leaders are struggling. Here are three tips to help:

I. Affirm their value. Remind leaders that who they are is more valuable that what they do for the ministry. Offer a listening ear, prayer support, and encouragement. Take the stigma out of needing help. Let them know it's common and that it doesn't automatically disqualify them from ministry.

2. Work together on a plan. Help them evaluate their schedule. Stress is a trigger for many mental health issues, so taking a break



to create margin for rest and rejuvenation can be important. Help them consider if their mental health or overall well-being are at risk. Be sure to have a list of mental health resources that you can refer to, including trusted counselors and psychiatrists. Then continue to walk with the leader through the process.

3. Don't be afraid to ask. If you've developed a relationship with your leader, and you notice something seems off, ask about it. Make an observation like, "It seems like you've been sad lately. How are you feeling?" You could also say, "I've noticed you're not quite yourself lately. I'm always here to listen if you need someone to talk with." Make sure that you communicate that you want to help the leader be healthy and flourish, being all God intends. These kinds of statements show our leaders that we love them. Your invitation could be the thing your leaders need to open up about their struggles.

Julia Mateer is Director of Small Groups for the East Bradenton Campus of Bayside Community Church in Florida. This article is adapted from one that first appeared on SMALLGROUPS.COM.

Reflect

• What are some practical ways you can affirm how much you value your women's ministry leaders?

• How can you make sure your leaders are not overloaded but are taking time for their own well-being?

• How can you better determine if your leaders are struggling?

Followers of the Wounded Healer

Wisdom for relating and ministering to those with mental illness

By Amy Jackson

t's pretty apparent when someone breaks a leg, like **Kevin Ware of the Louisville Cardinals** did during the Elite Eight NCAA basketball game. Legs aren't supposed to bend like that. When someone is struggling with mental illness, though, the signs aren't as clear. And while Ware will receive no shame for breaking his leg, chances are that a person with schizophrenia will. No one will tell Ware to heal faster, yet many will ask those dealing with depression why they aren't feeling better yet, telling them simply to cheer up.

But our shaming and prodding will do no good for the person with mental illness. And that goes for those who are seeking to help people with mental illness, too. When your son with depression commits suicide or your mom with bipolar disorder causes a scene at the grocery store, you don't need any shaming or prodding either. You and your loved one need grace and love and reminders of God's light.



Dealing with Mental Illness in Your Women's Ministry Followers of the Wounded Healer

Ann Voskamp shares on **her blog** how she's seen the church deal with mental illness, including her mom's—and how she *wishes* the church would respond. She writes:

Our Bible says Jesus said, "It is not those who are healthy who need a doctor, but those who are sick." Jesus came for the sick, not for the smug. Jesus came as a doctor and He makes miracles happen through medicine and when the church isn't for the suffering, then the Church isn't for Christ.

I wanted them to say it all together, like one Body, for us to say it all together to each other because there's not one of us who hasn't lost something, who doesn't fear something, who doesn't ache with something. I wanted us to turn to the hurting, to each other, and promise it till we're hoarse:

We won't give you some cliché—but something to cling to—and that will mean our hands.

We won't give you some platitudes—but someplace for your pain—and that will mean our time.

We won't give you some excuses—but we'll be some example and that will mean bending down and washing your wounds. Wounds that we don't understand, wounds that keep festering, that don't heal, that downright stink—wounds that can never make us turn away.

Because we are the Body of the Wounded Healer and we are the people who believe the impossible—that wounds can be openings to the beauty in us.



Dealing with Mental Illness in Your Women's Ministry Followers of the Wounded Healer

Recognizing that different mental illnesses need different treatments, including resources outside women's ministry, your women's ministry *can* help those with a mental illness by representing our Wounded Healer to them. Too often we want to send away people dealing with mental illness, allowing specialists to do their work, but as the Body of Christ, we should come alongside those struggling.

Amy Jackson is the managing editor of GIFTEDForLeadership.com, SMALLGROUPS.COM, and CHRISTIANBIBLESTUDIES.COM. This article is adapted from one that first appeared on SMALLGROUPS.COM.

Reflect

• How can you avoid shaming and instead give concrete help to those with mental illness?

• How can you help the women in your ministry understand that Christ not only died for them, but wants to help them walk through the difficulties of life?

• What can you do to create environments where those struggling with mental illness—and those with loved ones struggling with mental illness—are welcomed and cared for? For a specific example, how might your women's ministry reach out to parents who have recently lost a child to suicide?

Additional Resources

Articles, books, and Bible studies to help you further

Articles

A New Approach to Mental Illness in the Church—We must stop ignoring mental illness and start graciously offering hope. By Ed Stetzer, available on CHRISTIANITYTODAY.COM.

Mental Illness, the Church, and a Helpful Resource—When it comes to mental illness and the church, Religion Link is a great resource to explore for more information. By Ed Stetzer, available on CHRISTIANITYTODAY.COM.

Growing Grace for Mental Illness—One pastor's story mirrors a burgeoning response in the church. By Amy Simpson, available on LeadershipJournal.com.



Dealing with Mental Illness in Your Women's Ministry Additional Resources

Books

Troubled Minds: Mental Illness and the Church's Mission by Amy R. Simpson (IVP, 2013). Mental illness is the sort of thing we don't like to talk about. It doesn't reduce nicely to simple solutions and happy outcomes. So instead, too often we reduce people who are mentally ill to caricatures and ghosts, and simply pretend they don't exist. They do exist, however-statistics suggest that one in four people suffer from some kind of mental illness. And then there's their friends and family members, who bear their own scars and anxious thoughts, and who see no safe place to talk about the impact of mental illness on their lives and their loved ones. Many of these people are sitting in churches week after week, suffering in stigmatized silence. Amy Simpson, whose family knows the trauma and bewilderment of mental illness, reminds us that people with mental illness are our neighbors and our brothers and sisters in Christ, and she shows us the path to loving them well and becoming a church that loves God with whole hearts and whole souls, with the strength we have and with minds that are whole as well as minds that are troubled.

Anxious: Choosing Faith in a World of Worry by Amy R. Simpson (IVP, 2014). We stress over circumstances we can't control, we talk about what's keeping us up at night and we wring our hands over the fate of disadvantaged people all over the world, almost as if to show we care and that we have big things to care about. Worry is part of our culture, an expectation of responsible people. And sadly, Christians are no different. But we are called to live and think differently from the worried world around us. The fact is, worry is sin, but we don't seem to take it seriously. It is a spiritual problem, which ultimately cannot be overcome with sheer willpower—its solution is rooted entirely in who God is. How can we live life abundantly, with joy, as God has called us to do, when we're



Dealing with Mental Illness in Your Women's Ministry Additional Resources

consumed by anxiety? We are commanded not to worry, not only in the well-known words of Jesus recorded in Matthew 6, but also throughout the Old Testament and the epistles to the church. The Bible makes it clear that the future belongs only to God, who rules and is not subject to the limitations of time. To live with joy and contentment, trusting God with the present and the future, is a countercultural feat that can be accomplished only through him.

Online Resources

Ministering to Those with a Mental Illness—How to help those suffering. Available from SMALLGROUPS.COM.

Mental Illness—This 22-page resource offers wisdom from those who have walked the path and tips on how to minister to the mentally ill. Available from BuildingChurchLeaders.com.

Troubled Minds: Responding to Mental Illness—Discover how the church can—and must—help those who are struggling. Available from SMALLGROUPS.COM.

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