

## Mental Health

Heritage Green Baptist, Sunday February 7, 2016  
Glenn Cordery

Part of pastoral ministry is being with people when they are hospitalized. When we lived in Mississauga, I had visited one person a number of times in the hospital over a period of years. She was connected with our church in Oakville. Recurring critical episodes of her mental illness required hospitalization to adjust medication and receive intensive counselling. One particular time I went through the regular routine of calling from the phone in the hallway asking if I could come in. After the supervisor pushed the button to open the locked doors of the psychiatric ward I walked down the hallway looking for her room number.

Slowly walking up the hallway was a person that I knew from a church where I had served briefly as an interim pastor. The first words out of her mouth were "I bet you never thought that you would see me here." Her words conveyed embarrassment and shame that she was admitted in the psychiatric ward. I thought how heart breaking that she feels shame. At the same time, I was not completely surprised by her words and tone. The influence of her church was that you just trust God, and everyday should be cheery and bright. If you were not living the victorious Christian life it was because of your lack of faith, or unconfessed sin in your life.

She was conditioned by wrong theology and wrong advice about mental health. Of course in that church environment because of shame she hid anxiety, depression, obsessive thoughts or whatever the mental illness. In that type of church and family environment you can't risk telling people how you really feel and what is happening, because you will be ostracized. You retreat, isolate to suffer alone in silence and finally the condition is critical. The hospital is where this person needed to be at that time. If she had a heart attack or stroke she would not be embarrassed to have met me in the hospital. Neither should she be embarrassed to meet the pastor in the psychiatric ward or if she had been taking medication and counselling.

Our response in the church has not been good to people who experience mental illness. Change is needed. We back away from difficult, uncomfortable situations because of fear, or we don't want to get involved, or we don't know what to do. Change starts with loving people how God loves people and treating people the way Jesus Christ treated people. We also need education about mental health.

We can respond to people by being a friend, which does not require any specialized training. The apostle Paul wrote to the Corinthian church:

Blessed be the God and Father of our Lord Jesus Christ, the Father of mercies and the God of all consolation, who consoles us in all our affliction, so that we may be able to console those who are in any affliction with the consolation with which we ourselves are consoled by God. For just as the sufferings of Christ are abundant for us, so also our consolation is abundant through Christ. (2 Cor. 1.3-4)

God can you use you as the source of consolation and encouragement for suffering people. Pastoral care is not just for the pastor. We all care for one another. When you don't think that you have the ability to say the right things saying nothing is a good start rather than blurting out unhelpful false sound bites. Here are glib phrases not to use "Everything will be okay." "Hang in there." "God is good." "This will pass." "Soon you will be glad this happened." "God is in control." "This will make you stronger." "God won't test you beyond what you are able to handle." "God works all things for good." Being with people is a good place to start. You do not need to be the expert. You can encourage people to get counselling, speak to a medical doctor, psychologist, or psychiatrist. You can help.

Some people feel concern, fear, or confusion when they encounter people with a mental illness. Some even avoid those who experience mental illnesses. But mental illnesses are just like any other illness: everyone deserves care, help, and support. You can be the friend, the reassurance for the person experiencing mental illness. Family and friends need to know they are not alone, strange or somehow different from others. The Canadian mental health association says that 20% of Canadians will experience mental illness in our lifetime. We are all affected because if it is not us personally then we know friends, family, co-workers who are experiencing mental illness.

It's important to understand that mental illnesses are real illnesses. It is not just in your head, or wrong thinking, not being mentally or emotionally tough enough. You cannot say to a person experiencing mental illness just suck it up and get going. I read a good analogy for that attitude. Telling a person who is mentally ill to just shake it off is like saying to a deaf person, listen harder. Like other illnesses, such as diabetes or asthma, most mental illnesses are episodic. That means people have periods when they are well and productive, as well as periods when they are unwell and overall functioning is low.

Mental illness is caused by **A complex interplay of genetic, biological, personality and environmental factors.**

Mental illness affects people of all ages, educational and income levels, and cultures. Approximately 8% of adults will experience major depression at some time in their lives. Almost one half of those who feel they have suffered from depression or anxiety have never gone to see a doctor about this problem. About 1% of Canadians will experience bipolar disorder (or "manic depression"). Schizophrenia affects 1% of the Canadian population. Anxiety disorders affect 5% of the household population, causing mild to severe impairment. Suicide accounts for 24% of all deaths among 15-24 year olds and 16% among 25-44 year olds. Suicide is one of the leading causes of death in both men and women from adolescence to middle age.

Stigma or discrimination attached to mental illnesses presents a serious barrier, not only to diagnosis and treatment but also to acceptance in the community. I will give you a point form list of some mental illnesses taken from the Canadian Mental Health Association website.

**Anxiety disorders** include phobias, panic disorder, social anxiety, generalized anxiety. Obsessive compulsive disorder involves unwanted thoughts, images or urges that causes anxiety or repeated actions meant to reduce that anxiety. Attention deficit disorder, Autism spectrum disorder, eating disorders. The occurrence and effects of Post Traumatic stress disorder are still being realized.

We all have times when we feel sad and happy but **Depression and Bipolar Disorder** make it hard to change the way we feel.

**Eating disorders** are complicated illness that affect a person's sense of identity, worth and self-esteem. **Postpartum depression** is another illness. It does not mean people are weak emotionally or mentally or that they don't want to care for their child. They are ill.

**Schizophrenia** is a serious mental illness. One of the biggest myths around the illness is that it isn't treatable. With the right supports, people can work or volunteer, be active in their own care, and contribute to their communities.

**Grieving** loss is one of life's most stressful events. Grief is the experience of loss. We all grieve differently over death and other losses. We all should grieve a loss and we all go through grief differently. If we linger for months in the acute stage of grief, we should seek help.

It can be difficult to talk about mental illness because of fear of being alienated, someone may think less of your parents, your children or you. Churches that emphasize, success, victory, being overcomers give the message to people who are mentally ill that they do not belong. Churches that over spiritualize have a hard time thinking that the problem is not spiritual. They misuse the Old Testament scripture that says by Christ's stripes you are healed and therefore you should never experience any mental or physical illness.

Some incorrectly assume some mental illness symptoms are signs of demonic activity. The New Testament tell us that Jesus healed people of all sorts of diseases and cast out demons. There is often an interplay of both the natural and the supernatural. The enemy will take advantage of mental illness when people are not able to think and process truth on their own. The enemy promotes the lie that God does not love you, you are the one at fault. The enemy attempts to bring further torment when we are physically or mentally ill.

When we are mentally ill we have the same needs as when we are physically ill, of having friends, spiritual counsel, professional medical attention and where appropriate using medication. Family and friends of those experiencing mental illness need friendship, spiritual counsel and where needed professional medical advice and medication. There are no professional qualifications required to be a friend. You qualify.

Heritage Green Baptist

Sermon Series: Love Like God Loves. Live Like Christ Lived.

---

People who are experiencing mental illness are people to be loved, not projects to fix, and just help them get over it. Many mental illnesses are with us for a life time and we learn to cope just like a person with diabetes takes medication to balance blood sugars. It is tough in our culture to accept that we may live with mental illness for a lifetime. It is not just hard but impossible to lean in, push through those barriers, rock that job interview, crush that assignment at work, when you feel anxiety. People with mental illness are forced to feel like they don't belong not just in our culture but even in our church family.

Today we participate in the Lord's table and in three days it is Ash Wednesday marking the beginning of Lent. These are two remembrances that take our physical existence seriously. The bread and cup representing Jesus body and blood remind us we are all embodied people. Our need for grace is not just to have our sins forgiven. Our need for grace extends to live daily with our physical, and mental illnesses in this life.

The superficial gloom of ashes to ashes, dust to dust, of Ash Wednesday point to the paradoxical, deep truth of the Christian faith: Lent assumes a relationship between our physical and spiritual lives. Lent points to what Christ has done not the sacrifices we make. Lent reminds us that Jesus was fully human, died and rose with a resurrection body.

The mention of Lent often provokes thinking about what should I give up; how should I practice self-discipline. Behind that thinking is that what we do makes us more holy or more acceptable to God. The disciplines of Lent open us to the work of the Holy Spirit in our lives. No amount of self-discipline makes us more holy or cures our mental and physical illnesses. This season of the church calendar intensifies our awareness of the unearned, unmerited, even inexplicable nature of God's grace. At the Table and on Ash Wednesday, our confession of sin really is saying, "we give up." We agree with you God that we are all flawed human beings. Our culture wants to deny that we are mortal, deny aging, and deny death. When we all stop pretending that everything is fine it is such a relief to sufferers.

At the table and during lent we don't deny our humanity we accept our flaws and sickness and accept God's grace to live each day. We remember that we are all loved by God, in every age and stage of life, and whether we have mental or physical illness. None of us will be fully free of all pain until the next life. We are one, we are all recipients of God's grace. We accept Christ's help, comfort encouragement, presence as we wait patiently for the next age.

Jesus said to do this until he comes again. We need these regular reminders. Christ has come, Christ is with us, Christ will come again.