

Mental Health – It Affects Us All

Mental Health Awareness Sunday

Luke 8:26-39
College Hill Presbyterian Church, Tulsa

Rev. Todd B. Freeman
May 16, 2021

You may be wondering, “Besides May being Mental Health Awareness Month, why spend an entire Sunday service of worship to focus on this one issue? Let me start with a checklist. Please make a mental note of those things that seem to apply to you, either within the past year, or more specifically, even now.

- Lack of motivation
- Restlessness
- Easily agitated, frustrated, and moody
- Feeling overwhelmed
- Feeling like you are losing control
- Feeling bad about yourself
- Feeling sad or depressed
- Feeling anxious
- Constant worrying
- Racing thoughts
- Disorganized
- Inability to focus
- Overly pessimistic
- Withdrawn
- Change in appetite
- Change in sleep patterns
- Procrastinating and avoiding responsibilities
- Increased use of alcohol, drugs, or cigarettes
- Fidgeting, pacing, and other nervous behaviors

These are just some of the emotional, cognitive, and behavioral symptoms of stress. There's another list dealing with physical symptoms.

Stress is the body's natural reaction to either real or perceived harm when threatened, often known as the “fight-or-flight” syndrome. **Stress is simply a part of life. Our bodies are designed to handle small doses of stress, with symptoms not lasting too long. But we are not equipped to handle long-term chronic stress without consequences. In other words, developing more serious mental health issues.** Mental health experts have recorded an extreme rise in chronic stress due to these past 14 months of the COVID-19 pandemic. **During the past year, it is estimated that 30-50% of all Americans had or have diagnosable anxiety or depression, more than double the pre-COVID-19 rate.** For those of us, and I include myself, who already struggle with the

mental health issues of depression and anxiety, things became even worse. So yes, now is a good time to focus on Mental Health Awareness.

Chronic stress, however, is just one small piece of the puzzle. Just over three weeks ago, John Pavlovitz, our Harold L. Hill Lecture Series speaker in 2018, posted an article that I then shared on my own Facebook page. It's entitled, "**If you Don't Have a Mental Illness, Here's What It's Like**". Yes, it's something John struggles with, as well. He begins:

There is a disheartening pattern that begins on many of our days. We wake up fully intending to take part in life around us: to return calls or send emails or show up for coffee or meet you for a run. We *want* to do these things. We're excited by the possibilities. We're looking forward to them as much as you are. For a moment or a few hours, our to-do list seems attainable and we feel almost normal.

The problem is, our heads soon make other plans.

As they so often do, the sadness arrives unannounced, the worry comes out of nowhere, the anxiety surprises and sucker punches us—and in a matter of seconds it hijacks our day and their agenda becomes ours.

We lose our energy and we feel ourselves sliding into the all-too familiar dark places, and it is here that an insidious cycle of shame and self-condemnation begins:..."

We'll often avoid you or sidestep a conversation, or we'll simply lie in order to keep from admitting that we are not mentally well, because telling someone you're not mentally well is still one of the most difficult tasks of all when you are unwell...

Mental illness is an inside job and it knows what buttons to push. It is an expert at convincing us that we deserve this isolation and have earned this lingering despair, and that if you knew who we really were, you would judge and ridicule us—so we preemptively do it for you.

Sometimes, we pull ourselves out of this temporary funk quickly: the intentional practices we've developed (meditation or journaling or therapy or exercise) soon help us climb out of the pit.

Other times, we are inexplicably lifted by the distractions of music or art or a movie or our dogs, and as immediately as the dread arrives it departs. We resume our day and reschedule with you, and for a while we appear and feel normal...

We're not ignoring you or flighty or lazy or irresponsible, we just can't do what seems to be a simple thing to you (send an email, return a text, show up), because our heads have made it impossible. Our inconsistency is not a choice it is a symptom.

We may cancel unexpectedly.
 We may not call at all.
 We may seem like we don't care, but we do.
 That's why this is as difficult as it is.

If you don't suffer from mental illness, it may be hard to understand those of us who do, and we get that.

Be patient.
 Keep inviting us.
 We're trying.

Believe me, if I had the talent to express myself in words as well as John Pavlovitz, those words could have come directly out of my own mind, heart, and mouth. I've just recently coming out of a dark place myself. I don't admit this to elicit sympathy, and certainly not as a cause for worrying about me. Rather, I've learned throughout my years in ministry that **a little vulnerability, by anybody, goes a long way in opening a door to allow others to realize they are not alone in their struggles.**

A good question for us, as a community of faith, is **how can we develop a welcoming and hospitable culture around mental health issues, much as we have done in dealing with other societal issues like LGBTQ equality and the work toward anti-racism.** Thankfully, there are a lot of excellent resources out there that can help. A major resource, and this might surprise you, involves our own denomination, the Presbyterian Church (USA). In 2018, on the 10th anniversary of a very important paper *Comfort My People: A Policy Paper on Serious Mental Illness*, the 223rd General Assembly of the PCUSA, called for a churchwide survey on the status of mental health ministry within our denomination. It also approved a renewable \$250,000 grant to launch a new Presbyterian Mental Health Network and hire a full-time Associate for Mental Health Ministry. Available now is their remarkable website, whose link I put into the May newsletter that you received, and in our congregation's Facebook page just this morning. <https://www.presbyterianmission.org/ministries/compassion-peace-justice/mental-health-ministry/>

One of the many resources to which you can click for further information is entitled, "Twelve Things We Wish You Knew: From Individuals Living with Mental Illness to Pastors and Churches." With much the same effect as John Pavlovitz' article, I'll mention a few.

- Mental illness is a medical issue, a disease. Anyone can have a mental illness. It is not a sign of weakness or failure. Nor is it the fault of the parents or ill person.
- Mental illness is treatable. Early detection and treatment are essential to improving the chances for recovery. Mental illness is not cured; recovery is an ongoing process unique to each person, which allows the person to carry on in daily living and learn to cope with the illness in a way that makes possible a fulfilling life.
- Mental illness cannot be prayed away. That message must be understood and adopted by pastors and communicated in congregations. Bad information on this can alienate people with mental illness forever and cause irreparable harm to them and their loved ones.

- Substance use disorder is a mental illness, not a moral failing.
- While most mental illness is diagnosable before age 24, brain disorders can commonly have their initial onset later in adulthood, particularly in older adults. Depression and a variety of types of dementia (which can include paranoia and delusions) are illnesses that commonly appear for the first time in senior citizens.
- Support for people with mental illness also involves the network of their loved ones, congregation, and doctors and counselors.
- People living with mental illness vary in the level of confidentiality they desire.
- Many people living with mental illness and their loved ones want to be able to talk about mental illness. While most church members will not openly express their problems, a significant number will approach the pastor and others in the church to share mental illness-related issues when trust has been earned.
- Living with a mental illness can be incredibly isolating and lonely—for both the individual with the illness and their loved ones/caregivers.
- It would be helpful for pastors to be more proactive in offering information about church activities that might interest individuals living with mental illness. Better yet, to offer an invitation to join in. Oftentimes, anxiety or mood instability may keep someone from accepting the invitation. As one person put it, “being thought of specifically and being invited in the first place helps me feel that I am deemed worthy and acceptable to join in. And know that the declining of the invitation doesn't mean we never want to be included, we just can't bring ourselves to join in this time.”

It is important for all of us to recognize that **mental health issues do does not discriminate**. The emotional pain and suffering that accompanies these disorders can touch anyone.

Twenty years before the “Comfort My People” paper, our General Assembly released a paper in 1988 entitled, “The Church and Serious Mental Illness.” Florence Kraft, the Presbyterian elder and author of that 1988 General Assembly report addresses the church's response. At one point she writes:

But medicine and technology cannot heal socially inflicted wounds. Pills cannot overcome social ostracism, stereotyping, and stigmatizing.

Only open dialog and the attitude of inclusiveness can reconcile the fear, uncertainty, even repugnance felt by “normal” persons in the presence of those recovering from mental illnesses - and the degradation, fear, hesitancy, doubt, and anger felt by those who have suffered psychiatric labeling.

In the inclusive view of a community of faith, like ours, the church must provide a safe space of mutual trust and respect necessary for open and frank dialog. As people of faith, we need to talk about mental health conditions out of our belief that **God's design is for all humans to be born equal in dignity and rights, free to lead lives of wholeness and fullness**.

Let us work to **eliminate the stigma** associated with mental illness. Seeking professional help is not a sign of weakness, but a sign of strength. Let us **educate ourselves** so that we can be a safe and supportive community.

Our goal is to be a community of faith where everyone is valued for who they are – a place where each person is welcome to participate, including individuals with mental health challenges. **College Hill can be a powerful force in overcoming fear and stigma by living into how those who suffer must be regarded – with respect, with patience, as beloved children of God, and with deep appreciation for the unique gifts they bring to our community where they, too, are recognized as members of the Body of Christ, the church.**

This is just a beginning of a much-needed conversation, and action. May our welcome and our hospitality be extended equally and fully to all persons.

Amen.

Resources:

Comfort My People: A Policy Statement on Serious Mental Illness, The Advisory Committee on Social Witness Policy (ACSWP) report to the 218th General Assembly (2008) of the Presbyterian Church (U.S.A.).

Report and Resolution on *The Church and Serious Mental Illness* approved by the 200th General Assembly (1988).

John Pavlovitz, "If You Don't Have A Mental Illness, Here's What It's Like", *Stuff That Needs To Be Said*, April 23, 2021.

Stress Symptoms, WebMD.