

Mental Health Awareness:

You Are Not Alone

Mental Health Awareness Sunday

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

Rev. Todd B. Freeman
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I realized after I completed this sermon I had not directly addressed the assigned lectionary Gospel reading for this Sunday from Luke 8, the story known as The Gerasene Demoniac. It would take more than an entire sermon simply to address that story in its context. Instead, since a vast majority of Christians do not believe in literal demon possession, this story is most often used as a jumping off point to address the issue of mental health. That is my plan for this sermon.

Since 1949, May has been recognized as **Mental Health Awareness Month**. I realize this is June, and a particularly important day known as Juneteenth, let alone Father's Day this year. Yet, I want to use this occasion, as I try almost every year, to address the issues involved with mental health awareness.

To put this into perspective, think about your physical health. We all have days where we feel a bit sore, have a headache, or are extra tired. That doesn't necessarily mean you're sick. You're sick when something suddenly and significantly changes for the worse or prevents you from functioning properly. Mental health is similar – the occasional bad day is to be expected, but when things that used to be easy become a lot more difficult, something's going on. Instead of focusing on physical symptoms, we need to look at our thoughts, feelings, and behaviors.

So, let's start with a checklist. Please make a mental note (pun intended) of those things that seem to apply to you, either within the past year or so, 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- Withdrawn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 the physical symptoms of stress. 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. As a result, the development of more serious mental health issues.**

Mental health experts have recorded, as you may already be aware, an extreme rise in chronic stress due to these past two plus years of the COVID-19 pandemic. Adding to our level of collective chronic stress are constant divisive politics, the current state of the economy and its increasing financial burden, and ongoing social and cultural battles over everything from a woman's right to choose, to an epidemic of gun violence, to fears over our democracy itself.

During this time, it is estimated that 30-50% of all Americans had or have diagnosable anxiety or depression, or both, 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, and to some extent, still are. So yes, now is a good time to focus on Mental Health Awareness.

Chronic stress, however, is just one small piece of the puzzle. Last year, **John Pavlovitz**, our Harold E. 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 goes into detail of **how things like depression and anxiety affects, at times, what we simply can and cannot do, especially as it applies to interactions with others**. He concludes:

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, [make a phone call] 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.

When living with a mental health concern **it's common to feel like no one understands what you're going through**. If this applies to you, as it does to me, **know that you are not alone – help is out there, and recovery is possible**. I've learned throughout my years in ministry that sharing 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. You are not alone in yours.

A good question for us, as a community of faith, is how can we develop an increasingly welcoming and hospitable culture around mental health issues, much as we have done in dealing with other societal issues like LGBTQ inclusion and the work of antiracism. 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, www.pmhn.org.

Their Mission Statement reads:
facilitating connection – building community – supporting innovation in mental health ministries. This is their **Vision Statement**:

- We're here to facilitate supportive partnerships among communities of faith, individuals, and organizations.
- We want to come alongside those seeking to compassionately walk with people who live with mental health concerns and their loved ones.
- We want to help reduce stigma and recognize neurodiversity. We hope to encourage mental and emotional well-being among all."

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 eight.

1. 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.
2. 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.
3. 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.
4. Substance use disorder [that the new term for substance abuse or even addiction] is a mental illness, not a moral failing.
5. Support for people with mental illness also involves the network of their loved ones, congregation, and doctors and counselors.
6. People living with mental illness vary in the level of confidentiality they desire.

7. 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.
8. Living with a mental illness can be incredibly isolating and lonely—for both the individual with the illness and their loved ones/caregivers.

It is important for all of us to recognize that **mental health issues do 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 paper addresses the church’s response. It’s as valid today as it was 34 years ago. 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 treated equally in dignity and rights, free to lead lives of wholeness and fullness.**

Let us actively work to eliminate the stigma associated with mental health conditions. Seeking professional help is not a sign of weakness, but a sign of strength. This is true, and common, for pastors, as well. 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 voice and example 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 – where we – 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. And to those of us who struggle, never forget that **you are not alone**.

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