The Church’s Best Response to Mental Illness

Mental illness can be so gray. Thinking about it, there’s a mental disorder diagnosis for almost everything and anything. Of course, not everyone has a clinical, diagnosable condition. With mental illness being so rampant and the church’s response being so silent, here are a few pointers I want to bring to the forefront that the church has missed:

Response No. 1: The Church Must Engage

The church is a little late to this conversation. But good news: it’s not that far behind mainstream thinking. Mental illness is not a new thing. (There is nothing new under the sun, right?) But truly, most pastors aren’t prepared to counsel those with mental health diagnoses. Depression is in the Bible, but … where is mania? Delusions could be spiritualized, paranoia and hallucinations interpreted as demonic oppression (which isn’t to say they don’t coincide), and suicidal thinking happens (the enemy comes to steal, kill and destroy).

Behaviors that stem from these brain-based issues cannot be ignored or handled lightly. The church’s response cannot just be to pray clinical depression away. We can lay hands on those with mental illness, but don’t expect instantaneous healing. The reality is, there are people who simply cannot function without psychotropic medications. If the church’s response to mental illness is ignorance, stopping medication or exorcism, we’re living in the Dark Ages.

In rare cases where there are spiritual strongholds and forces over a person, I do believe in casting out demons and casting off curses. This isn’t the usual or even recommended course of action for someone with mental illness—it’s such a controversial thought. But we must come alongside to love our

own church family members with mental health struggles, just as we do those with cancer, addiction or any other debilitating hardship. We cannot refuse to engage and expect healing to just happen.

Response No. 2: The Church Must Notice

Mental illness can be almost invisible. If we're discussing the church's response that is sub-par (pastors and church members' inability to come alongside those with behavioral conditions), we need to point out that mental illness is a pretty undetectable condition … for a little while. Because of the invisible nature of mental illness, those families and their loved ones suffer without being appropriately responded to. You can't look inside anyone's mind to really see if they have abnormal thought processes, or extremely chaotic chemical imbalances.

There is evidence of a clinical issue when we see the symptoms of depression and mania and psychosis. That's hard to know for certain, though, when it's not 24/7; symptoms wax and wane, and we as church families aren't always in communion enough to know exactly what someone is going through. But if you've known someone for a while and they exhibit new behaviors, this could be a possible mental illness. Seek or encourage the family to seek a mental health professional's guidance if you are concerned and you are a trusted person in the family's life. If you're not, mention it to a church leader.

The sheep that is weakest is most vulnerable, and that puts them and the rest of the flock at risk for issues. It's also harder to deal with someone with mental illness because in interacting with a behavioral-based issue, it can be risky, messy and in some cases dangerous. People with mental illness, Christians with mental illness, all deserve love and care. Turning a blind eye is just about the least helpful response possible.

Response No. 3: The Church Must Learn

To pastors, deacons, elders, leadership and church members: I urge you to learn about mental illness. Understand the odd behavior in such cases is an illness, not a personality or character flaw. This means caring about the Sunday school classmate who confesses they're struggling with depression and can't do anything within their power to get out of it.

Too many times I hear from the church that it's a choice to get out of depression. Let me be completely clear: there are different kinds of depressions, and they're not exclusive from one another. Deep depression can happen to anyone. We know that the older generations used to deal with it and pray through it and not have medication to handle the deeper lows of it. And *not every depression needs to be handled by medication*. We need to struggle and suffer and be depressed in life to be human and grow.

Clinical depression though, defined by the DSM-V (Diagnostic and Statistical Manual of Mental Disorders 5) means there are at least five or more certain defining criteria that are used to determine if someone holds the diagnosis. If a church member has been experiencing these conditions for a while, like months, and especially if things have worsened for them, it's time to help them to a psychiatrist.

Response No. 4: The Church Must Communicate

Church leaders need to inform their congregations of the help resources in their community, state and region. Pastors need to preach on mental illness and talk about it in sermon illustrations. Host NAMI groups or Fresh Hope for Mental Health classes. Talking about mental health and addiction in a general self-care sermon is good. What's better is a testimony and person speaking based on their lived experience and how God has helped lift them to the place of wellness.

For more information on NAMI or Fresh Hope, see my resources

page.

There are four keys to a healthy response to mental illness in the church. Hopefully we will wake up to this reality and become alert and sensitive to the less spoken of but equally crucial needs of those who struggle with mental disorders.

Have I left something out? Share your thoughts and let’s discuss. {eoa}

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