

Faith Connections on Mental Illness

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Rev. Susan Gregg-Schroeder is author of "In The Shadow of God's Wings: Grace in the Midst of Depression" (1997) and numerous articles on mental health. She is the founder of Mental Health Ministries and the 2003 recipient of NAMI-California's Clergy Person of the Year Award. She is a long-time advocate of spiritual connectedness in treating mental illness as well as a person who has been treated for depression.

Susan is the keynote speaker at the April 1st Faith Connections on Mental Illness Conference in Chapel Hill, NC, and is available by phone for advance interviews.

Why Clergy and Spiritual Leaders May Be Reluctant to Address Mental Health Issues

*By Rev. Susan Gregg-Schroeder, Coordinator
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As an ordained minister and a person who lives with a mental illness, I am often asked why it is so difficult for many spiritual leaders to talk openly about mental illness. I have attempted to put some of my thoughts on this in (the following) article.

Does your pastor know...

- One in four persons sitting in our pews has a family member struggling with mental health issues
- 60% of individuals with a mental health issue go first to a spiritual leader for help
- Studies show that clergy are the least effective in providing appropriate support and referral information
- Our faith communities can be a caring congregation for persons living with a mental illness and their family members

Having the support of the leadership in a congregation is essential in creating a caring congregation for persons living with a mental illness and their families. So why is it so difficult to get this support? It is a complicated issue. I offer these observations based on my personal experience and in speaking with colleagues as a way to begin a discussion.

- Clergy are not adequately trained in seminary to understand the complexities of mental illness. The model of seminary education is to equip the faith leader to do everything! Pastoral care is only one part of the many tasks expected of a clergy person, especially if that person is the sole pastor of a congregation. The high expectations of congregations and the expectations we put on ourselves are a major contributing factor in clergy burnout.
- Some faith leaders interpret symptoms of mental illness as punishment from God, that the person has

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sinned in some way or the person is possessed by demons. We can provide Biblical passages centered on acceptance and compassion. We can share fact-based educational material that shows mental illness is a biochemical disorder and not a moral or spiritual failure.

- Some clergy are frightened of mental illness because we don't understand it. It is difficult for any of us to fully comprehend what a person is experiencing when they exhibit symptoms like hallucinations, hearing voices or being so depressed that life is empty and meaningless. It is essential that faith leaders know when a referral is necessary and have referral information readily available.
- Many clergy and society in general have bought into the medical model of treating illness, including mental illnesses. The medical model focuses on treating the symptoms and find a "cure." Just as clergy need more training to understand mental illness as a medical illness, we need to help mental health providers understand the importance of including a person's spirituality as part of treating the whole person...mind, body and spirit.
- Serious mental illness is a chronic condition. As spiritual leaders, we have been trained to provide care in situations that mostly resolve within a given time frame. Providing pastoral care to persons with a physical illness, a relationship issue, a loss or death and other life issues generally has a beginning and a time when less support is needed once a person gets through a crisis. Severe mental illness can be chronic and unpredictable.
- Clergy may be hiding their own mental illness. Persons in a position of supervising clergy may not be trained to provide support to clergy living with a mental illness or clergy dealing with the mental illness of a family member. Too often clergy suffer in silence and do not get the support and resources they need to move toward healing and recovery.

For me the most painful part of my illness was the feeling of disconnection. A supportive faith community would have helped me feel that I was connected to something bigger than my own feelings of worthless and hopelessness. A supportive faith community would have embraced my family. We would not have had to suffer in silence. I pray that the time will come when families living with a loved one with mental illness will be silent no more!