Chapel Oaks Seventh-day Adventist Church

2014

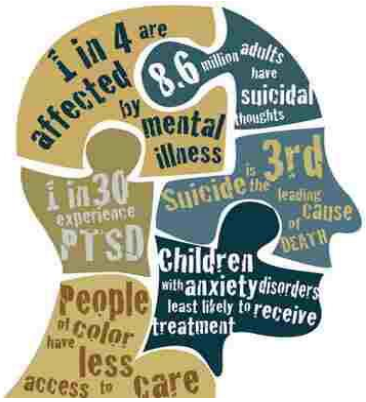
By Phylis A. Deutsch, MSW, LSCSW

A church's concern for mental health is at the very center of its mission; at the heart of its God-given task…(thereby) it is a logical, inescapable expression of a church's central mission on earth.

Chapel Oaks Seventh-day Adventist Church

MENTAL HEALTH POLICY

6245 Monticello Road, Shawnee, Kansas 66226



The puzzle of the confused and entangled mind.

> *For God hath not given us the spirit of fear; but of power, and of love, and of a sound mind.*
>
> *II Tim. 1:7*

Our Mission:

As a church we are interested in embracing those within our congregation who suffer from medical conditions of the mind. It is our desire to show the love of Jesus to those who are suffering within our midst by attempting to understand what they are going through by loving support of them.

What is mental illness?

A mental illness is a medical condition that disrupts a person's thinking, feeling, mood, ability to relate to others, and their daily functioning. Just as diabetes is a disorder of the pancreas, mental illnesses are medical conditions that often result in a diminished capacity for coping with the ordinary demands of life.

Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, posttraumatic stress disorder (PTSD) and borderline personality disorder, among others. The good news about mental illness is that recovery is possible so that individuals may live a normal or near-normal life.

Mental illnesses can affect persons of any age, race, religion or income. They are not the result of personal weakness, lack of character or poor upbringing. Mental illnesses are treatable. Most people diagnosed with a serious mental illness can experience relief from their symptoms by actively participating in an individual treatment plan.[1]

[1] National Alliance for Mental Health.

Why Should Mental Illness be a Central Concern of the Church?

> And do not be conformed to this world, but be transformed by the renewing of your mind, that you may prove what is that good and acceptable and perfect will of God. Romans 12:2

A church's concern for mental health is at the very center of its mission, at the heart of its God-given task. It is not a fad to be interested in those who suffer from mental illness, but rather it is a logical, inescapable expression of a church's central mission on earth. Here are four reasons why mental health is an essential part of the church's mission:

(1) ***Mental health is directly linked to the fundamental purpose of the church*****.** In their classic study, reported in *The Purpose of the Church and Its Ministry*, H. Richard Niebuhr and his collaborators concluded that "no substitute can be found for the definition of the goal of the Church as the increase among men of the love of God and neighbor."[2] One basic function that is impaired in the mentally ill person is his ability to give and receive love (in a healthy way). To the extent that a person is able to love God and neighbor, he is mentally healthy. When one sees the basic purpose of the church and the nature of mental health in juxtaposition, their interrelationship becomes clear.

(2) ***Spiritual health and mental health are inseparably related***. As indicated above, spiritual health is an indispensable aspect of mental health. The two can be separated only on a theoretical basis. Whatever hurts or heals one's relationship with oneself and others will tend to hurt or heal one's relationship with God, and vice versa. Robert H. Pelix has pointed out that the more human personality is studied from the medical viewpoint the more we become aware of the important role of religious faith in maintaining mental and emotional health.[3] On the other hand, psychiatrist Richard G. Johnson has stated that "a healthy mind is necessary for a person to get the most out of his religion."[4] It is significant that the words "health," "hale," "whole," and "holy" come from the same Anglo-Saxon root. (Paul B. Maves (ed.), The Church and Mental Health (New York: Charles Scribner's Sons, 1953), p. 1

---

[2] *The Purpose of the Church and It's Ministry,* (New York: Harper & Brothers, 1956), p. 31.
[3] The Mental Health Ministry of the Local Church by Howard J. Clinebell, Jr., http://www.religion-online.org/showchapter.asp?title=419&C=253
[4] Former psychiatric director of the Mental Health Clinic at the Westwood, California, Methodist Church in a lecture at the Veterans Administration Seminar, 1958.

(3) ***Mental health has been a central concern of the Christian community throughout the centuries.*** Mental health is a modern label for an ancient concern. In the Christian church it is as ancient as the life of a young carpenter who is said to have declared, "*I came that they may have life, and have it abundantly*" *(John 10: 10)*. It is as ancient as the Christian concern for wholeness in persons. A sense of the deep roots in our tradition of passion for personality wholeness can help the mental health concern catch fire in a local congregation. Halford Luccock once declared, "There are a lot of people chattering about the 'new psychology' who never heard of the old psychology." [5]

A study such as Pastoral Care in Historical Perspective gives convincing evidence that the church at its best has always had a vital interest in what we now call mental health.[6] The contemporary mental health thrust in the churches has the advantage of new insights from the sciences of man and new helping techniques from the psychotherapeutic disciplines. But essentially, it is the same concern for the healing and growth of persons as was found in the ministry of Jesus, in the apostolic church.

4) ***Mental health is a central concern of the church because of the tragic toll of human agony caused by its absence***. Anything that hurts a single child of God is of immediate concern to a Christian. The weight of raw human suffering caused by the absence of mental health defies comprehension.

Let us say that a hypothetical minister serves a congregation which includes five hundred adults representing a cross-section of the American population. Based on various research studies, it could be estimated that approximately twenty-five of his members have been hospitalized for major mental illness in the past, twenty-four are alcoholics, another fifty are severely handicapped by neurotic conflicts, and another one hundred by moderate neurotic symptoms.[7]

---

[5] Halford Luccock, *Marching off the Map, and Other Sermons* (New York: Harper & Row, 1952), p. 162.
[6] W. A. Clebsch and C. J. Jaekle (Englewood Cliffs, N. J.: Prentice-Hall, 1964); see also John T. McNeill, *A History of the Cure of Souls* (New York: Harper &: Brothers, 1951) and Charles F. Kemp, *Physicians of theca Soul* (New York: The Macmillan Company, 1947
[7] W. L Holt, Jr., "The Mental Disease Problem as Seen by the Practicing Physician," Health Week [November, 1955], pp. 17-18.

The Impact of Mental Illness on Family Members

Understanding Denial

When mental illness first strikes, family members may deny the person has a continuing illness. During the acute episode family members will be alarmed by what is happening to their loved one. When the episode is over and the family member returns home, everyone will feel a tremendous sense of relief. All involved want to put this painful time in the past and focus on the future. Many times, particularly when the illness is a new phenomenon in the family, everyone may believe that since the person is now doing very well that symptomatic behavior will never return. They may also look for other answers, hoping that the symptoms were caused by some other physical problem or external stressors that can be removed. For example, some families move thinking that a "fresh start" in a new environment will alleviate the problem.

Sometimes, even after some family members do understand the reality of the illness, others do not. Those who do accept the truth find that they must protect the ill person from those who do not and who blame and denigrate the ill person for unacceptable behavior and lack of achievement. Obviously, this leads to tension within the family, and isolation and loss of meaningful relationships with those who are not supportive of the ill person.

Families may also have little knowledge about mental illness. They may believe that it is a condition that is totally disabling. This is not so. However, it is difficult to know where to turn to get information. Without information to help families learn to cope with mental illness, families can become very pessimistic about the future. The illness seems to control their destiny rather than the family, including the ill member, gaining control by learning how to manage the illness and to plan for the future. It is imperative that the family find sources of information that help them to understand how the illness affects the person. They need to know that with medication, psychotherapy or a combination of both, the majority of people do return to a normal life style. It is also imperative that the family finds sources of support for themselves. In both cases, clergy can play a critical role in identifying resources in the community that can help the family build the knowledge base that will give them the tools to assist their loved one and themselves.

Understanding Stigma

Even when all members of the family have the knowledge to deal with mental illness, the family is often reluctant to discuss their family member with others because they do not know how people will react. After all, myths and misconception surround mental illness. For many, even their closest friends may not understand. For example, the sister of a young man with schizophrenia pointed out that when a friend's brother had cancer, all his friends were supportive and understanding. But, when she told a few, close friends that her brother has paranoid schizophrenia, they said little and implied that something must be very wrong in her family to cause this illness. Family members may become reluctant to invite anyone to the home because the ill person can be unpredictable or is unable to handle the disruption and heightened stimulation of a number of people in the house. Furthermore, family members may be anxious about leaving the ill person at home alone. They are concerned about what can happen. The result is they go out separately or not at all.

The result of the stigma in so many areas of daily life is that the family becomes more and more withdrawn. When others do not accept the reality of mental illness, families have little choice but to withdraw from previous relationships both to protect themselves and their loved one. They are unwilling to take any more risks of being hurt and rejected. Not surprisingly, all of this can lead to withdrawal from actively participating in the life of the congregation and to a crisis in faith. In this situation a pastor can be tremendously helpful by reaching out to the family and by working to create an atmosphere of acceptance and hospitality within the congregation for the family and the person who is ill.

Understanding the Need for Personal Time and to Develop Personal Resources

Church members should remember that often the family is the first line of defense for their ill loved one. If family members deteriorate due to stress and overwork, it can result in the ill individual having no ongoing support system. Therefore, families must be reminded that they should keep themselves physically, mentally and spiritually healthy. Granted this can be very difficult when coping with their ill family member. However, it can be a tremendous relief for families to realize that their needs should not be ignored. There may be no one else except the pastor who will help them to focus on their needs and their concerns. The pastor should continually remind them that it is necessary to take time for themselves, despite the demands of assisting their family

member. For anyone living and/or working with a person who has a mental illness, one should:

1. **Develop Spiritual Resources:** Understand that feelings of spiritual distress are a normal reaction to having a family member or friend struck by a life altering illness. Realize that other people of faith have feelings of abandonment, frustration, anger, anxiety, helplessness, isolation and hopelessness. Develop your spiritual identity and resources. Seek help from your pastor, a pastoral counselor, or a therapist who affirms the importance of spiritual resources. Continue your connectedness with your faith community.
2. **Avoid placing blame and guilt:** Recognize that you are a loving family member and/or friend and not a magician. None of us can change anyone else, we can only be supportive of ourselves and our loved one as each of us attempts to find ways to manage mental illness. Focus on the good things that happened during each day. Realize that we all have physical and emotional limits. Do not blame yourself or others if that limit is reached.
3. **Look for support:** Learn to give support, praise and encouragement and learn to accept it in return. Use a support network regularly for empathy, reassurance, affirmation and refocusing. Attend a support group (see listings in the "Community Resources" section). Accept practical, appropriate assistance from educated family members and friends.
4. **Seek relief from stress:** Find a pleasurable place to go each day. Find a place where you can be alone. Use it whenever you need it. Be gentle with yourself. Spend some time away from the person with mental illness. Avoid activities that increase your levels of tension. Inject some humor in your life.
5. **Learn to gain control of your life:** Learn to set limits and to make choices. Learn to say "no" and mean it. If you can't say "no," what is your "yes" worth? Use the expression "I choose to" rather than "I have to," or "I should." Learn to say "I won't" rather than "can't." Take care of your own nutritional and sleep needs. Establish short term and long term goals for yourself. You may find it helpful to keep a journal.
6. **Continue outside interests:** Realize that you should continue your leisure activities, your church activities, your relationships with others, your hobbies, etc. Remember to find times every day, however brief, to enjoy life. Get plenty of physical exercise.[8]

The Role of Church Members in Mental Health Support

Companion Ministry-Craig

Rennebohm promotes companion ministry.

Mental health ministry is integral for a healthy congregation's life. We all are fragile and vulnerable, needing tenderness and understanding. As we learn to care for each other, we are healthier individuals, families and congregations. Equipping neighbors to be neighbors is a way to discover what is necessary for healing, peace and well-being in the world.

Trauma affects veterans, abuse victims, immigrants, people with dementia and people suffering from destructive forces of history and society—slavery, racism, inequality and sexism. None of us are immune to the damaging effects of our world. If we address unspoken issues for traumatized or oppressed people, we can overcome injustice. By knowing people, we can develop realistic, effective programs and policies.

"We need a companion ministry with those who suffer, so we can learn their real stories, unvarnished by media or social-political myths. Then people are informed about struggles of our brothers and sisters. We need contact with 'the least' to be aware of the trauma poor and homeless people face," he said. We need to build our capacity to deal with trauma and foster peace," he said. [9] And we need to reach out to those who suffer from mental health issues within our congregation.

To "companion" means to meet people where they are, regardless of whether their issues are physical health or mental health issues. It means to walk side by side with them, neighbor to neighbor, without condemnation of where they are in their process. We are to offer friendship and encouragement to those who are suffering. "In companioning, we are companioned, walking together with God in inexplicable moments and remarkable ways," he said.[10]

---

[9] Rennebohm, Craig. The Fig Tree, 1328 S. Perry St., Spokane, Washington. http://www.thefigtree.org/march11/030111rennebohm.html

[10] Ibid.

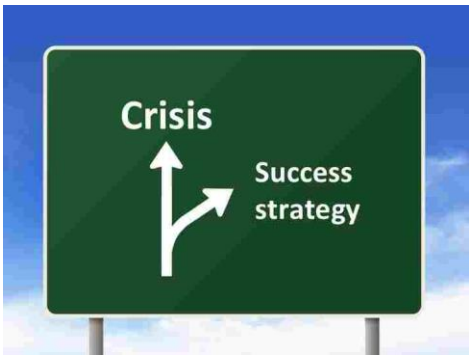
Crisis Intervention Guidelines

The Pastor, Elders, Deacons and/or appointed persons should be prepared to deal with a crisis with a person who has a mental illness just as they are prepared to deal with a crisis if someone has a seizure, a heart attack, or other physical health issues. When a crisis occurs because of the person's behavior or actions, it is critical to take action. Failure to respond immediately can contribute to the deterioration of the person and, in some instances, can result in creating a threatening situation for that person or for others.

In some cases, hospitalization may be required to meet the individual's needs. Every state has its own laws pertaining to psychiatric hospitalization and this decision would be made by the family if possible. In the absence of family, the police or a doctor would make that decision.

What to Do in Crisis Situations

Highly Agitated or Threatening Behavior



1. Protect yourself by keeping a safe distance. Do not reach out and attempt to physically touch the person. If you must touch them, ask first and explain that you must and why.

2. If it is possible to work with the person to identify the problem, do so. You may ask some pointed questions, such as, Are you hearing voices or seeing something upsetting (hallucinations or delusions)? Did someone say or do something that was threatening or was misinterpreted? Is this a reaction to a similar situation in the past? Has this happened before?

3. Use short, simple sentences with a calm, soft delivery.

4. Try to discuss what is happening and the consequences that can occur if the situation escalates; such as the person or others, getting hurt; loss of trust and respect; the possible intervention of emergency services or the police.

5. If a threat is stated against someone, find out who, when, how and why there is a problem. Attempt to soothe the anger while someone notifies the police to report the threat and follow the "Duty to Warn" protocol.

6. Follow up on any concerns or suggestions that were made during this interchange.

7. If a dangerous object (knife, gun, car, toxic substance, etc.) is part of the threat, you should make an emergency call to police. If the pastor has the information, the person's physician, family (or caretaker) should also be contacted.

***Total* Withdrawal**

1. Understand that the person can be using this as a protection.

2. The person should not be left alone.

3. You should reassure the person that they are loved and accepted.

4. Someone in the congregation should sit quietly with the person in a peaceful, secluded place.

5. In attempting to have a conversation, you should use short, simple, direct phrases to which the person can give brief responses. You should not be surprised if the person is unable to respond to what is said and should not demand a response.

6. Contact the family and/or caregiver and the appropriate mental health professionals.

Suicide Threats

1. You should regard this as a serious cry for help.

2. Assess the suicidal potential. For example has the person threatened or made attempts at suicide before? What happened? At the time of the threat, were there unusual circumstances or stress in this person's life? Was the threat used to arouse sympathy from others?

3. Show the person you care about them by listening to them without making judgments or telling the person how they should feel. *Do not* use statements such as, "You shouldn't feel that way," or "You don't know how lucky you are."

4. Take the person seriously and show this when they speak with them. *Avoid arguing.*

5. Talk to the person about suicide, you may discuss what suicide means and its finality. By talking through the situation, you are offering a safe or caring place to discuss their concerns and may pull the person through the crisis. You should use a soft voice, speak slowly, and keep responses short and simple.

6. Stay at a distance if the person is agitated because they may fear any sudden movement or being cornered.

7. Keep in mind you may have to compromise confidentiality in the interests of possibly saving a life.

8. Know emergency telephone numbers-911; and call the family.

9. Make sure someone accompanies the person to the emergency room if it seems warranted in this situation.

10. Emergency services or hospital emergency room staff must be alerted of other suicide threats or attempts, if known, or if there is plan in how it would be carried out.

Suicide Attempt

1. Call emergency services immediately.
2. If possible, call the person's physician, family (or caregiver).
3. Tell the emergency service personnel if alcohol has been taken.
4. If known, tell the emergency service personnel if the person has any other medical problems and if he/she is on medication for it.

Overdose or Ingesting a Toxic Substance

It is *critical* to remove the ingested substance as quickly as possible from this person's system to lessen the chance of permanent injury. Assist those involved by reporting pertinent information to emergency service personnel. They should be told:

1. What was taken.
2. How much was taken.
3. What time was it taken.
4. The prescribed dosage if the substance was a medication.

Suicide - The Warning Signs: 80% of people who contemplate suicide give out signs that they are thinking about it. Notify the family, caregiver and/or doctor if appropriate. The following are some indications that a person may commit this act:

a. A preoccupation with and/or writing about death or suicide.
b. Making final arrangements and giving away special possessions.
c. Avoiding commitments.
d. Sudden loss of interest in something that was once quite important.
e. Insomnia or sudden changes in sleep or eating patterns.
f. Dependence on alcohol and/or drugs.
g. Deep depression.
h. A recently experienced loss.
i. A sudden upturn in energy following a depression. Committing suicide takes energy, which people lack when they are severely depressed.

In the Aftermath of a Suicide

When a loved one commits suicide, family and friends are devastated. Surviving family and friends can experience feelings of depression, grief, helplessness, spiritual distress, anger, guilt, hopelessness, fatigue, apathy, negativism, and anxiety. A pastor can assist those grieving for a loved one to grieve openly, to attend a support group such as a local chapter of the Compassionate Friends and to develop spiritual resources to help them deal with their loss.[11]

THE NATIONAL SUICIDE PREVENTION LIFELINE - 1-800-273-TALK (8255)

This is a 24-hour, toll-free, confidential suicide prevention hotline available to anyone in suicidal crisis or emotional distress. By dialing 1-800-273-TALK, the call is routed to the nearest crisis center in our national network of more than 150 crisis centers. The Lifeline's national network of local crisis centers, provide crisis counseling and mental health referrals day and night. www.suicidepreventionlifeline.org

[11] Pathways to Promise

What Recovery Looks Like

As people become familiar with their illness, they recognize their own unique patterns of behavior. If individuals recognize these signs and seek effective and timely care, they can often prevent relapses. However, because mental illnesses have no cure, treatment must be continuous.

Individuals who live with a mental illness also benefit tremendously from taking responsibility for their own recovery. Once the illness is adequately managed, one must monitor potential side effects.

The notion of recovery involves a variety of perspectives. Recovery is a holistic process that includes traditional elements of mental health and aspects that extend beyond medication. Recovery from serious mental illness also includes attaining, and maintaining, physical health as another cornerstone of wellness, such as diet and exercise.

The recovery journey is unique for each individual and as such, there are several definitions of recovery; some grounded in medical and clinical values, some grounded in context of community and some in successful living. One of the most important principles is this: *recovery is a process, not an event*. The uniqueness and individual nature of recovery must be honored. While serious mental illness impacts individuals in many ways, the concept that all individuals can move towards wellness, is paramount. [12]

[12] National Alliance on Mental Illness