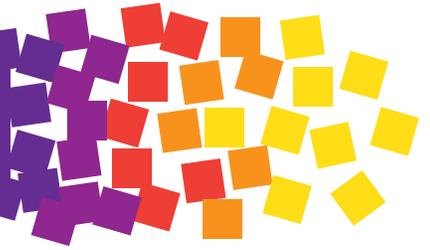


BreakingBarriers



everybody belongs • everybody serves

Shared Faith and Mental Health

by Nathan and Robin Klay

Nathan (son) and Robin (mother) live in Holland, MI

Sue looks forward to returning to college. Doug is an artist who specializes in faces with eyes and mouths in extraordinary shapes and bold colors. Teresa has run her own cleaning business. Ruth is the passionate mother of a 29-year-old son, Brent.

What they have in common is the challenge of mental illness: severe anxiety, schizophrenia, bipolar disorder, paranoia. And, all participate in a mental health ministry that meets at St. Francis de Sales Catholic Church and is associated with the Karla Smith Foundation (karlasmithfoundation.org). In our gatherings, we share successes and challenges resulting from our own mental illness or that of a family member. We also educate ourselves regarding such matters as medication, therapy, healthy lifestyle, and spiritual growth.



Nathan and Robin Klay

We launched the ministry by organizing public talks about mental illness with whimsical titles like “Moon Boots: The Strange Terrain of Mental Illness.” We got word out through mental health providers, parish nurses, and newspaper editorials.

From the beginning we opened the support group to the entire community. We enjoy the advantage of deep commitment by our parish in providing facilities, coordination, and encouragement. Simultaneously, outreach beyond our own congregation enables us to reach more persons who need support—including participation from CRC and RCA members—and who bring their faith perspective to bear on our common vision for lives of purpose and presence.

Because we have lived with mental illness for decades, it is a great joy to see this support group become a lifeline for others. Worldwide disability due

to mental illness is greater than either heart disease or cancer! Unlike those illnesses, however, the burden of mental illness is compounded by misinformation and stigma.

Mental illness today reminds one of leprosy in biblical times. Both conditions tend to scare others, forcing sick people into isolation from family and society. The joy of one leper who returned to Jesus to give thanks for his healing bears a resemblance to the deep love and hope experienced when someone with a mental illness is welcomed “back” into our midst with open arms. May God inspire churches to welcome and engage in profoundly reciprocal ministry with community members whose rediscovered gifts far outweigh the limitations of their disability.

Themes

Winter 2014—Mental health. In this issue we explore how churches have welcomed, supported, and engaged people who live with mental health issues.

Spring 2014—Summer camping. Some summer camps host campers with disabilities. Others, like Joni and Friends Family Retreats, include entire families. Please send us a brief article about your summer camp experience by February 14, 2014.

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Let's Talk about Mental Illness

by **Mark Stephenson**
CRC Disability Concerns

Considering that one-fourth of North Americans will experience a mental illness, some of your fellow church members are dealing with mental health challenges right now. How will your church minister to them?

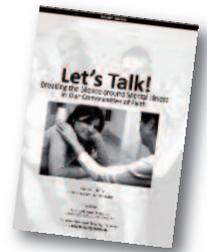
Recently, CRC Disability Concerns surveyed people who downloaded a Bible study we co-produced with Faith and Hope Ministries (faithandhopeministries.net). The study, "Let's Talk! Breaking the Silence around Mental Illness in Our Communities of Faith," was created to help people open up to one another in a safe environment about mental health issues.

Pastor Scott DeVries used it with his youth group: "The kids were very open about their experiences. We had great discussions and it seemed like everyone came away enriched." Another pastor, Bart Veldhuizen, found that the study "gave permission for people to talk about mental illness, become more aware of and familiar with the illness, and hear the

experiences of the person who led the study."

Churches need to be places of help and hope, but often they have been the opposite. One survey respondent wrote, "I have bipolar and obsessive compulsive disorder. One church member told me it is a sin to be mentally ill."

Besides "Let's Talk," one can find other resources on the CRC Disability Concerns web page under "Resources for Mental Health Ministry," including sermons, litanies, books, articles, a mental health speakers bureau, and links to organizations like Pathways to Promise and Mental Health Ministries.



People with mental illness and their family members need to know that they are not alone. Deb Niehof, director of National Alliance on Mental Illness Central Iowa, wrote, "A young man who lives with depression came to the group. This setting gave him a chance to share his story, and I think he felt supported by the understanding that the group had for his situation." ■

Group Offers Support, Friendships

by **Dawn Lewis**
Faith Church (RCA), Dyer, IN

Carol suffers from severe anxiety. Just leaving the house is a tremendous struggle, but she faithfully attends every meeting of the mental illness group at Faith Church; in fact, she hasn't missed one yet.

"Before I came to the group, I didn't think I would fit in because I didn't know how many people struggled with depression and mental illness," Carol says, "but now I'm becoming more aware. It's good knowing there are other people who share the same issues. I like being able to talk things out. I feel like I have more support and I've made friends here. I'm calmer now."

The mental illness group at Faith Church is a place of comfort for Carol and many others. It's open to anyone who lives with a mental illness or has a family member who does. Members typically come to the group looking for support and education in a Christian setting, but soon they discover they're growing in awareness, finding guidance, and building friendships.

Many have struggled to find Christian supports of this nature in the past because the stigma that comes with mental illness makes it difficult to find support groups that are outside of actual therapy providers.

The majority of group time is given to sharing and support. Since it's important to have healthy bodies as well as healthy minds, our topics range from mental health to physical health to daily living skills. Instead of using a formal study guide, the group utilizes informal resources such as printed prayers, blogs, and community topics.

Providing a safe, nonjudgmental environment means what is shared in the group stays within the group. In the beginning many who were negative and bogged down with anxieties that restricted their lives now come into the group smiling. They're making progress in personal relationships and are overcoming struggles with small steps. Their faith is growing as they feel empowered by God's grace. God's love moves in the group, and testimonies show he guides our lives. ■



Retirees Care for One Another

by **Don Barry**

Lakeview Community Church (RCA), Rochester, NY

Four guys had just accepted a generous early retirement inducement package, and the animated conversation after church was noticeable. After our cheering subsided an older retiree said, “You won’t realize it for some time, but you’ll miss the camaraderie of people you’ve worked with. Maybe you should arrange a periodic meeting of some of the retirees around here.”

We began a weekly breakfast gathering in 1991 that continues to this day. In our informal, free-flowing conversation, we’ve learned that life’s later years pose some real challenges. Over the years, the group has been able to minister to people with disabilities, those grieving the loss of a loved one, and those facing issues of mental illness.

For example, aware that one member struggled with

depression in the last years of his life, we went out of our way to ensure that he would be at breakfast with us and participate in the conversation. Sometimes we drew him out by inviting him to speak about his passions and hobbies, which often brought a smile to his face.

When members become caregivers for their spouses, including the onset of Alzheimer’s, our conversation seeks to connect men struggling with providing adequate and loving care. In finding kindred spirits who may be walking the same path, we can discuss our struggles, exchange advice on care and services, and serve as a supportive, encouraging voice on difficult and challenging weeks.



Lakeview’s group today: Don Barry (left), Bill Foster, Dick Kehrl-Merlau, Charlie Tijou, and Bob Van Alstyne.

In bearing one another’s burdens, we seek to be faithful followers of Christ who minister to one another in good times and bad. ■

Building Bridges to Hope

by **Renee McFadden**

Three Bridges Reformed Church, Three Bridges, NJ

Three Bridges Reformed Church has been working hard all year to educate our church members and the surrounding community on mental illness.

It started with a “Building Bridges to Hope,” a mental illness awareness presentation by Rev. Lynn Czarniecki. This faith-based community outreach program took place last February.

Czarniecki divided her presentation into three parts:

- common mental illnesses and their treatments
- community resources available for people with mental illnesses and those who care about them
- ways for faith-based communities to offer love and support.

In the time following this presentation, a member of our church has been writing a monthly article on mental illness for the church’s Lifeline newsletter. ■



Group Finds ‘Place to Belong’

by Tim Dieffenbach

Thornapple Community Church (RCA), Grand Rapids, MI

When the chaplain’s office of a large social service provider, Hope Network, invited our church to partner with one of the local adult foster

care homes in the area, the goal was to have churches grow relationships with residents of the homes.

“We can find churches who will adopt a house and provide Christmas gifts for the group of men and women, but we’d like to see this develop into something more,” the chaplain said. “We would like these men and women to feel part of a community that they often feel isolated from—by participating in the church’s social, service, and worshiping activities.”

Not wanting this to be a well-intended effort that fizzled out in a year, I left the meeting and promised nothing.

Soon six men from Thornapple Community Church (TCC) were presented with the challenge to begin at least a five-year relationship with a group of men who had a range of mental health needs. Since there was not a “program to follow,” we would have to make it up as we go, but the invitation was consistent with TCC’s desire to find new ways to connect to needs in our community.

Four years later the men of the Whitney House are known by face and name by most at TCC. Several regularly worship with us, serve bi-monthly at the church, and have helped us accomplish many projects that would have otherwise been ignored. One person assists with landscaping work at the church.

Our team has established some annual traditions with Whitney House, including a Super Bowl party, Christmas banquet, and cookout at the river. There have been ballgames, movies, and some very competitive card games. We watch them play on their sports teams, and they have assisted our C.H.O.R.E.S. team in cleaning up leaves for some of our senior members.

Together, we’ve grown a relationship, and we’re honored they have found this to be a place they belong. ■

Editor’s Note



Watching Our Words

If the name “Nurse Ratchett” rings a bell, you’re likely familiar with *One Flew Over the Cuckoo’s Nest*, the award-winning movie featuring Jack Nicholson and Louise Fletcher that shaped a generation’s perceptions of schizophrenia.

When the movie was filmed at Oregon State Hospital in 1975, producers could have used actual patients as extras, but they declined. Why? Because “they did not look strange enough to match the public image of mentally ill people.”

Adolescents today may be part of a generation whose entire life has been influenced by the Americans with Disabilities Act, but it’s still difficult to measure what progress has been made in the last 40 years to reduce the stigmatizing use of terms such as “crazy,” “lunatic,” and “nutty.”

No one would willingly choose to adopt the label and identity of a “mental patient” or “crazy person.” This is why it requires considerable courage for people to seek mental health care in the first place. Sometimes a mental illness is relatively short-lived, but in many cases it is a lifelong battle. In every instance, a mental health disorder brings pain, confusion, isolation, shame, and judgment.

Think about what it means for your church that every fourth adult and every tenth child is affected by some type of mental or emotional health disorder. And let’s pay attention to the words we use and negative stereotypes they reinforce.

—Terry A. DeYoung

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