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Invisible struggles: Churches learning to help individuals with mental illness

Bill Fentum, Jul 10, 2009

By Bill Fentum
Staff Writer

At one United Methodist Church in central Kentucky, members always turned up with cards, visits and gifts of food whenever a church family faced a crisis. But when someone in Angie O'Malley's family was diagnosed with a mental illness in the 1990s, that didn't happen.

"I realized then that mental illness is a no-casserole disease," Ms. O'Malley says. "Our friends didn't know how to help, so they did nothing at all."

The scars of neglect can run deep, driving many people to leave the church entirely. The O'Malleys took a better approach: They moved to a more responsive congregation and began a faith-based support group.

Brain disorders afflict one fourth of the U.S. population at some time in their lives, according to a 2005 study by the Harvard Medical School. But too many faith communities fail to reach out.

"Medicine treats the symptoms, but relationships cure the soul—and that's what churches can provide," said the Rev. Susan Gregg-Schroeder, a United Methodist elder who has created a series of DVDs on the role of spirituality in recovery.

Ms. Gregg-Schroeder was diagnosed with clinical depression in 1991, while serving as an associate pastor. She took a leave and checked into a hospital, but kept her illness a secret for years, fearing that she would lose her job.

"If I had one word to describe how it felt," she said, "it would be disconnection. I felt disconnected from myself, from others and from God."

Her silence ended when she led a workshop at the same church, helped by a parish nurse and a licensed professional counselor. Then she launched MHM (MentalHealthMinistries.net), a nonprofit media company housed at San Carlos UMC in San Diego, Calif.

"In mental illness, it's partly the spirit that struggles, so to lift up that God is involved in the healing process is vital," said the Rev. Sue Farley, senior pastor at San Carlos, who also fought depression after the death of a close friend.

Since then Ms. Farley has preached about the experience, and recently invited the National Alliance for Mental Illness (NAMI) to the church, to teach a free 12-week course on caregiving for the those with mental illness.

"We try to create a safe place," she said, "for people to talk about the real issues of life. I've also told my staff to plan that the need for pastoral care will increase, with the economic stresses that touch all of us these days."



Hard times, of course, have also forced budget cuts across the denomination. The Virginia Interfaith Committee on Mental Illness Ministries (VICOMIM), an ecumenical group started by the Virginia Conference in 1995, won't receive any conference funds this year; so it's up to donors to keep the ministry alive.

"Faith communities rely on us for mental-health education," said Margaret Ann Holt, VICOMIM's coordinator of resources. The group sponsors workshops in the region, training local churches and synagogues on how to help—and not hurt—those in need.

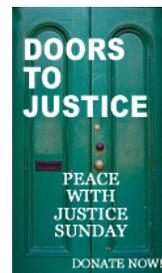
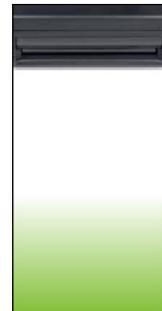
It's not uncommon, Ms. Holt said, for believers to tell friends they wouldn't suffer from depression if their faith were stronger or they "prayed correctly."

"That really puts the fire in the belly for me," she said, "to be sure people understand these are biologically-based illnesses. To lay that extra burden of guilt on someone is just inexcusable."



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Ministry to people who suffer from mental illnesses is often challenging. But it's essential to our call as Christians, say those who have led the effort to reach out.



Instead churches can help erase stigma by hosting support groups or making space available to licensed counselors. "In small towns a lot of people won't go to clinics," Ms. Holt said, "out of fear that someone will see their car parked outside. But it's OK in front of a church."

FACES (Family Advocacy Creating Education and Services), a nonprofit mental-health center, is located in an annex building at St. Mark's UMC near Richmond, Va. Church member Pat Myers founded the center after her son, Justin, committed suicide at age 20.

"He was hospitalized five times with bipolar disorder," Ms. Myers said. "As is typical for that illness, especially with young people, he resisted taking his medications."

Shortly before Justin's death, Ms. Myers had visited a NAMI support class, and planned to start group meetings at St. Mark's. At the funeral, the pastor—who had tried to help Justin—came to her and said, "Whatever you need, we will provide."

"I could never say enough about how they stepped up," Ms. Myers said, "and the church tells me they're so thankful to have FACES there, so they can refer anyone who needs help." Besides support meetings and education events, the FACES staff hopes to add housing and employment services for people in recovery.

The denomination's General Board of Church and Society honors some local congregations as Caring Communities, a named adopted by the 1996 General Conference for churches that support persons with mental illness and their families. Clinton UMC, a Caring Community in southern Maryland, hosts mental-health seminars each year on issues ranging from depression to Post-Traumatic Stress Disorder (PTSD).

"The church has become home and family to us," said Claudette Oghogho, a Clinton member whose husband Emmanuel was diagnosed with PTSD in the 1990s after serving tours of duty in the Persian Gulf, Somalia and Bosnia. Now on permanent disability, he goes through frequent dissociative episodes, or "flashbacks."

"Everything about us looks nice and normal to people until the episodes come," Ms. Oghogho said. "Then we all suffer, and he's not able to be a husband or father." But the church is always there, she added, to hold them in prayer or care for their young sons when she can't leave Emmanuel's side.

Some situations, though, can get a little too scary.

The Rev. Paula Werner, pastor at St. Matthias UMC in Fredericksburg, Va., struggled for months to help a man who attended the church, but was full of anger and refused counseling.

"I tried my best," Ms. Werner said, "but he wanted nothing from a woman; he saw me more in a mothering role. I got him into a men's group, but they had a hard time with him, too. To me, that's my lost soul."

But the victories outweigh the losses, according to VICOMIM's Ms. Holt, a longtime member at St. Matthias.

"Paula has a wonderful compassion and she makes the concern for mental health as routine a part of our congregational life as any other concern," Ms. Holt said.

"It's become inclusive, no different than praying for someone who has heart disease or diabetes. And that's the kind of thing I've always hoped."

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