Twelve Things We Wish You Knew

# From Individuals Living with Mental Illness to Pastors and Churches

This piece was compiled by Dan Milford, Pastor of Covenant Presbyterian Church in San Antonio, TX by crowdsourcing ideas from people with mental illness. Covenant Presbyterian Church started what they call a ‘Beautiful Minds Coalition’ following two deaths by suicide of people in the congregation. Dan’s passion for mental health ministry is currently focused on the launch of the churchwide Presbyterian Mental Health Network called for by the 223rd General Assembly.

1. Mental illness is a medical issue, a disease like cancer/diabetes. Anyone can have a mental illness. It is not a sign of weakness or failure. Nor is it the fault of the parents or ill person.
2. Mental Illness is treatable. Early detection and treatment are essential to improving the chances for recovery. Mental illness is not cured; recovery is an ongoing process unique to each person, which allows the person to carry on in daily living and learn to cope with the illness in a way that makes possible a fulfilling life.
3. Mental Illness cannot be prayed away.  That message must be understood and adopted by pastors and communicated in congregations.  Bad information on this can alienate people with mental illness forever and cause irreparable harm to them and their loved ones.
4. Substance use disorder is a mental illness, not a moral failing.
5. Suicide rates in teens and older adults, in particular, have risen steadily over the last decade. Veterans have one of highest rates of suicide of all demographics. Suicide is not a sign of weakness or moral deficiency. Basic education is vitally important. Suicide ‘literacy’ must include information on stigma and the danger of silence, matters of faith and questions about losing faith, and how to recognize and respond when someone may be suicidal.
6. While most mental illness is diagnosable before age 24, brain disorders can commonly have their initial onset later in adulthood, particularly in older adults. Depression and a variety of types of dementia (which can include paranoia and delusions) are illnesses that commonly appear for the first time in senior citizens.
7. People with a mental illness need to be referred to appropriate resources for professional counseling and medical help. A pastoral referral does **not** mean letting someone go, though, but rather following up and staying engaged to provide spiritual care and support.
8. Support for people with mental illness also involves the network of their loved ones, congregation, and doctors and counselors.
9. People living with mental illness vary in the level of confidentiality they desire. They should always be consulted before their diagnosis is shared with others, whether with an individual or on the church prayer chain. Never publish diagnoses in a newsletter or bulletin if that document will be placed on the church’s website.

1. Many people living with mental illness and their loved ones want to be able to talk about mental illness.  While most church members will not openly express their problems, a significant number will approach the pastor and others in the church to share mental illness-related issues when trust has been earned.
2. Living with a mental illness can be incredibly isolating and lonely—for both the individual with the illness and their loved ones/caregivers.
3. It would be helpful for pastors to be more proactive in offering information about church activities that might interest individuals living with mental illness. Better yet, to offer an invitation to join in. Oftentimes, anxiety or mood instability may keep someone from accepting the invitation. As one person put it, “being thought of specifically and being invited in the first place helps me feel that I am deemed worthy and acceptable to join in. **And know that the declining of the invitation doesn't mean we never want to be included, we just can't bring ourselves to join in this time.”**