THE FIRST UNITED CHURCH MENTAL HEALTH TASK FORCE

MENTAL HEALTH, MENTAL ILLNESS AND THE CHRISTIAN RESPONSE

Conversations about or discussions of mental health or mental illness are commonly avoided or conveniently absent from our daily intercourse. Shame or embarrassments are often attached to those experiencing a mental illness or to those close to someone with a mental illness. A stigma accompanies issues concerning mental health and mental illness that is not present with physical illness. We are ready to discuss our gall bladder surgery or joint replacement; or how long the flu dragged on. A psychiatric hospitalization, receiving addiction treatment, or taking psychiatric medications is broached cautiously or not at all.

An exception to the shadowy treatment of mental health issues is when a public tragedy involving mental illness occurs. Concern, outrage, and resolutions for change take the stage, saturate the media, and then quickly fade into the background. We have witnessed this far too often.

So what are conscientious and concerned Christians to do? How might we light a candle rather than curse the darkness? The United Methodist Church through its Social Principles points the way.

WHAT DOES THE UNITED METHODIST CHURCH SAY?

~ Persons with mental illness and their families have a right to be treated with respect on the basis of common humanity and accurate information.
They also have a right and responsibility to obtain care appropriate to their condition. The United Methodist Church pledges to foster policies that promote compassion, advocate for access to care and eradicate stigma within the church and in communities. (SOCIAL PRINCIPLES 162.X)

~ No person deserves to be stigmatized because of mental illness. (SOCIAL PRINCIPLES 162.X)

In accord with these social principles, The First United Methodist Church of Dallas, Texas has formed a Mental Health Task Force. This Task Force is part of First Church's Church and Society component. Reverend Holly Bandel is the Clergy Liaison, Susan Holloway is Chair of Church and Society, and Dr. Ed Nace is chair of the Task Force.

STARTING THE DISCUSSION

Below are some facts, ideas, as well as opinions that the Task Force would like to share. It is our hope that members of this congregation will want to join us in our efforts to address The Christian Response to Mental Health and Mental Illness. Persons who are not members of First United Methodist Church also are welcome and fortunately are part of our Task Force. Being a Task Force member or a volunteer for the Task Force or a consultant to the Task Force are among the roles that we have considered.

Mental health, as with physical health, is a blessing that we often take for granted. Perhaps, physical health versus mental health is an artificial distinction. Both effect the other; physical illness has mental effects and mental illness will have physical effects. Mental illnesses today are sometimes called "brain diseases" because the functioning of the brain is effected in ways that are gradually being understood.

What is better understood is that what are called mental illnesses (or mental disorders) are a combination of biological, developmental and social factors – the so-called "BioPsychoSocial Model". The modern emphasis on brain functioning is scientifically valid, but also is hoped to ameliorate the stigma that mental illness engenders.

What specifically do we mean by mental health?

MENTAL HEALTH

~ The capacity to think rationally and logically

~ Ability to cope with transitions, stress, trauma, and loss.

~Awareness of and acceptance of possibilities, limitations, and boundaries.

(Mental health does not imply an absence of distress, suffering, or strict social conformity)

MENTALLY HEALTHY PEOPLE

~ Value themselves ~ Experience life as meaningful/purposeful

~ Perceive the world to be mostly benevolent

~ Establish and maintain close relationships

~ Deal reasonably and responsibly with others

~ Pursue work that suits their talent and training

(American Psychiatric Association : Diagnostic and Statistical Manual of Mental Disorders, 5th ed. Arlington, VA, 2013.

What can we do to be mentally healthy? Very much the same things that help with physical health: Healthy diet, exercise, and proper sleep habits, for example. Add to these something that we don't have control over: our genetic background. Mental disorders are to varying degrees linked to genetic factors. The specific genes or patterns of genes are yet to be determined, but it is known that the expression of genes may be altered by environmental stressors that change the chemical composition of the proteins which surround DNA and effect the expression of DNA. Epigenetics is the study of how genes are effected by environmental events independent of any change in the genetic code itself. Those without a family background of mental illness have some, but very incomplete, protection from the development of a mental disorder.

Equally important are findings from modern psychological studies that have examined how people cope with trauma or stress and sustain mental health even under adverse circumstances. There are psychological and social protective factors as listed below. These factors are found in persons who are resilient in the face of adversity and to the

extent that these factors can be developed in an individual, resiliency is strengthened. (Werner EE. What can we learn about resilience from large scale longitudinal studies? Handbook of Resilience in Children. New York: Kluver Academic Pub; 2004.

PSYCHOSOCIAL FACTORS THAT PROMOTE RESILIENCY AND MENTAL HEALTH

~ Personality Traits: easy infant temperament, likeability, get along with peers and adults, sense of humor, empathy and care giving, emotional control.

~ Cognitive Skills: good student, problem-solving abilities, above average IQ.

~ Involvement: participate in clubs or organizations, church youth groups, sports and jobs.

~ Family: employed parents, family rules with discipline and discussion, family rituals, church attendance.

~ Relationships: secure mother- infant attachment, warm/positive relationship with a parent, peer support, adult mentors outside the family.

~ Outlooks: perception of self as having a caring parent, being competent, and having control over most circumstances; realistic hopes for the future, spiritual faith.
        From Vance JE "Can We Prescribe Resilience"? Psychiatric Times, Vol. XXXV , No. 5, May 2018.

        Today, it is recognized that mental health and spiritual development are likely to compliment each other. (Shanshan,Li, et al. Association of Religious Service Attendance with Mortality Among Women. JAMA Intern med. 2016; 176(6): 777-785.)
A description of the mentally healthy person has been presented and below is a description of the spiritually healthy person (Emmons, RA. The Psychology of Ultimate Concerns; Guilford Press, 1999.)

SPIRITUALLY HEALTHY PEOPLE

~ Have the capacity to be virtuous, to show gratitude, be humble, and have compassion.

~ Utilizes spiritual resources to solve problems: Prayer, reprioritize goals, find meaning in trauma and adversity.

~ Ability to sanctify everyday experience: Find God in all things, see the Christ in others.

~ Ability to transcend the physical and the material: Sensing God's presence, feeling at one with others or the Creator.

~ Ability to experience heightened states of consciousness: "The peace that passeth all understanding", unexpected joy, a boundary-less unity with the created order.

As Christians we are called to seek God's will for our lives, live for God, and strive to be more Christ-like. These callings and our strivings to fulfill God's will put us on the path of sanctification-the state of growing in divine grace as a result of Christian commitment after baptism.
As we make progress on this path of sanctification we find that the Fruit of the Spirit become more apparent in our thoughts and behaviors. (Just as a reminder, the fruit are : Love, Joy , Peace, Patience, Kindness, Goodness, Faithfulness, Gentleness, and Self-control (Galatians 5:22).) The fruit are certainly spiritual virtues, but also are reflective of mental health. Healthy spiritual development and mental health are compatible and often reinforce one another.
    Nevertheless, we recognize that people uninterested in spiritual development or religion may be mentally healthy; and that those who suffer from a mental illness may be faithful and spiritually attuned.

 Paul writes (1 Corinthians: 19-20) "Do you not know that your body is a temple of the Holy Spirit, who is in you, whom you have received from God? You are not your own; you were bought at a price. Therefore honor God with your body."

The above can be taken by us, as Christians, to cherish our health both physical, mental, and spiritual. . Living out the virtues expressed in the Fruit of the Spirit can be part of that cherishing as we strive to maintain our health, both physical, mental, and spiritual as best we can .

Therefore, the Christian response for mental health is one of gratitude and thanksgiving. Our gratitude and thanksgiving for the health that we have may be expressed in many ways. Since we are addressing "Mental Health, Mental Illness and the Christian Response" could part of our gratitude and thanksgiving include a willingness to understand the nature of mental illness, offer hope and support to those suffering from a mental illness, and do what we can to undo the stigma that the mentally ill often experience?

"Bear one another's burdens, and so fulfill the law of Christ." (Galatians 6:2).

RESPONSE TO MENTAL ILLNESS

Again, what does the United Methodist Church say?

~ Persons with mental illness and their families have a right to be treated with respect on the basis of common humanity and accurate information.
They also have a right and responsibility to obtain care appropriate to their condition. The United Methodist Church pledges to foster policies that promote compassion, advocate for access to care and eradicate stigma within the church and in communities. (SOCIAL PRINCIPLES 162.X)

~ No person deserves to be stigmatized because of mental illness. (SOCIAL PRINCIPLES 162.X)

WHAT IS MENTAL ILLNESS (OR MENTAL DISORDER)?

~ A syndrome characterized by disturbance in one's cognition, emotional regulation, or behavior.

~ The disturbance reflects a dysfunction in psychological, biological, or developmental processes.

~ Clinically significant distress or disability is experienced in social, occupational, or other important activities.

Expectable and culturally approved responses to stress are not mental disorders.

Socially deviant behavior or conflicts that are primarily between the individual and society are not mental disorders.

THE MAGNITUDE OF THE PROBLEM

Of adults 18 years or older, 18% will have a mental disorder. Of these 4% have a "serious mental disorder" which means that one or more of major life activities are compromised. These statistics do not include substance use disorders which effect at least 8% of Americans in a given year.
Those with serious mental illness have a life span shortened, on the average, by 20 years.

DISTURBING TRENDS

~The Centers for Disease Control and Prevention (CDC) report that from 2000 to 2016 suicide rates for men have increased by 21 % and for women 50%. In 2016 suicide was the 2nd leading cause of death among those aged 10 to 34, and was the 4th leading cause of death in those aged 35-54.

~Drug use disorders have doubled and alcohol use disorders have increased by 50% in the first 16 years of the 21st century.

~Nearly 50% of persons affected by mental illness do not receive treatment.

~ A 2011 study from Baylor University showed mental illness in 27 percent of families in churches. Researchers found that help for mental illness was a priority for those families affected by it, but virtually ignored by others in the congregation.

WE CAN HELP!

Mental illness and substance use disorders are highly treatable and the sooner the better.

First United Methodist Church's Mental Health Task Force has formulated 4 initiatives:

1. Assist the underserved and homeless mentally ill in our city.

2. Provide a mental health /mental illness resource data base for our congregation and periodically provide seminars or First Church University on mental heath/illness issues.

3. Deliver information for caregivers on "Coping with the Challenges of Caregiving".

4. Study root causes of homelessness in our community and establish advocacy strategies.

        The Task Force can only address these critical issues if our church members as well as those from other congregations support our efforts by joining the Task Force, or volunteering for specific functions, or serving in a consulting capacity, as needed.

        To learn more about the Task Force as well as our current members please contact Dr. Ed Nace.