

Lifting the lid

Six bible studies exploring
God's heart for mental health



**Mental health
+ Support
– Isolation
– Just getting by
+ Understanding
+ Community**

It all adds up to

Livability



The six studies were developed with material from The Mental Health Access Pack, a joint initiative between Mind & Soul and Livability. Special thanks to Kate Middleton of Mind & Soul and David Primrose of Lichfield Diocese for input into this resource. <http://www.mentalhealthaccesspack.org/>

'My soul is downcast within me. Yet this I call to mind and therefore I have hope: Because of the Lord's great love we are not consumed, for his compassions never fail.'
Lamentations 3:20-22

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**‘A heart at peace gives life to the body.’
Proverbs 14:30**

Welcome



Welcome to **Lifting the Lid**, a six-week Bible study course that focuses on our faith and mental health. Every week we'll be learning about specific mental health diagnoses – causes, treatments, and how churches can help. We'll also look at an issue that is a little contentious, where Christians might disagree on the interpretation or solution. It's important that church is a place where we can talk openly about mental health – even if we sometimes disagree.

We're going to start with the Bible; seeking to gain a better Christian perspective on mental health. We'll be looking at well-known Bible stories to understand how God treats those who feel exhausted, rejected, hopeless and heartbroken. We will take what we learn about God's approach and use that as a way to explore the mental health challenges faced by our community. We'll try to get as practical as possible – thinking about concrete ways we can support people in our church and neighbourhood. Finally, we'll be spending some time in prayer together.

About Lifting the Lid - why do Bible studies on mental health?

One in four of us will have a diagnosable mental health condition in our lifetime. Even in the healthiest community, there can be a lot at stake in opening up about mental health. People can sometimes be wary of sharing their experiences, or feel that only those with visible difficulties are in need of support. Opening up positive discussions can be challenging, but churches can play a key role in lifting the lid on mental health, by creating spaces that listen and welcome. It's time for us to learn about mental health - both the medical facts and Biblical approaches.

This pack has been produced by Livability – the disability charity that connects people with their community. We have produced this series to specifically focus on faith and mental health.

The series also draws from material published through a collaboration with Mind & Soul - a Christian organisation that seeks to bridge the gap between Christianity and mental health.

Running the session

Mental health can be an emotional subject. It is likely that some people in your group will have a history of mental health problems, either personally, or among their family or friends. Hearing their stories will make the course much richer – the information will become more relevant, your congregation will grow closer, and hopefully people will learn how better to support each other. Of course, this will only happen if the course takes place in a warm and trusting environment.

You know your church and congregation well, so hopefully will be able to build that safe environment. You might find it useful to remind your group that things talked about in the sessions should remain private. Before you start the first session ensure that you ask the group to think of one other person they could talk to if difficult emotions arise. Also consider asking somebody in the church with pastoral responsibility if they would be willing to provide support if required.

You can also work to make sure that everyone's voice is heard – not just the loudest and most confident.

What you will need

Very little is needed to present this course:

- A room which feels comfortable and safe
- Chairs that can be moved into small groups
- A flipchart is always handy, but not necessary
- Some weeks suggest a short video to watch. These are optional, but you will need a computer, projector and internet connection to play them.

Following up

We are giving people space to talk about their own mental health, and those of their loved ones, so there may be the need for some pastoral follow-up work.

Don't feel that you have to 'deal' with every issue that comes up - there are many experts who are available to help out.

1 Valued



This week we are looking at one of the best known stories in the gospels to see how Jesus reacts to someone who is stigmatised by his community. We will be introducing the whole area of mental health and think about the link between our faith and mental health.

Bible study

Read Luke 19:1-10

In small groups, think about the following questions:

- Why doesn't Zacchaeus fit into his community?
- What is Jesus' response?
- Can you think of a time when you felt like you didn't fit in, or felt like an outsider? What happened? Did things change? How?
- People with mental health issues often don't feel like they fit in. As individuals and as a church family, how could we respond?

Notes:

The story of Zacchaeus, as with most of the Bible passages we'll be looking at, is a familiar one. The theme we are trying to explore is how Jesus looks upon those who are outsiders, stigmatised by their community.

Why doesn't Zacchaeus fit in? We know that he is short, he's a tax collector, people call him a sinner, and he'd cheated people.

How does Jesus respond?

- He stops and notices Zacchaeus.
- He allows Zacchaeus to interrupt his journey.

- He asks Zacchaeus for help, giving him status and self-esteem.
- He comes to Zacchaeus' house - bringing the holy into his existing life, rather than demanding Zacchaeus change immediately.
- Jesus values Zacchaeus in a way that the community has not, and he gives Zacchaeus ways of re-thinking his value to the community.

These are all ways we can think about moving from stigmatising to valuing people.

Learning: Introduction to mental health

The aim of this section is to give a general introduction, to find out what people know; their knowledge, assumptions and experiences, and to give people the chance to say things that are on their mind.

Some questions for the group – ask them to shout out answers, or write them on a flipchart.

Question:

What is mental health?

The World Health Organisation says that mental health can be defined as a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

Mental health affects how we think and feel about ourselves and others, how we interpret events, how we learn, how we cope with life events and how we develop and sustain relationships.

Question:

What are some mental health conditions that you have heard of?

There are a lot of misconceptions about mental health – here are some myths and facts: (these could be presented as True or False questions)

Myth: Mental health problems are very rare.

Fact: 1 in 4 people will experience a mental health problem in any given year.

Myth: People with mental illness aren't able to work.

Fact: We probably all work with someone experiencing a mental health problem.

Myth: Young people just go through ups and downs as part of puberty, it's nothing.

Fact: 1 in 10 young people will experience a significant mental health problem.

Myth: People with mental health illnesses are usually violent and unpredictable.

Fact: People with a mental illness are more likely to be a victim of violence.

Myth: People with mental health problems don't experience discrimination

Fact: 9 out of 10 people with mental health problems experience stigma and discrimination.

Myth: It's easy for young people to talk to friends about their feelings.

Fact: Nearly three in four young people fear the reactions of friends when they talk about their mental health problems.

One in four people experience a mental health problem at some point in their lifetime. This is as true for those in the church as anyone else.

Every single one of us participates in the daily activity of balancing life's stresses with the emotional resources available to us. We will usually do this unconsciously, in the same way that our bodies prompt us to replace energy lost through physical activity. We all have emotional health issues, just as we have physical health issues. Some people are largely able to take their wellbeing for granted; others will need to make particular efforts to stay well; still others may need to receive much more comprehensive care to live a full life.

Whilst society has become increasingly conscious of promoting investment in physical wellbeing through diet and exercise, far less has been done to encourage investment into emotional and mental wellbeing. 25% of adults will suffer from a diagnosable mental health condition at some point in their life – mental health concerns are not a minority issue – they affect humanity in general. In fact, the World Health Organisation, which measures the global impact of diseases, says that only one other health concern – heart disease – has a bigger impact on global social and economic life.

As Christians, we are motivated to care not just for those who are currently suffering from mental illness, but to see unity in the body as a whole. Paul reflects this unity in 1 Corinthians 12:26 when he says:

**'If one member suffers, all suffer together;
if one member is honoured, all rejoice together.'**

Question:

What do you think people mean when they talk about the stigma of mental health?

If you have an internet connection and a computer or projector, you might like to watch this three minute film: <http://youtu.be/z2j43Fp9IGc>

Tricky issues

The Bible says that the fruit of the Spirit includes joy and peace, so some might say that true Christians should not suffer from mental health problems. What do you think?

Notes:

Every church congregation will differ on these important issues. It's not vital that we all agree, but hear each other. It's often the assumptions that make community life difficult – when we assume we know what people think. Sometimes it can be helpful to see that within our church there is a healthy range of beliefs.

We believe that being a Christian does not make a person immune to mental health problems. There are all kinds of causes of mental health problems, which we will look at in more detail next week. Just like physical injuries and diseases, mental health problems can affect anyone.

But having poor mental health does not mean that God cannot use you. In fact, a number of Bible heroes may today be described as mentally unwell. A list may include the writer of many Psalms, prophets like Ezekiel and Jeremiah, not forgetting Jonah and Elijah who both prayed for death because they didn't feel they could go on. Each one was used powerfully by God despite their mental health challenges!

Challenge

Group discussion

- How can our church remove some of the stigma of mental health? (think back to how Jesus interacted with Zacchaeus)
- How can we value people, especially people who may feel like they don't fit in?
- Encourage the group to come up with practical, specific ideas.

Meditation

Take the time to set up this exercise, rather than just jumping into it.

- Start by explaining what you're going to do – take a few minutes of quiet to review what we've heard today and think about what to do with it, giving God the space to speak to us.
- Encourage people to sit comfortably and close their eyes.
 - Think of a time when you felt left out – stigmatised, different for whatever reason.
 - What was going on?
 - How did you feel?
 - Now think of a time when you felt valued.
 - What happened?
 - How did you feel?
 - Now think of someone that may be struggling to feel valued and included in your church or community. Who are they?
 - How do you think Jesus feels about them?
 - What can you do to make a difference?

Closing prayer

Lord of the excluded,
Open my eyes to those I would prefer not to see
Open my life to those I would prefer not to know
Open my heart to those I would prefer not to love
And so open my eyes to see
Where I exclude you.

Iona community

2 Cared for



This week we are looking at one of the most common mental health diagnoses - depression. We'll learn how God cares for and restores those he loves from the story of Elijah. And we'll also talk about the causes of mental health problems.

Bible study

Read 1 Kings 19:3-15

In small groups, think about the following questions:

- How would you describe how Elijah is feeling in verses 3-5?
- Have you ever felt similarly?
- What does God do in v.5-9? What does He not do?
- What does God do in v.10-15? What does He not do?
- Are there any principals we can learn from God's approach to Elijah?

Notes:

This passage finds Elijah in a mess. The context is this: Elijah has just had one of the most intense periods of his life – standing up against 450 prophets of Baal; calling down fire from heaven; watching as God brings a rainstorm after years of drought and famine; running 17 miles ahead of a chariot, receiving a death-threat from the queen, fleeing for about 100 miles and finally finding himself alone in the wilderness!

How does God treat this exhausted man? He supports Elijah very practically – gives him food and allows him to rest. Once Elijah is starting to feel better, God takes him to a very special place – Mount Horeb. This is the same place as Mount Sinai – where God met Moses, giving him the Ten Commandments and confirming His covenant with the people of Israel. Standing

in that place, Elijah would no doubt have been reminded of God's promises and His past faithfulness. But unlike God's appearance to Moses, which was marked by wind, fire and earthquakes, this time God comes in a gentle wind.

Finally, once fully recovered and renewed, God gives Elijah an important new task, showing he can still be used by God.

Learning: Introduction to depression

Question:

When you think about depression, do any characters from TV, film or books come to mind?

How would you describe them?

Depression can affect anybody, including Christians. In fact, every year one in five church ministers will suffer from depression. Medical skill, an active faith and a supportive community can make a real difference.

What is depression?

The word depressed is a common everyday word. People might say "I'm depressed" when in fact they mean "I'm fed up because I've had an argument, or failed an exam, or lost my job", etc. These ups and downs of life are common and normal. Most people recover quite quickly. True depression means having a low mood and other symptoms each day for at least two weeks. Symptoms can become severe enough to interfere with normal day-to-day activities. There will be low mood, loss of enjoyment and low energy. It's difficult to think positively about the future. It can affect sleep as well as weight and appetite. Depression isn't just 'feeling a bit low'.

What causes depression?

It can be triggered by a one-off event or by long-term unhelpful thought patterns. It could have its roots in a physical illness. Occasionally, depression may have a spiritual cause, such as struggling to accept forgiveness. Many people may never know what caused it. If two people have depression, it's unlikely the cause is the same.

Can it be treated?

Depression doesn't go away by just 'pulling yourself together', but requires a combination of approaches. Talking treatments can help change negative thought patterns. Antidepressants can help balance the chemicals in the brain which allow us to feel good. Christian community can help with isolation and loneliness.

What about faith?

Even though the word 'depression' is not found in the Bible, God has always helped people whose mood was low. We can stand alongside those who are suffering and hold out Jesus as the source of hope.

Matthew 5:5 says:

'Blessed are those who mourn, for they will be comforted.'

Question:

You may ask the group why they think that mourning is 'blessed' and what 'comfort' might look like.

Depression can cause negative thoughts, including feeling guilty, helpless or hopeless. God offers alternatives: forgiveness, love and hope. But remember, depression can make it hard to believe this. If others blame past sin or a weak faith for the depression, this can make things much worse and lead to a negative spiral.

Being part of a community like a church is very helpful. It can be hard to attend regularly or meet people, but in church everyone should feel valued, no matter what. Phone calls and simple support mean a lot. You don't need to be an expert to help.

We should pray for people with depression, but just as with physical illnesses, God doesn't always work in ways that we expect. Sometimes God does cure people of their illnesses, but often He brings healing in other ways. It's important to understand that if someone isn't cured from depression, it's never the fault of the individual for not having 'enough faith'. God uses many different ways to heal, including miracles, counselling and antidepressants. Healing is a whole topic in its own right – and one we will be looking in more detail later in the course.

Tricky issues

What causes mental health problems? What do you think?

Notes:

There are many factors which influence our mental health and wellbeing – from genetic and biological to social and cultural, economic and political, and even spiritual.

Some churches would say that mental illness is often caused by spiritual activity, particularly the influence of demonic forces. Historically, all kinds of health problems were thought to be the result of demonic powers. This led to many negative repercussions, especially against disabled people and those with chronic conditions. In physical health, that assumption has been overcome: we now believe that medical science reveals cause and remedy for physical health issues. But the idea has lingered in the area of mental health – some still assume the causes of mental illness are spiritual and treat medical science with scepticism.

An example that is often cited is the Gadarene man who meets with Jesus (see Matthew 8:28-34) and is made well by having a legion of demons cast out of him. His symptoms include nakedness, cutting himself with stones, living in the tombs and violence; he is a dangerous man, strong enough to break chains. This description fits a popular but **completely incorrect** stereotype of schizophrenic illness. As a result, some people have made the false assumption that negative emotional symptoms are simply the result of demonic activity.

This belief can be extremely distressing for Christians who are suffering from mental health issues: A problem with their brain chemistry suddenly becomes a problem with their precious faith.

Whatever your conviction in terms of the spiritual origins of ill health, Jesus afforded dignity and humanity to every person he encountered. How can we make sure we do the same?

Challenge

Group discussion

Looking at Elijah's story, we see how God responds to a desperate man. He takes the initiative to give practical support – food, drink and rest. Then He gently reminds Elijah of His past faithfulness. Finally, He restores him by giving him a new task.

- How can we put this into practice?
- Are there people in your church who need practical help?
- What can you do to support them practically?
- How might we support them spiritually?

Encourage the group to come up with practical, specific ideas.

After talking, perhaps watch: <http://youtu.be/6-5Pv1Unj0w>

Meditation

Take the time to set up this exercise, rather than just jumping into it.

- Start by explaining what you're going to do – take a few minutes of quiet to review what we've heard today and think about what to do with it, giving God the space to speak to us.
- Encourage people to sit comfortably and close their eyes.
 - Think of a time when you felt exhausted, isolated, maybe unable to see a way forward.
 - What was going on?
 - How did you feel?
 - How did you get through it?
 - Did someone reach out to you?
 - Now think of someone who may be feeling alone, worn out, at their wits' end, or maybe struggling with depression.
 - How could you reach out to them?

Closing prayer

O God,
whose love restores
the brokenhearted of this world:
pour out your love,
we beseech you,
upon those who feel
lonely, abandoned, or unloved.
Strengthen their hope
to meet the days ahead;
give them the courage
to form life-giving friendships;
and bless them with the joy
of your eternal peace.
Amen.

Vienna Cobb Anderson

3 Listened to



This week we are looking at a feeling that everyone has experienced - anxiety. We will be finding out what anxiety is and ways that we can reduce our own anxiety, as well as support others. We'll see what we can learn from the story of Jesus's appearance on the road to Emmaus. Finally, we will discuss what we believe about the use of medicine to treat mental health problems.

Bible study

Read Luke 24:13-35

In small groups, discuss the following questions:

- How do you imagine the two companions were feeling?
- Have you ever felt like this?
- How does Jesus interact with the travellers?
- What can we learn from Jesus' approach to these two men?

Notes:

The companions on the road to Emmaus may well have been in despair. They'd built their hopes on Jesus, but were now disappointed that He didn't appear to be all they'd dreamt of. Had they made the biggest mistake of their lives? Did they feel as if they'd just watched their whole world, their hopes and dreams, just crumble away?

Jesus' approach to these two men is fascinating. We see him literally walking alongside them, asking them questions – letting them speak, really listening to understand their pain. At any point in the journey, He could have revealed His glory, dispelling all of their doubts. But instead He chooses to start by listening. Then Jesus gently meets them where they are at – taking the time to explain the scriptures to them – helping them see things from another perspective.

When we interact with people, do we take the time to walk alongside them? To meet them where they are, with all their questions and heartbreaks?

Learning: Introduction to Anxiety

Question:

What makes you anxious?

Everyone gets anxious from time to time - it may be exams, public speaking, getting married, changing jobs, or any number of other stressful situations.

What is anxiety?

Anxiety is a vital emotion, warning us of possible risks or problems. It keeps us from making bad decisions or judgements – but it's also the emotion most commonly linked with emotional and mental health problems. We all experience anxiety, but some people are more prone to it than others. Think of it as a bit like the body's smoke alarm – it warns us that something significant may be about to happen. But sometimes it becomes too sensitive and is triggered too often, and that's when it becomes a problem. It stops being a helpful warning and starts to disrupt everyday life – an anxiety disorder.

Question:

What does anxiety feel like?

Feelings may include:

- Racing heart
- Sweating
- Dry mouth
- Stomach cramps
- Insomnia
- Irritability
- Exhaustion
- Pins and needles
- Clamminess
- Chills and perhaps hot flashes
- Muscle tension, aches and pains
- Hyperventilating or difficulty breathing
- Dizziness and feeling faint
- Inability to concentrate
- Chest pains and other symptoms similar to those of a heart attack

Although these symptoms are unpleasant they will not harm us: We won't faint, collapse, have a heart attack or die. However, experiencing these feelings on a regular basis can be extremely disruptive to day-to-day life.

When we experience anxiety, our body is preparing to respond to a risk or an emergency:

- Breathing and heart rates speed up
- Adrenalin is released into the bloodstream
- The nervous system is on 'red alert'
- Muscles tense up

This is fantastic news if we are in real physical danger that demands a real 'fight or flight' response. But in our modern lives, that is rarely the case, leaving our bodies prepared for a physical reaction which we have no real outlet for.

Can anxiety be treated?

Anxiety disorders are best treated with a combination of approaches that address the different aspects of anxiety: the thought patterns respond very well to cognitive behavioural therapy (CBT), a talking therapy that helps people change how they think about situations, and the physical symptoms can be controlled and limited by relaxation techniques.

Medication can work well alongside other therapies, particularly reducing obsessional (round and round) thoughts, or helping people concentrate or function normally.

Reducing anxiety

There are simple things that anyone can do to reduce their anxiety levels:

- Physical exercise - Regular gentle exercise can make a huge difference. You don't have to exhaust yourself - a walk in the park or a bike ride with a friend will help.
- Connecting - Isolation increases anxiety, but connecting with a friend will help. Even chatting over social media can make a difference.
- These all help us learn how to manage when life gets frantic. There are often local mindfulness courses, and very popular apps.

What about faith?

Faith can be a big support for those struggling with anxiety, because it gives a bigger perspective and reminds us that God is in control. It encourages us to simplify our life and remember what really matters. Times of prayer can help calm nerves, focus the mind and limit panic or waves of anxiety.

Remember, however, that recovering from anxiety problems is not as simple as just being told 'do not fear'. Those suffering will often require expert help as well as the support they get from their faith and church. There may be Bible passages that they find very hard. Often-quoted 'do not worry' scriptures, such as Matthew 6:25-27 or Philippians 4:6-7, can be distressing to people who have tried very hard to do those things, but found no relief for their anxiety. Sufferers must be encouraged not to be too hard on themselves. It's good to find the ways in which their faith helps to calm their nerves, while not adding to their worry with scriptures they find hard to process when feeling anxious.

Tricky issues

Should Christians rely on medication to support their mental health?

What do you think?

Mental health medication can include:

- **Antipsychotics.** Used to treat psychosis, schizophrenia, sometimes other conditions like bipolar disorder, these medicines mainly reduce dopamine - a chemical in the brain which is overactive in psychotic illnesses like schizophrenia.
- **Antidepressants.** Used to treat depression, anxiety and low mood, these mainly raise the levels of a chemical called serotonin, which is lowered in severe depression.
- **Mood stabilisers.** Used to treat bipolar depression or conditions where mood swings are causing difficulties. A variety of these exists, with different methods of action.
- **Hypnotics and anxiolytics.** Used to treat the symptoms of anxiety and other related conditions such as insomnia. Some are taken short term to manage symptoms whilst others are prescribed longer term to produce a general reduction in anxiety.

To find out more about a particular drug, MIND have a very useful website:
www.mind.org.uk/information-support/drugs-and-treatments/

Some Christians feel that we shouldn't use chemicals which affect the brain and change our feelings. There can be down-sides to taking medication: some drugs come with side effects, which can be significant; and it's possible to develop an over-reliance on medication.

That said, mental health medication should be viewed in the same way as medication for physical health. We presumably wouldn't criticise someone for a lack of faith if they take insulin for diabetes, or aspirin for a headache. Yet some people feel that 'real' Christians shouldn't consider medication to manage mental health.

Perhaps we should aim to find a middle ground, one which uses medication alongside spiritual, pastoral and social support.

Challenge

Group discussion

What can we learn from Jesus' approach to the men on the road to Emmaus?

How can we journey alongside people, not rushing in with judgement and instruction, but meeting them in their place of need, and allowing them to come to their own conclusion?

Here's a brilliant short video about empathy: <http://youtu.be/1Evwgu369Jw>

Meditation

Take the time to set up this exercise, rather than just jumping into it.

- Start by explaining what you're going to do – take a few minutes of quiet to review what we've heard today and think about what to do with it, giving God the space to speak to us.
- Encourage people to sit comfortably and close their eyes.
 - Think of a time when you felt lost and confused and someone took the time to listen to you.
 - What was going on?
 - Remember how you felt - anxious, confused, disappointed, hopeless?
 - Who took the time to listen to you?
 - And how did that change things?
 - Now think of someone that you know that may be struggling at the moment.
 - Could you be the person who takes the time to listen to them? A person who doesn't try to fix things, but gently comes alongside to hear their pain and help them to understand their situation from a fresh point of view?

Closing prayer

Lord Jesus Christ, who for love of our souls entered the deep darkness of the cross; we pray that your love may surround all who are in darkness of great mental distress and who find it difficult to pray for themselves. May they know that darkness and light are both alike to you and that you have promised never to fail them or forsake them. We ask it in your name's sake.

Amen

L Cumings in Contemporary Parish Prayers London; Hodder & Stoughton 1973

4 Accepted



This week we'll be looking at some particularly difficult issues - including learning about psychotic illnesses and talking about suicide. But we are going to start by looking at Jesus and how He responded to an emotional woman who didn't fit in.

Bible study

Read Luke 7:36-50 (alternative versions of this story can be found in Matthew 26, Mark 14 and John 12)

In small groups, think about the following questions:

- What does the woman in the story do? What do you think motivated her?
- Have you ever felt like this?
- What did the religious leaders think of her actions? How did they react to her?
- How does Jesus react?

Notes:

This story is recorded in each of the four gospels, so people may bring insights from other versions of the story.

A sinful woman, saying nothing, overcome with emotions, reaches out to Jesus. We don't know for sure what motivated her, but we see a woman desperate for something. And although she doesn't say or do the 'right' thing, Jesus sees her heart and doesn't let her down.

Her actions don't make sense: she breaks religious rules and it seems like a very expensive waste of money. (In Matthew and Mark, onlookers point out that the perfume is worth around a year's wages).

But Jesus does not criticise her. He firmly takes her side, even though it means that He is judged too. In Matthew and Mark, He speaks out - "Why are you bothering this woman? She has done a beautiful thing to me." He joins the outcast and is criticised by the establishment.

The world is full of people who are longing to reach out to God, but have no idea how to do it 'properly' or 'appropriately'. Perhaps they are overwhelmed by mental health problems, or disability, of any number of other issues. What is our response?

Learning: Introduction to psychotic illness

Question:

What do you think of when you hear the word schizophrenia? What about bipolar?

This group of severe illnesses includes schizophrenia and bipolar affective disorder and can affect anyone, regardless of upbringing, social class or personal faith.

8% of people have some type of psychotic episode in their life. So in a congregation of 100 people, there may be eight members who have been, or will be directly affected by psychotic illness.

There are effective treatments in the form of medication and talking therapies. For the more severe forms, social support is often necessary and the local church has a huge role to play here.

What is psychosis?

This broad term describes experiences that are outside the normal. This can include hearing or seeing things that others cannot (hallucinations/hearing voices), believing things that do not seem to be true (delusions) and having extremely elevated moods (mania).

Schizophrenia is a specific form of psychosis where delusions and hallucinations are common. Bipolar affective disorder is another form where high moods can be accompanied by grandiose beliefs and periods of very low mood. Psychosis is far more than ups and downs in mood or the odd unusual belief – it affects every area of life.

What causes psychosis?

The first episode is usually in early adulthood, though it can start in the teens and, for some, later in life. Genetics seems to be a major cause, but it's a complex mix of genes – never due to just one gene or one parent. Psychosis can also occur after using drugs, some medications like steroids, a head injury or an infection. It can even occur after an extreme life event, such as a sudden bereavement.

Can it be treated?

Psychotic illnesses are severe and need a combination of approaches. Medication is central and it's important to find a suitable form with manageable side effects. Psychological treatments can help with understanding, preventing relapses and the anxiety that often accompanies psychosis. Social activity, including both everyday activities and also hobbies and fitness, bring a rounded recovery. Often treatment is necessary for many years and must also focus on rehabilitation and living a meaningful life, which is helped by having a faith.

What about faith?

When people become psychotic or manic, they become very involved in things – often those things they were into before in a more measured way. It could be computers, or politics; it could be religious things. People who have a faith can see this get out of control – reading

the Bible or praying for hours, believing they are pure, or evil, or even God. This says nothing about their underlying faith: it's the illness speaking.

With hindsight, times of psychosis can also be genuinely spiritually awakening, as people explore things very deeply. It can also be very scary, and God can be their only source of comfort. There are some examples of psychosis in the Bible – Nebuchadnezzar's 'madness' in Daniel 4 is probably the most accurate description.

People sometimes seem to confuse psychosis with demon possession – but the psychotic illnesses we know today look nothing like the demon encounters in the Gospels and should not be mistaken as such. We urge all Christian leaders to defer to the medical community in the treatment of psychotic illness. If you are supporting someone in prayer, do this indirectly. If praying with others, always do this in a way that protects the dignity and confidences of the person involved.

When undertaking prayer ministry of any kind, refer to your Child and Vulnerable Adult Protection Policies and work within the parameters of your denominational guidelines.

What can the church do?

Psychotic illnesses often leave people needing support. There can be a tendency for people to self-isolate, so friendship is essential. Practical help with shopping and household tasks may also be needed. People admitted to hospital for mental health problems rarely receive cards, flowers or visitors: a hospital visit can make a huge difference to someone feeling isolated and afraid. Although these illnesses might feel too big for your church to deal with, in fact you have an invaluable role to play. If you don't know where to start, ask the local mental health team how you can help.

Tricky issues

How should the church respond to suicide? What do you think?

Notes:

This is an extremely difficult topic to talk about, but it is so important that church is a place we can speak about these things. Someone in your group may have been affected by suicide, or considered it themselves, so it is vital to be extremely sensitive.

It's easy to assume that Christians do not commit suicide, but that sadly is not the case. Sometimes a crisis of faith can be a part of the individual's personal collapse. People may feel in conflict with God, or ashamed, or beyond forgiveness. They may experience pressure, or depression, or pain or disordered thoughts which obscure God and His love.

- Over 100 people commit suicide in the UK every week.
- Suicide is the most common cause of death among men aged 18-35.

What can we do?

- Be a place where people can be real with each other and talk honestly.
- When someone talks about suicide, take it seriously.
- Grieve with, love and support those left behind.

Challenge

In today's passage, we have read about a desperate woman reaching out to Jesus. The religious leaders and, in some versions, the disciples are very angry at her. Yet Jesus values her actions - He sees her motivation, and in fact points out that her shocking actions are more loving than his host's.

Have we as Christians, and as a church, ever done what the Pharisees did here – react to a heartfelt desire for connection to God with angry judgement? Do we have rules that set out the correct and appropriate ways to reach out to Jesus?

Are there barriers in our church which make it harder to reach Jesus? How do we respond when people break our cultural norms?

What would it look like to be a church that welcomed people like this weeping woman?

Meditation

Take the time to set up this exercise, rather than just jumping into it.

- Start by explaining what you're going to do – take a few minutes of quiet to review what we've heard today and think about what to do with it, giving God the space to speak to us.
- Encourage people to sit comfortably and close their eyes.

Remember the story that we read together at the beginning of this session - the woman who wept as she washed Jesus' feet with her hair.

Imagine what it would have been like to actually be there - in a house with Jesus

Let's think in turn about three characters:

- The weeping woman – how does she feel?
- The Pharisee – why does he respond as he does?
- Jesus – What does He do? What motivates Him?

Is there someone in your life who longs for Jesus but who struggles to fit in?
What can you do to encourage and accept them?

Closing prayer

This is a prayer by Thomas Merton, although it could have been said by the woman we've been thinking about.

My Lord God,

I have no idea where I am going.

I do not see the road ahead of me.

I cannot know for certain where it will end.

Nor do I really know myself, and the fact that I think that I am following your will does not mean that I am actually doing so.

But I believe that the desire to please you does in fact please you.

And I hope I have that desire in all that I am doing.

I hope that I will never do anything apart from that desire. And I know that if I do this you will lead me by the right road though I may know nothing about it.

Therefore will I trust you always though I may seem to be lost and in the shadow of death.

I will not fear, for you are ever with me, and you will never leave me to face my perils alone.

Thomas Merton

5 Understood



This week, we're going to shift our gaze slightly and look at those who are caring for people with mental health challenges. We'll be looking at how Jesus responds to two struggling parents. We'll then have a brief introduction to the area of addiction and also look at the question of 'negative' emotions in the life of a Christian.

Bible Study

Read Luke 7:11-15 and Luke 8:40-42 & 49-56

In small groups, think about the following questions:

Before they meet Jesus, what do you imagine is going through the minds of the widow in Luke 7 and Jairus in Luke 8?

- Have you supported a loved one through serious illness?
- What was it like?
- What is Jesus' response to these two parents?

Notes:

In these two short episodes, we see Jesus responding to parents in the distress of losing someone they love.

On top of her raw grief, the widow of Nain must have also been thinking about her fragile future - without husband or son, she faced a future that was financially insecure and socially isolated. And those experiences are often shared by those who love people with mental health problems: If the person is unable to work, or if the carer needs to take time off, then there can be a real financial impact. And if the person doesn't want to leave the house or spend time with friends, then there will be a major social impact on the carer too.

Jairus leaves his daughter's side to beg Jesus for help. He's made the agonising decision to leave his daughter in her dying moments to seek help. Tough choices are often part of the care experience - especially as carers are often torn between the demands of love and loyalty and their own well-being.

How many people do we know that are going through similar challenges?

- The partner of someone with depression
- A parent of someone who is self-harming
- The child of someone with dementia

With both of these parents, we see Jesus act with great understanding. We read that Jesus' heart goes out to the widow - He was moved and He got involved. Later, we'll be thinking about how we might act to support those in our community who are struggling to support others with poor mental health.

Learning: Introduction to addiction

Question:

How common do you think addiction is?

In a group of 100 people in the UK, on average there may be 19 people chemically addicted to nicotine, six people addicted to alcohol and one to other drugs. On top of that, people can become psychologically addicted to pornography, gambling or food: anything that has an instant reward attached can become addictive.

Those numbers tell us that throughout our community, and indeed, within our church family, there will be many struggling with addiction - either themselves or of a family member or friend.

What causes addiction?

Addiction can happen to anyone - there is no simple single cause. Sometimes there can be evidence of a genetic link in families but trauma and loss, particularly in childhood and adolescence, can increase risk. Peer group pressure and easy availability of a substance or activity can start an addiction.

Mental health problems and addiction often happen together – sometimes the mental illness comes first, sometimes the addiction does; it may be impossible to tell. Some substances and activities are more addictive than others and often people describe going from one addiction to another.

What are the consequences of addiction?

Some addictions are more destructive than others. Common consequences of drug and alcohol-based addictions include: physical and mental health problems, relationship and family breakdown, neglect of self and/or others, poverty and debt, homelessness, unemployment, offending (including violence) and imprisonment, poor self-worth and hopelessness. On top of all this, addiction can have a devastating impact on an addict's family and community life.

Can it be treated?

Yes! Treatment is available for drug, alcohol and nicotine addictions in particular. Recovery from addiction is generally a long-term prospect rather than a short-term fix, needing specialised help that can include medical treatment and talking therapies as well as

learning new behaviours and forming new relationships. This may involve detoxification and rehabilitation – at home or in a residential setting – and prescribed medication.

Although treatment is available, recovery happens at different rates for different people, and we must recognise that for many, the first attempt to manage their substance use is only the start of a long journey.

Community drug and alcohol services will be available locally and people can self refer or go through a health professional such as their GP. Peer support groups can also be very useful, including Alcoholics Anonymous, Narcotics Anonymous and many other similar groups.

Other addictions such as gambling and pornography are not as well catered for by the NHS, but many local or national self-help groups are available. The number of church-based ministries and courses is increasing in an attempt to plug some of the gaps and also provide high quality care for people.

What about faith?

Being a Christian does not offer immunity to addiction. There will be a significant number of addicted people in churches, although often hidden due to shame or denial and perhaps the feeling that they might be looked down upon or judged. Supporting those struggling with addictions is also an important part of outreach and mission.

One of the most important factors in recovery is for someone to be surrounded by people who will care and help them appropriately. The church community should be ideal for this – but it needs to be equipped to be competent and compassionate in helping people with addictions. In this context, good leadership, prayer and practical support are essential.

Addiction can be overcome and the person restored to fullness of life and hope for the future. There are many people who have recovered from many forms of addiction who can testify that this is true.

Tricky issues:

The Bible says 'Do not worry', 'Do not be afraid', 'Do not let your heart be troubled', 'Be slow to anger'. Some might say that Christians should not experience negative emotions.

What do you think?

Notes:

"I know I'm not really supposed to feel like this..." How many times have we heard that, or said it ourselves. Are there some emotions which Christians are not 'supposed' to feel?

Emotions have a big influence upon us and our lives. Although some Christians mistakenly believe that they should never feel emotions such as fear, anger, guilt, worry and sadness, they are an essential part of normal life and of the way our brains were designed to work. Whilst the need to sometimes suppress emotions 'in the moment' is a healthy part of adult emotional maturity, if denying, repressing or suppressing our emotions is the only way we know to manage them, we place ourselves at risk of harm later on.

When we read the gospels we find Jesus to be a man who experiences a full range of emotions – even the 'negative' ones:

- He shed tears (John 11:35)
- He grieved (Luke 23:28)
- He was angry (Mark 3:5)
- Anguish and sadness came over him (Matt 26:37)
- He showed astonishment and wonder (Luke 7:9)
- He felt deep emotional distress (Mark 3:5).

Of course, emotions are not an end in themselves: they trigger and prompt actions. The Bible does not condemn our emotions but it does hold us accountable for what we do next:

'In your anger, do not sin'

Ephesians 4:26

Challenge:

Group discussion

- What can we learn from Jesus' approach to both Jairus and the widow?
- How can we better notice those in our community who are carrying the heavy burden of care?
- How as a church can we support those who are caring for friends or relatives with mental health problems?

Meditation

Take the time to set up this exercise, rather than just jumping into it.

- Start by explaining what you're going to do – take a few minutes of quiet to review what we've heard today and think about what to do with it, giving God the space to speak to us.
- Encourage people to sit comfortably and close their eyes.
 - Think of a time when you felt that you were carrying a big burden of responsibility. Perhaps you were looking after a friend or family member.
 - What was going on?
 - How did you feel?
 - Did anyone reach out to you with understanding?
 - Now think of someone that you know who is caring for someone with mental health problems. It might not be a full-time role, but someone who carries that burden of worry.
 - How could you help them feel understood? Is there anything you could do to comfort and support them?

Closing prayer

Almighty God,

We pray for those who give care to family members and friends living with mental illness.

May they feel your loving hand and your sustaining and nurturing power. May they feel less frustrated and experience less guilt for very human feelings they may have about wanting to escape their tasks. May they find us eager to support them in the midst of their difficult tasks. May we always encourage them as they grasp hold of an identity of worth and value even when community seems to desert them and their loved one. Save us from our ignorance, Lord, that we may not ignore our friends because they live with pain that we do not understand, but rather help us to see that they are people of great courage and love who are trying desperately to care for a family member or friend.

Thank you for the many contributions persons who care for folks in mental distress bring to the lives of their loved ones. Help us to learn from their examples of patience, strength, compassion, and faith.

Amen

Adapted from "A Service for Wholeness for Use With a Congregation," in Mental Illness Worship Resource, ed. Christopher L. SMith (Louisville, KY: Office of Health Ministries, 1999)

6 Beloved



Welcome

In the last week of this series, we will be looking at the story of the prodigal son – a reminder that God’s unfailing love is not based on anything we do or how we feel. We’ll learn about self-harm and eating disorders. And we’ll discuss what we believe about prayer and healing for mental health problems before we end our session in a time of prayer.

Bible study

Read Luke 15:11-32

In small groups, think about the following questions:

- What does the prodigal son do wrong?
- How do you imagine the son feels in verses 16-20?
- Why does the father respond the way he does?
- Why does the older son respond the way he does?

Notes:

This is another very well known story, but it reveals so clearly how nothing we do stops God from loving us.

The son had damaged so many aspects of his life:

- Broken family relationships
- Religiously unclean through living with pigs
- Financial disaster, losing his entire inheritance
- Moral bankruptcy – spending every penny on wild living

But he learns that nothing he does makes him more or less loved. Even in this total mess, he is intrinsically loved.

One of the most important characters in this story is the older brother. Like his younger brother, he believes that being loved is about being worthy. Unlike his brother, he has worked hard, trying to earn his father's love, not realising that his diligent work makes him no more loved than his prodigal brother. As Christians and churchgoers we need to be avoid being like the older brother. If we believe that God's love should be earned by 'correct' beliefs and actions, then we put up barriers which prevent people from reaching God, especially those who feel unworthy and unlovable.

Learning: Introduction to self-harm and eating disorders

A recent World Health Organisation survey found that 20% of British 15-year-olds have self-harmed in the last year. In 2002 the figure was 7%, so the number has almost tripled in 13 years.

Other studies show that around one in four teenage girls show signs of eating disorders. And it's not just girls – around 10% of those with eating disorders are male.

Both self-harm and eating disorders usually develop as a way of dealing with difficult feelings or emotions.

Question:

What words do you associate with the term 'eating disorder'?

What are eating disorders?

An eating disorder develops when someone struggling with other things begins to try to control their eating, believing this will make everything better. They often aim to eat very restricted diets, or to lose a lot of weight.

Some are successful in keeping up this control, but as their emotional state does not change, they carry on losing weight in the hope things will improve. These people are at risk of anorexia nervosa. They can become convinced they're still overweight even when dangerously thin.

Others find their control breaks down and they experience binges - where they feel a sense of losing control and overeat foods they would normally forbid themselves, sometimes in large quantities. Some gain weight rapidly and often end up obese – this is known as binge eating disorder.

Those who take action to avoid putting on weight due to their binges often make themselves sick or take laxatives. This is called purging. This pattern of restricting, then bingeing and purging becomes the vicious cycle that defines bulimia nervosa and can go on for years.

Eating disorders affect people of all ages, both male and female, and can develop quickly, or over a number of years. They can be very serious and cause great distress.

What is self-harm?

Some people self harm as they struggle to deal with intense, overwhelming emotions. In those moments, as they try to manage or escape from these feelings, they injure themselves physically. They may cut or burn themselves, or perhaps punch walls, or appear to attempt suicide.

Self harm is a sign that someone is struggling with powerful emotions, and that they don't know what else to do. It is an attempt to manage, to keep going - and as such is very different from suicidal harm, although the actions may be very similar.

Can they be treated?

Eating disorders

Recovery from eating disorders is possible, but it's a gradual process and takes time. Treatment is generally outpatient, although very physically unwell patients (especially those with anorexia nervosa, or those under 18) may be offered inpatient care.

Eating disorders benefit from a combination approach of treatment. Cognitive behavioural therapy (CBT) can be very effective, as can other talking therapies. Some specialist units offer a variety of approaches designed to help people feel more comfortable with themselves as well.

Self-harm

Counselling or cognitive behavioural therapy can help people who self-harm too, although some are also prescribed medication to treat any underlying depression. Inpatient treatment isn't common but may be an option.

Most people benefit greatly from the opportunity to talk about how they're feeling, and why self-harm seems to help, before exploring alternative ways of coping. A supportive network of family and friends can make a real difference.

What about faith?

Philip Yancey says:

'There's nothing we can do to make God love us more and there's nothing we can do to make God love us less.'

Eating disorders

We live in a society obsessed with appearance, where perfection is worshipped and what you look like determines what you're worth. The Bible tells us just how wrong that is. We are 'fearfully and wonderfully made' much-loved children of God not because of anything we have done. It's easy to get caught up in the pressure surrounding what we look like; we must remember that God 'does not look at the things people look at. People look at the outward appearance, but the Lord looks at the heart' (1 Samuel 16:7).

Self harm

The act of harming ourselves does not change God's view of us. The Bible says we're 'fearfully and wonderfully made' and that our bodies are a 'temple of the Holy Spirit', but for self-harmers these verses can be difficult to read, or hear quoted to them. We can perhaps help more by reminding sufferers that the Bible says God's love isn't conditional upon who we are and what we do (Romans 5:8). God doesn't ask us to be perfect – he frequently uses people with different struggles and 'limps' to achieve his purposes. Just think of the list of flawed heroes of the faith in Hebrews 11! Self-harm might be one part of who we are, but it's our Father God who gives us our value.

Tricky issues

Should we pray for healing for people with mental health problems?

What do you think?

Notes:

When it comes to healing, there are big differences of belief both between and within our churches. Some churches have a very strong faith healing model and others are much more cautious about what we can expect this side of heaven. The Bible too shows us a mixed picture - some verses appear to offer us the power to pronounce complete healing while others suggest that suffering and pain will continue to be our reality.

This is a large topic; it will be hard to do it justice in a short discussion. But here are some ideas for consideration:

- Why do we pray? Is it out of a desire to see suffering end? Don't forget that God can use our trials and suffering – He may have a purpose in allowing this challenging situation to continue.
- Is our motivation in prayer to see the person become 'normal' – by which we mean more like us? This can lead to them feeling very rejected – not acceptable until they are changed.
- God longs to heal, but doesn't promise medical cure. The answer to a prayer for healing may be in renewed relationships, healthier self-esteem or a change of heart, rather than a medical cure.
- When praying for people, it's vital we don't give them even more burdens. We must avoid implying that lack of cure is due to:
 - sin in their life that is blocking the healing
 - not having enough faith to enable the healing
 - a lack of desire to be healed.

Challenge

Today's Bible passage was one of our best-known stories, illustrating the steadfast love that God the Father has for His children. No matter how far we stray, how unworthy we feel, how ashamed, God is ready to welcome us with open arms.

As Christians our challenge is how do we present that love to those in our communities that may be struggling with mental health problems – problems that leave them feeling like outsiders, unworthy, embarrassed or unlovable.

And when they do move towards God, how do we avoid being like the older brother, but rather join our father God in embracing and celebrating the returned son?

Meditation

Take the time to set up this exercise, rather than just jumping into it.

- Start by explaining what you're going to do – take a few minutes of quiet to review what we've heard today and think about what to do with it, giving God the space to speak to us.

- Encourage people to sit comfortably and close their eyes.

Think of a time when:

- You felt truly loved.
- You were valued.
- You were cared for.
- You were listened to.
- You were accepted.
- You were loved.

It might be recent, or it might be long ago.

There are so many people in our community who feel so far away from that kind of love – both human love and the love of God.

What can you do to share the love that you have received with them?

Closing prayer

Leader: For the times that we have erected barriers to exclude those who we experience as different from ourselves,
Lord, have mercy

All: **Lord, have mercy**

Leader: On the occasions that we have avoided contact with those who behave differently from ourselves,
Christ, have Mercy

All: **Christ, have Mercy**

Leader: In situations when we have failed to see the light of Christ in those who appear different from ourselves,
Lord, have mercy

All: **Lord, have mercy**

Leader: May the Source of all life forgive our excluding instincts
Remove the fear of difference from our souls
And enable us to embrace all who are created in God's image.

All: **Amen**

Department of Spiritual & Pastoral Care, South West London and St George's Mental Health NHS Trust

Further information

Livability is helping churches build communities that are livable for everyone.

Livability is the disability charity that connects people with their communities. We tackle social isolation and the barriers that can cause this in the lives of disabled and vulnerable people. Through a wide range of disability, education, training and community services, we promote inclusion and wellbeing for all.

Together, we work to see people take part, contribute and be valued. We put the elements in place that all add up to connected lives and communities.

As well as mental health resources, Livability supports Christian community development through:



The Happiness Course

Livability can train and support you to give your neighbours practical tools for a happier life.



Community development skills

Our experienced practitioners pass on their skills in Livability training courses. Subjects include management, working with volunteers or trustees, retaining a Christian identity and more.



Accessible church

Through audits, advice and training courses, Livability helps churches become places where disabled people are welcomed, included and truly belong.



Dementia inclusive church

Livability's Dementia Friendly Church programme Livability's Dementia Inclusive Church programme helps churches know how to support people with dementia and their families.



Coaching programme

Whether your church has been working in the community for many years, or is just about to start a brand-new project, Livability experts can work alongside you, with advice and a fresh perspective.

If you'd like to keep up to date with Livability's church resources, visit <https://www.livability.org.uk/resources> or email joinin@livability.org.uk

Mental health has traditionally been a difficult subject area for churches. We don't always know what to believe about causes or treatments, causes or treatments. We aren't sure how to support people.

Lifting the Lid is a six-week Bible study course designed to be a useful introduction to issues of faith and mental health. Every week includes:

- **Bible study** - Learning how God treats the vulnerable, the heart-broken and the marginalised.
- **Learning** - Information about the most common mental health diagnoses - from anxiety to self-harm - how they can be treated, and what your church can do.
- **Tricky issues** - Should Christians take mental health medication? What causes poor mental health? Groups are given important questions to discuss.
- **Challenge** - Every week, the group is encouraged to consider practical applications - how can we better reach out to our church and neighbourhood?
- **Prayer** - Mental health-specific prayers for each week

Produced by **Livability**, the disability charity that connects people with their communities and Christian mental health specialists **Mind and Soul**.

It all adds up to

Livability

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With thanks to Nancy Honey for some photos featured.

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