A social message on....

The Body of Christ and Mental Illness

Adopted by the Church Council of the Evangelical Lutheran Church in America on November 10, 2011

My God, my God, why have you forsaken me? Why are you so far from helping me, from the words of my groaning? O my God, I cry by day, but you do not answer; and by night, but find no rest. (Psalm 22:1-2)

When people suffering from mental illness seek solace in Scripture, they often turn to the psalms. The anguish and isolation expressed in such scriptures are all too familiar to anyone who has experienced depression, anxiety disorders, bipolar disorder, or cared for someone with a mental illness. The plight of the Gerasene man in the Gospel accounts (Luke 8, Mark 5), the despair of King David (2 Samuel 19), and the deep terror of Jesus in Gethsemane (Matthew 26, Mark 14) all vividly describe mental and emotional pain.

The mental and emotional pain of mental illness could be one of the most far-reaching issues the Evangelical Lutheran Church in America (ELCA) encounters. In their lifetimes, one-half of Americans will have a serious mental health condition, but fewer than half of them will receive treatment.[1] A study by the ELCA found 16 percent of male clergy and 24 percent of female clergy to be suffering from depression.[2]

The need for understanding and treatment of mental illness is a crisis affecting the entire nation. For example, 10 years of extended overseas military campaigns have resulted in a large population of combat veterans who are experiencing mental health issues and are prone to suicide. At the same time, the veterans' health system is widely deemed inadequate to address the massive mental health needs among our troops.

Despite how many others have shared and will share their situation, those with mental illness experience loneliness and isolation. These experiences are deepened by society's lack of understanding and stigma. For every person living with mental illness, an ever-widening circle of family and friends, coworkers and church members feels sorrow and despair.

WHAT IS MENTAL ILLNESS?

"A mental illness can be defined as a health condition that changes a person's thinking, feelings, or behavior (or all three) and that causes the person distress and difficulty in functioning."[3] The causes of mental illness are complex and not entirely known to scientists, but most scientists believe mental illnesses result from electro-chemical disruptions in the brain. Genetic, environmental and social factors put some people at a greater risk than others for developing mental illness.[4] Physical trauma such as a traumatic brain injury seems to increase the risk of mental illness substantially. Mental

illnesses range from the mild to the severe, from mild depression and anxiety to severe depression, bi-polar and schizophrenia.

Mental illness can be disabling, but from a legal standpoint, some forms of mental illness may not be considered a disability. Mental illness, clearly, may be one of the possible sources contributing to living with disability.[5] Likewise, mental illness may contribute to contemplation of suicide but the two should not be equated. The ELCA has addressed pastoral and social questions about suicide in its 1999 social message on suicide prevention.[6]

Mental illness is often complicated by and intertwined with addiction. Addiction raises additional moral issues that cannot be fully addressed in the setting of this message. It should be said that the presence of mental illness makes substance abuse more likely, and vice versa.[7] Proper treatment needs to address both.

WHY ADDRESS MENTAL ILLNESS NOW?

Though the experience of mental illness is nothing new, the current economic and sociopolitical situation in the United States presents significant challenges to public health. State funding for treatment programs has been decimated by the recent economic downturn. The limited resources of the Veterans Affairs[8] are overcome by the challenge of treating the mental illness experienced by veterans.[9] As the U.S. engages in debate over ensuring health care coverage for all, the question of treatment for mental illness (and lack thereof) is polarized.

The cost of not treating mental illness is enormous, and comes in many forms. The cost comes in terms of destroyed relationships and overwhelming stress, social humiliation, human dignity and, in fact, human lives. Collectively, society loses what would have been the contributions of intelligent and gifted people. These are losses that can't be enumerated. Financial loss, however, can be estimated, and it is in the billions.[10]

HOPES FOR THIS MESSAGE

This social message hopes to proclaim the gospel's powerful news and offer up the body of Christ as a sign of healing and hope. It also intends to raise awareness in the church that mental illness, which is so often hidden away, is present in congregations and communities, and is a major public health issue. Additionally, it hopes to illuminate some of the effects that mental illness has, both on individuals and on familial and social networks.

This message is a call for ELCA members to acknowledge the needs of those living with mental illness and for this church to claim the responsibility it has as a body of Christ. The body of Christ is incomplete if people experiencing mental illness are not integrated as a visible part of the whole. The call challenges the ELCA to be a community seeking understanding that encourages individuals to pursue treatment, comforts them in their suffering, and supports them in their treatment and recovery. Such a community also will

sustain caregivers and mental health professionals. It will raise its public voice in support of those living with the consequences of mental illness.
This church can rejoice in many examples of inspired service to the neighbor in need. Individually ELCA Lutherans have cared for those living with mental illness through their daily callings, in congregations and in their families. Our church also has ministered through pastoral and congregational care, Lutheran health care systems and social ministry organizations, specialized ministries such as pastoral counseling, and chaplaincy.

At the same time, this message represents an opportunity for this church to reflect on how people living with mental illness and their families have been treated. The frequent mistreatment by society of those who suffer mental illness *must* be acknowledged. The church also has been responsible too often for reprehensible acts, for turning away and shaming people suffering from mental illness and for isolating them and their families.

The church has the power to address many of the ravages inflicted by mental illness, whether through compassion to those affected, advocating for and improving access to treatment, supporting caregivers and practitioners, or making mental illness visible. Individually and collectively, ELCA members have the power to proclaim God's love, fight for justice, give care, and change the way people with mental illness are treated.

WHAT ARE THE CHALLENGES?

CHALLENGES TO HUMAN DIGNITY

Despite the prevalence of mental illness, its presence frequently is a shame-filled secret, left unacknowledged and often untreated. Or its exposure to daylight leads to isolation and alienation of everyone affected — alienation here means depriving a person of the consolation of human connection and communal support because that person has been named as "other," as different or even frightening. Such alienation undermines human dignity.[11]

Without human connection and communal support, an alienated person is subject to further assaults on dignity. Unique and gifted people are reduced to "patients," whose only identity is an illness. Instead of honest appraisal of the complex causes of mental illness, which leads to a deeper understanding of the person, social categorization leads to identifying the alienated person simply as "mentally ill." Their families often are blamed. Certain familial or social environments (poverty, for example) can increase the risk of mental illness, but risk factors are not inevitable causes. Every person merits the dignity of compassionate understanding rather than categorization and stigma.

CHALLENGES OF TREATMENT AND ACCESS TO IT

Mental illness presents a series of specific challenges to society. Accommodating the needs of people living with mental illness can be quite difficult. People suffering from mental illness may resist or be reluctant to take the medications they need to function, because the side effects can be debilitating. The two most common serious mental

illnesses, bipolar disorder and schizophrenia, impair the sufferer's sense of self, making it difficult to persuade the sufferer that the medications are indeed necessary.

In the United States, a move away from state-sponsored institutional care resulted in laws making involuntary commitment to institutional care difficult. The move was initially made to resolve a situation where mentally ill people were kept in vast institutions with questionable treatment. Some of the results have been salutary, but families of people with mental illness have also been frustrated by the difficulty of obtaining involuntary commitment.

Involuntary treatment of mental illness raises such questions as what responsibility individuals bear for themselves and to society as a whole, what constitutes proper self-care, and the meaning of autonomy and rights. Each situation is different and deserves careful scrutiny, a scrutiny that this church believes should encourage freedom and autonomy as exercised through remaining in a right relationship with loved ones.

Inability to access treatment is generally the most urgent issue for anyone experiencing mental illness. Unfortunately, the high rate of mental illness has not resulted in a corresponding availability of resources. The Health Resources and Services Administration estimates that from 2007-2009, mental health services were needed, but not received, by about 11.3 million adults annually.[12]

Many find that while they have "coverage" for mental health, they lack meaningful access. Even those who have health insurance may find their coverage is insufficient to treat the mental illness from which they are suffering. The national decline in inpatient psychiatric beds means often there are no inpatient psychiatric beds available for those who need them.[13] Insurance might not have a contract with any hospitals in the individual's area. Many people live in areas where there are few qualified mental health practitioners or no mental health professionals who accept their insurance.

The ways in which people find their access is limited are too many to count. To someone who is struggling to function at a minimal level, negotiating these obstacles is simply overwhelming.

CHALLENGES OF INEQUALITY

Access to services requires funding. Funding is not evenly distributed across the population, and neither is access to mental health care. Residents of rural areas may find that providers of mental health care simply don't exist. More than three quarters of the counties in the U.S. experience severe shortages of mental health providers, and the more rural the county, the more likely this is the case.[14]

The three principal problems of rural mental health care can be described as access, availability and acceptability, particularly among youth and the elderly. Rural residents often are under-diagnosed, and then cannot find treatment. When they find a practitioner, they may have to travel long distances for treatment.

Other demographic determinants, such as race, class and cultural understanding, also affect access to mental health care. African Americans, for example, are just as much at risk for mental illness as their white counterparts, yet receive substantially less treatment.[15] U.S. Census Bureau data shows that in 2005, African Americans were 7.3 times as likely to live in high poverty neighborhoods with limited to no access to mental health services.[16] Studies show that just under half of American Indians and Alaska Natives have job-based or other private coverage compared to approximately 83 percent of whites.[17]

Income is also determinative of whether someone suffering from mental illness is able to get treatment.[18] The stresses of poverty increase the likelihood that environmental risk factors for mental illness are present.[19] Racial and economic injustice already present in society is magnified by mental illness and the needs it engenders.

Veterans also experience difficulty in obtaining treatment. The Department of Veterans Affairs has been simply unable to keep pace with the high rate of mental illness among veterans. In April of 2012 a report by the inspector general for the Department of Veterans Affairs found that "less than half, or 49 percent, of the more than 370,000 patients evaluated in fiscal year 2011 received their full evaluations within 14 days. For the remaining patients, the department took an average of about 50 days to provide the comprehensive evaluations …"[20] Mental illness will not wait for 50 days. The ELCA's social message *People Living with Disabilities* advocates for full funding of veterans' services. The difficulty in obtaining mental health care for veterans is another example of why full funding is so important.

CHALLENGES OF EVERYDAY LIFE

People who experience mental illness encounter challenges in addition to accessing treatment. Social networks and family relationships are under much more stress when mental illness is present. Finding and keeping employment is difficult. Symptoms can be misunderstood and misinterpreted. Law enforcement officers can be trained to respond properly to people exhibiting symptoms of mental illness, but that training is rare even though it can save lives.

By any count, the rate of mental illness among people who are chronically homeless is markedly higher than among the general population.[21] Untreated mental illness makes navigating the requirements of our social welfare system difficult, meaning the escape from chronic homelessness is much more difficult.

Mental illness among people who are incarcerated is also far higher than in the general population. According to the Bureau of Justice Statistics, 56 percent of state prisoners and 45 percent of federal prisoners have symptoms or a recent history of mental health problems.[22] Jails and prisons, of course, are not built or administered with the purpose of treating mental illness and the situation is bleak.

Mental illness makes people doubly vulnerable to abuse in the criminal justice system. It renders incarcerated people unable to comply with prison routines, resulting in discipline from security staff, and also makes them vulnerable to abuses by other incarcerated people. Security staff is not trained sufficiently to distinguish when misbehavior is a symptom of mental illness. Trained mental health staffing is stretched to the breaking point and turnover is high, screening and tracking is inadequate, and incarcerated people who receive care mostly have access to drug therapy alone rather than the full complement of services needed to combat mental illness.[23]

Prison systems may choose not to use newer, more effective medications because of their higher cost. They may also require patients to wait hours in line or to take the medications at times suitable for the prison administration, but not effective for treatment. Drug side effects are not monitored, and compliance with medication regimens is not monitored either. Little about the prison system enhances the possibility of successful treatment of mental illness.[24]

CHALLENGES TO THE HEALTH CARE SYSTEM

Mental illness challenges the health care system in many ways: care for mental health is not given equal coverage (parity) with care for physical health. Benefits are often denied or are unavailable. The delivery system for mental health care, which needs to work in unison, is fragmented and lacks beds, resources and providers.

Existing challenges within the health care system have been exacerbated by the impact of economic downturn and funding changes. Between 2009 and 2011, for example, 15 states cut their budgets by 10 percent or more. A decade prior to that, the federal government had devolved most funding to states, so the effect is particularly dramatic. With state budgets under so much stress, the availability of 24-hour treatment beds is constantly dwindling.[25]

The economic crisis affects housing, case management, therapy, evidenced-based wraparound services, long-term services, psychiatry, and crisis services. In addition, the administrative support to ensure that safe, timely and appropriate services are provided has been cut. Some of the most recent effects of the cuts have been detailed in a report by the National Alliance on Mental Illness.[26]

WHAT PEOPLE WITH MENTAL ILLNESS NEED

People living with mental illness most of all need access to high-quality, well-integrated, professionally trained care. Even with sufficient resources, care for individuals who are experiencing mental illness is multifaceted. Each person’s experience of mental illness is highly individualized. Often several treatment combinations must be attempted before finding the best treatment. Some people suffering from severe mental illnesses avoid treatment altogether. As an added difficulty mental illness often occurs together with other illnesses, making treatment even more intricate and complex, and requiring a greater degree of integration of physical and mental health care.

What people suffering from mental illness need from the health care system is time. They need time to reach a point of stabilization. They need time to try different medications to find what works properly. And they need care from trained professionals at all stages of this process. Currently, the mental health care system is designed to discharge patients as soon as possible, but if someone has not found the right treatment and been stabilized, progress is temporary, and the cycle of decline and seeking care begins again.

People living with mental illness need relationship, even though mental illness presents considerable challenges to relationships. Mental illness is episodic, and loved ones must adjust constantly to the sufferer's current condition. Loved ones often become caregivers, and find themselves, even if temporarily, with authority that alters their relationship.

Mental illness can affect social functioning, meaning it is difficult to develop and sustain a social network. Paradoxically, those who are living with mental illness have a great need for sustaining relationships. They particularly need friendships where mental illness is not at the center, and they can participate as someone who is a complete, gifted and unique human being, and not merely as a mental illness "patient."

People living with mental illness still need to function according to their abilities. The presence of mental illness does not mean that a person has lost his or her intellect, talents or usefulness. People being treated successfully for mental illness can and should continue schooling, engage in meaningful work, and use their gifts to serve the neighbor.[27]

WHAT DOES THIS CHURCH SAY?

THIS CHURCH'S CONFESSION

In biblical times, symptoms of what we now call serious mental illness would mostly have been attributed to demonic possession. Illness was frequently associated with root moral causes.[28] When Jesus heals the Gerasene man in Luke 8, he heals a man who has been living in tombs, alienated from his community, and bound by chains. After healing him, Jesus tells him to return to his original community to relate what has happened.

Today, the mental health treatment community speaks of recovering or healing with respect to mental illness, as most mental illnesses are not cured. The hope is that people can emerge from the debilitating level of symptoms they are experiencing and move to healing and recovery.

The church can be a powerful and welcoming place for people who are in recovery and experiencing healing, as they return to tell their stories of hope. The church can be a locus for proclaiming the good news of healing of body and relationships, not just *to* people living with mental illness, but *from* people living with mental illness.

For the ELCA, examining the challenges of mental illness begins with confession. The way in which churches historically have excluded individuals who experience mental illness, and their families and caregivers, is distressing. This church confesses that its own pastors who suffer from mental illness are often afraid to seek help for fear of reprisal. Unfortunately, exclusion, fear and blame are often linked to misguided religious beliefs.[29]

THE QUESTION OF SIN

One of the most important correctives this church teaches is that the presence of mental illness does not indicate particular sinfulness in the person who is affected. Humans are free to ask why mental illness occurred, and seeking the cause is useful in terms of care and prevention. Yet the presence of mental illness is not a sign that one person is more sinful than another, or closed off to the possibility of grace, is weak, or lacks faith (Romans 3:23).

Mental illness is the result of a complex integration of factors, including inherited traits, biological factors, life experience, and brain chemistry.[30] Its social and environmental causes, such as abuse and trauma, often result from social ills such as poverty[31] and warfare. Rather than imputing mental illness to the character of the person experiencing it, Christians might properly describe the presence of mental illness in creation as a sign of "life's tragic brokenness."[32] *All* humans are finite and *all* live under the brokenness of sin. Mental illness is simply a sign of that reality.[33]

While recognizing that human knowledge and power is always limited, ELCA social teaching encourages treatment for mental illness from trained practitioners. Lutherans understand creation to be open to human interaction. Exploration by medical sciences and pharmacology of healing for people suffering from mental illness is encouraged. Those suffering from mental illness and their caregivers should seek the help of medical sciences as a gift from God to heal and relieve suffering. Seeking help should be encouraged, and not seen as a sign of weakness.

ELCA social teaching on health constructs an understanding that: "Health is good for its own sake; it is also good for living abundantly in relationship with God and in loving service to our neighbor in the vocations to which God has called us."[34] Illness "disrupts lives, limits activities, disturbs relationships, and brings suffering."[35]

The ELCA statement *Caring for Health* names the isolation that results from illness and it is that isolation that is most fearsome about mental illness. When people living with mental illness are at their most vulnerable, their relationships with loved ones are often severely compromised, their faith is shuttered, and they are unable to feel hope or companionship. The anguish of the psalms in feeling that God is removed is all too familiar. Their loved ones also may suffer from isolation and alienation, missing the company of their loved one, embarrassed to speak of the mental illness in their family. Such alienation is in contradiction to the fundamental exercise of the human dignity imbued in us by God.[36]

Christians believe that humans exist not as the sum of physical parts or intellectual processes. Human status is located in being beloved creatures of God free to love and be loved.[37] Some of the most upsetting aspects of mental illness can be the loss of intellectual capacity, or dramatic change in social affect. To continue in the relationships that imply dignity when those relationships need to change constantly is a profound challenge for all involved. Nevertheless, people living with the most profound mental illnesses were created as an act of love, and are worthy of loving and being loved.

And yet, those who care for someone suffering from mental illness must confront the question of the limits of their capacities and of their responsibilities. How much must they sacrifice to care for their mentally ill family members? Is there a point, if a family member refuses to seek treatment or take medication, or represents a danger to other family members, at which a caregiver should refuse to give some forms of care or support? What are the caregiver's obligations to the person living with mental illness? What are that person's obligations to the caregiver?

When a person represents a danger to his or her family, no reasonable person would say the caregiver is obligated to put him or herself at risk. Caregivers also deserve to love and be loved. Family members of people living with mental illness face the extraordinary challenge of loving someone who can act truly unlovable.

It is human and humane to implement reasonable limits on the expectations of caregivers. When someone refuses to participate in her or his own healing, for example, obligations of caregivers are more limited. Caregivers exist in the space between caring for and loving someone living with mental illness and being cared for and loved sufficiently for themselves.

THE CALL TO COMPANIONSHIP

No one can weather mental illness alone, whether that be the person diagnosed, the family member, or the practitioner. This church is called to challenge outdated views of mental illness and foster loving practices within our communities. In a society that stresses self-sufficient individualism and is ashamed of vulnerability, congregations and other ministry sites can be communities where illness and living with limitations are simply part of our communal reality. Jesus' ministry and that of the earliest Christian communities exemplify this communal response.

In the gospel healing accounts, suffering *is not* treated as inevitable or definitive by Jesus. Being integrated into a community, however, *is* treated as definitive by Jesus. After healing the man possessed by demons, Jesus sends him back to his community to testify to the power of God's healing to re-integrate and restore human dignity. The parable of the lost sheep, interpreted as God's special care for the vulnerable illustrates that a Christian community missing even one of its members cannot be considered complete until that member is cared for.

To live with mental illness is to live with uncertainty. The individual asks: Will this treatment work? When will the next episode occur? Will I ever recover? Family members ask: Will our family survive? Who will care for my child when I am gone? Congregation members ask: Can our congregation handle this? The chronic and episodic nature of mental illness can be profoundly challenging to the life of faith. Christians challenge uncertainty not with certainty but with companionship through the valley of the shadow of death.

Heeding Galatians 6:2, ELCA social teaching advocates that Christians bear the burdens of one another.[38] To people who are experiencing mental illness, physical, prayerful companionship can be a sign of God's presence in a time when God's presence cannot be felt any other way. For caregivers and families, offers of help and presence are a tangible sign that they are still a part of the body of Christ.

The consequences and the suffering of mental illness may well remain throughout life and yet by entering into them through companionship and care, members of our congregations can change the form and meaning of that experience. Sharing one another's burdens as part of baptismal vocation in the name of the Christ who died on the cross can signify God's presence to transform suffering even while it remains.[39] Through a Christian community acting as the body of Christ, the isolation and alienation of mental illness can be eased.

Looking to God's future, Christians offer a vision of healing that takes the fullness of our relationships into account in the face of present realities: "Healing is restoration of wholeness and unity of body, mind and spirit. Healing addresses the suffering caused by the disruption of relationships with God, with our neighbors, and with ourselves."[40]

ELCA social teaching deepens an understanding of the meaning of healing: "It involves curing when possible, but embraces more than cure. When we limit illness to disease and health care to cure, we miss the deeper dimensions of healing through restoration to God."[41]

Healing at its heart is about a restoration of relationships, and the promise of the gospel of Jesus Christ is a promise of restoration to God. In situations where a diagnosis of severe mental illness is present, such teaching about the true meaning of healing offers a realistic hope, not that life will ever be the same again, or that someone will be rid of mental illness, but that relationships can be mended and restored.

ELCA social teaching offers a vision of health care as a shared endeavor, an endeavor in which individuals take appropriate personal responsibility for themselves, Christian ministry is about companionship, Christian vocation attends to the healing of others, and society adequately assists those who are vulnerable. Christians who are not practitioners or caregivers have a role to play in the healing process through companionship with caregivers and practitioners, advocacy, and participation in public deliberation.

WHAT DOES THIS CHURCH DO?

BEING THE BODY OF CHRIST

The most important thing the church can do is to live out its call as the body of Christ. Christians who have suffered from mental illness have related the power of knowing they are being prayed for. Praying on behalf of the person who cannot pray, praying for healing, praying for the health of the family, praying for the presence of God, are all ways of participating in the healing and restoring of relationships that God promises.

As Christ was not afraid to be vulnerable, or to show his wounds, the church when living faithfully as the body of Christ is not afraid to be vulnerable and wounded. When people with mental illness are present as full members, as their true selves, the church as the body of Christ is both wounded and authentic. Their willingness to be present as vulnerable is a gift and is itself a form of service,[42] and a reminder to the church that true freedom is found in service.

Friendship and communal support to the families of those who are living with mental illness can lighten the enormous burden of care giving. Congregations also can create a community by sponsoring support groups for people living with mental illness and for caregivers. Guidelines and instructions for facilitation are widely available.[43]

The church can be a supportive community for providers of mental health care. Providers are expected to bear the burdens of people suffering from mental illness on behalf of all. In return, the church community can recognize and honor the importance of what they do, reinforce that their profession is a valued personal calling, and find ways to support some of the burden of their profession.

THIS CHURCH'S HEALTHCARE

The church has its own network of access to healthcare through parish nurses, church-related health systems and social ministry organizations, and the ELCA's own employee health network. Congregations frequently offer health fairs and screenings for their members and the surrounding community. Given the high incidence rate of mental illness, mental health is an essential part of community health screenings.

The ELCA has a laudable history of developing health care institutions and social ministry organizations and providing innovative clinical and pastoral care to those living with mental illness. This church gives thanks for all those who serve in these institutions. Our church, however, is composed not just of institutions or organizations, but also is composed of any individual or group of caring, active individuals who have the ability to act. It is within the power of individuals to seek creative responses and solutions to health care challenges in their local situation.

CLERGY PREPARATION

A member of the clergy may be the first professional a person turns to for help in times of mental distress. A 1999 National Institute of Mental Health study found that clergy were more likely than psychologists or psychiatrists *combined* to have a person with a psychiatric diagnosis seek them out for help.[44]

Training pastors to be open to talking about mental health as part of pastoral care and equipped with names and numbers of local health care practitioners is one way to prepare. Being able to recognize the symptoms of common mental illnesses is also part of good preparation for pastors, who should always refer to a qualified practitioner when they suspect mental illness.[45] Pastors likely to encounter veterans may want to engage in special training. Veterans' organizations and social ministry organizations offer special training to help pastors talk with veterans about mental health.

PUBLIC VOICE

The ELCA teaches that the vulnerable state of people experiencing mental illness means they deserve particular care from our social systems. Yet, at this time, state and federal budgets for mental health care are being continually decimated.[46] Systemic flaws present in the government and civil institutions permeate current laws, and cripple attempts to function with justice and mercy.

As states cut their budgets in a time of economic crisis, as soldiers return from war in precarious states of mental health just as budgets are being slashed, as the public struggles with how to provide health care for the citizens of the United States, Christians as citizens must step up to be sure this society does not forget the struggles of people made vulnerable by mental illness.

In addition, the ELCA has an institutional voice to raise in support of appropriate and comprehensive care for mental health. All of society benefits when people with mental illness are treated and returned to their highest level of functioning.

The church is called to stand especially with those made twice vulnerable by mental illness combined with race, gender or poverty: "Confession of faith ought to flow into acts of justice for the sake of the most vulnerable."[47] While the ELCA's health care social statement calls for equitable access to basic health care for all people, learning about the issue makes clear that equitable access for basic mental health care for all people is far from a reality. The ELCA's health care social statement calls upon all people of good will to work together for equitable access. Access in the case of mental health care means well-trained professionals delivering high-quality care.

CONCLUSION: COUNTERING DIS-GRACE AND ISOLATION

Science uncovers more every day about the causes of mental illness, yet sufferers and their families still experience the dis-grace of encountering mental illness myths and misconceptions. Though research shows genetic and biological causes are at the root of

mental illnesses, many still believe sufferers just need to "think positive" or work harder to "snap out of it" when what they really need is treatment, therapy and support.

People with severe mental illness, such as schizophrenia, are often assumed to be dangerous and violent. In fact, "mental disorders are neither necessary, nor sufficient causes of violence. The major correlations of violence continue to be socio-demographic and socio-economic factors such as being young, male, and of lower socio-economic status."[48]

Most often, people with mental illness who are symptomatic are confused and frightened, and targets of violence rather than perpetrators.[49] Even though mental illness begins with a biological or physiological cause, parents find they are still regarded with suspicion when their children are diagnosed.

Into this troubled and painful situation, the church is called to bring its gifts. Among those gifts would be a sense of hope that experiencing severe symptoms of mental illness need not be a permanent state. The world was created good, but not perfect, and humans are part of God's ongoing creation. "The ELCA believes that this gracious God also endows human beings with insight and reasoning, and calls human beings to help order and shape, nurture and promote the creation so that it may continue to flourish."[50]

Treatment of the symptoms of mental illness can be difficult, and may have many ups and downs, but it is, for the most part, possible. Though some might understand affliction with mental illness as God's will, ELCA social teaching would understand the act of seeking treatment for mental illness as God's intention.

The ELCA by virtue of its teaching about healing in its health care statement, offers an understanding of mental illness that is both hopeful and realistic. Treating mental illness requires care and attention, a sense of hopefulness, and a realistic sense of what is possible. Mental illness cannot always be "cured," but it can be treated, and people who suffer its effects can experience recovery or healing, or alleviation of symptoms.

The company of others also eases the alienation and dis-grace that people living with mental illness experience. By answering its call to enter into the companionship of suffering, the church eases the isolation and alienation experienced by those who suffer from the effects of mental illness. Answering this call is at the heart of the church's response to mental illness.

A WORD TO*:*

People Suffering from Mental Illness: For a person experiencing mental illness to feel that God has withdrawn, or to be unable to pray or sense God's presence is a common experience. This feeling of abandonment can never be forgotten and only be lessened by the healing of mental health and faith relationships.

When someone suffering from mental illness seeks treatment, our church hopes to ensure that he or she has accompaniment in that endeavor. We also seek to be a place which commits to dispelling myths of mental illness, easing alienation, and restoring the human dignity of all people. *The ELCA commits as a church to accompanying you in your valley of the shadow, to advocating for your just and dignified treatment, and to praying for your healing and restoration.*

Pastors: A pastor is often the first professional to whom someone suffering from mental illness turns. Pastors should consider themselves resources, but not mental health practitioners, and should always refer someone who is suffering from mental illness to a qualified professional for treatment. Pastors can prepare by knowing the symptoms of the most common mental illnesses and knowing where they can refer people for treatment. *As part of this church, we give thanks for your leadership as congregations grapple with honest and helpful conversations and fostering new practices of companionship. We also encourage you to treat your own mental health as essentially important in your life of baptismal vocation.*

Congregations: Statistically speaking, there are people in all ELCA congregations experiencing some form of mental illness. When congregations encourage informed, factual discussion of mental illness, include screening for mental illness at health fairs, support individuals and families of those suffering from mental illness, and encourage their pastors to take the time to tend to their mental health, they begin to create powerful examples within the whole body of Christ. *As part of this body of the ELCA we commit to supporting you by common prayer and with grateful encouragement as you strengthen your ministries and mission to and with those who live with mental illness.*

Families and Caregivers: We recognize that the suffering of caregivers and families is profound. Once mental illness has emerged, life will never be the same. *The ELCA as a church commits to accompanying you as families and caregivers with honest, hopeful yet realistic, and prayerful companionship.*

Endnotes

[1] National Center for Health Statistics. *Health, United States, 2010: With Special Feature on Death and Dying* (Hyattsville, Md., 2011), 19. www.cdc.gov/nchs/data/hus/hus10.pdf#114

[2] Cindy Novak, "How Healthy Are Our Pastors," *The Lutheran* (September 2002). www.thelutheran.org/article/article.cfm?article_id=4464&key=19927294

[3] The Science of Mental Illness: NIH Curriculum Supplement Series — Grades 6-8. (Colorado Springs: BSCS, 2005). http://science.education.nih.gov/supplements/nih5/mental/guide/info-mental-a.htm

[4] The Science of Mental Illness: NIH Curriculum Supplement Series — Grades 6-8. (Colorado Springs: BSCS, 2005). http://science.education.nih.gov/supplements/nih5/mental/guide/info-mental-b.htm

[5] Evangelical Lutheran Church in America, *People Living with Disabilities* (Chicago: ELCA, 2010), Footnote 2.

[6] www.ELCA.org/What-We-Believe/Social-Issues/Messages/Suicide-Prevention.aspx

[7] More information may be found on the website of the National Alliance on Mental Illness at: www.nami.org/Template.cfm?Section=By_Illness&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=54&ContentID=23049

[8] The ELCA social message on *People Living with Disabilities* advocates for the adequate funding of the Veterans Affairs, formerly the Veterans Administration.

[9] Rand Corporation, "One in Five Iraq and Afghanistan Veterans Suffer from PTSD or Major Depression" (Press release, 2008). www.rand.org/news/press/2008/04/17.html

[10] "In 1996, the United States spent more than $69 billion for the direct treatment of mental illnesses. Indirect costs of mental illness due to lost productivity in the workplace, schools, or homes represented a $79 billion loss for the U.S. economy in 1990." The Science of Mental Illness: NIH Curriculum Supplement Series — Grades 6-8. (Colorado Springs: BSCS, 2005). http://science.education.nih.gov/supplements/nih5/mental/guide/info-mental-c.htm Loss figure is from http://profiles.nlm.nih.gov/ps/access/NNBBHS.pdf, 411. Incorrectly quoted in footnotes as 2000 Surgeon General Report on Mental Health, it is the 1999 Surgeon General Report.

[11] "While a person's dignity is a gift of God, it is within individual relationships, families, communities and the larger society that human beings exercise that freedom. It is through participation in face-to-face relationships involving bodily actions, postures and mutual recognition that human freedom and dignity become apparent." ELCA, *People Living with Disabilities.*

[12] U.S. Department of Health and Human Services, Health Resources and Services Administration, "Women's Health USA 2011" (October 2011), 66. http://mchb.hrsa.gov/whusa11/hsu/downloads/pdf/w11hsu.pdf

[13] In 1986, there were 111.7 24-hour hospital/residential treatment settings and number of beds per 100,000 in the population. By 2004, that number was 71.2. Substance Abuse and Mental Health Services Administration, *Mental Health, United States, 2010*, table 46: 160. www.samhsa.gov/data/2k12/MHUS2010/MHUS-2010.pdf

[14] "A 1-point increase in rurality on the 9-point Rural-Urban Continuum Code corresponded to an increase in unmet need of 3.3 percentage points." Kathleen C. Thomas, Alan R. Ellis, Thomas R. Konrad, Charles E. Holzer, Joseph P. Morrissey, "County-Level Estimates of Mental Health Professional Shortage in the United States" *Psychiatric Services*, Vol. 60, No. 10 (October 2009): 1325.

[15] Surveying racial groups as categorized by the U.S. government reveals significant differences in the rate of treatment of mental illness. Of the 1 in 14 adults with a major depressive episode, whites received treatment at a rate of 71.9 percent, but other races were less likely to receive treatment: African Americans, Hispanics and Asians (54.5,

64.0 percent, respectively). *** no Asian number in 2010 — suppressed cell www.samhsa.gov/data/NSDUH/2k10MH_Findings/2k10MH_DTables/Sect1peMHtabs.htm#Tab1.55B

[16] U.S. Department of Health and Human Services, *Mental Health: Culture, Race, and Ethnicity — A Supplement to Mental Health: A Report of the Surgeon General* (Rockville, Md.: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, 2001). www.apa.org/about/gr/issues/minority/access.aspx

[17] See, for example this study done by the Kaiser Family Foundation in 2004. www.kff.org/minorityhealth/upload/American-Indians-and-Alaska-Natives-Health-Coverage-Access-to-Care.pdf

[18] "A $1,000 increase in per capita income corresponded to a decrease in unmet need of 3.3 percentage points." Kathleen C. Thomas et al, "County-Level Estimates of Mental Health Professional Shortage in the United States" *Psychiatric Services*, Vol. 60, No. 10 (October 2009): 1325.

[19] Carey Golberg, "Mental Health and Poverty: Does One Cause the Other?" *Boston Globe*, March 8, 2005. www.boston.com/yourlife/health/mental/articles/2005/03/08/mental_illness_and_poverty_does_one_cause_the_other/)

[20] James Dao, "Many Veterans Face Long Wait for Mental Health Evaluations, Report Finds" At War: Notes from the Front Lines *New York Times*, April 23, 2012. http://atwar.blogs.nytimes.com/2012/04/23/veterans-face-longer-wait-for-mental-health-evaluations-report-finds/

[21] Substance Abuse and Mental Health Services Administration, "Current Statistics on the Prevalence and Characteristics of People Experiencing Homelessness in the United States" (Rockville, Md.: SAMHSA, 2011), 4. www.nrchmi.samhsa.gov/ResourceFiles/hrc_factsheet.pdf

[22] Doris J. James and Lauren E. Glaze, "Mental Health Problems of Prison and Jail Inmates" (U.S. Dept. of Justice: Bureau of Justice Statistics, 2006), 1. http://bjs.ojp.usdoj.gov/content/pub/pdf/mhppji.pdf

[23] Human Rights Watch, "Ill-Equipped: U.S. Prisons and Offenders with Mental Illness" October 22, 2003: 16. www.hrw.org/node/12252/section/16

[24] Ibid.

[25] In 1986, there were 111.7 24-hour hospital/residential treatment settings and number of beds per 100,000 in the population. By 2004, that number was 71.2 beds. Substance Abuse and Mental Health Services Administration, *Mental Health, United States, 2010*, table 46: 160. www.samhsa.gov/data/2k12/MHUS2010/MHUS-2010.pdf

[26] National Alliance on Mental Illness, "State Mental Health Cuts: A National Crisis" (March 2011). www.nami.org/ContentManagement/ContentDisplay.cfm?ContentFileID=126233

[27] "Health is good for its own sake; it is also good for living abundantly in relationship with God and in loving service to our neighbor in the vocations to which God has called us." Evangelical Lutheran Church in America, *Caring for Health: Our Shared Endeavor* (Chicago: ELCA, 2003).

[28] When Jesus encounters a blind man in John's Gospel, he is asked: "Rabbi, who sinned, this man or his parents, that he was born blind?" (John 9:1).
[29] Stanley Hauerwas explains the tendency to locate causes of illness this way: "Our being able to associate our illnesses, at both a social and a personal level, with a causal system gives us a sense of control that seems to make their destructive outcomes less terrible." Stanley Hauerwas, *God, Medicine, and Suffering* (Grand Rapids: Eerdmans, 1994), 72.
[30] www.mayoclinic.com/health/mental-illness/ds01104/dsection=causes
[31] Christopher G. Hudson, "Socioeconomic Status and Mental Illness: Tests of the Social Causation and Selection Hypotheses" *American Journal of Orthopsychiatry* Vol. 75, No. 1 (2005): 3-18. www.apa.org/pubs/journals/releases/ort-7513.pdf
[32] Evangelical Lutheran Church in America, *A Message on Suicide Prevention* (Chicago: ELCA, 1999).
[33] See the ELCA social statement on genetics for a discussion of creation.
[34] Evangelical Lutheran Church in America, *Caring For Health: Our Shared Endeavor* (Chicago: ELCA, 2003).
[35] Ibid.
[36] "It is through participation in face-to-face relationships involving bodily actions, postures and mutual recognition that human freedom and dignity become apparent." Evangelical Lutheran Church in America, *A Message on People Living with Disabilities* (Chicago: ELCA, 2011).
[37] "… all people are God's creatures and, therefore, persons of dignity," Evangelical Lutheran Church in America, *For Peace in God's World* (Chicago: ELCA, 1995). For more on the "imago dei" see also *A Message on People Living with Disabilities* (Chicago: ELCA, 2011), footnote 5.
[38] "Family life also is supported when its members strive to meet reasonable expectations to forgive and to seek forgiveness and to bear each other's burdens responsibly." Evangelical Lutheran Church in America, *Human Sexuality: Gift and Trust* (Chicago: ELCA, 1995), 23.
[39] Terrence Fretheim, *Creation Untamed: The Bible, God, and Natural Disasters* (Grand Rapids: Baker Academic, 2010), 117.
[40] Evangelical Lutheran Church in America, *Caring For Health: Our Shared Endeavor* (Chicago: ELCA, 2003).
[41] Ibid.
[42] "There is no reason why even the suffering we undergo from illness, suffering that seems to have no good reason to exist, cannot be made part of the telos [goal] of our service to one another in and outside the Christian community. For example, the very willingness of those who are suffering from illness to be in the presence of the well is a form of service. Suffering and pain make us vulnerable, and often we try to protect ourselves by attempting to be 'self-sufficient.' The willingness to be present as well as to accept the assistance of others when we need help is a gift we give to one another." Stanley Hauerwas, *God, Medicine, and Suffering* (Grand Rapids: Eerdmans, 1994) 88.
[43] For example, such resources are available at the National Alliance for Mental Illness website (www.nami.org).

[44] Robert H. Albers, William H. Meller, and Steven D. Thurber, (eds.), *Ministry with Persons with Mental Illness and Their Families* (Minneapolis: Fortress Press, 2012), 54.
[45] The National Alliance on Mental Illness (www.nami.org) is a good place to start for basic information on mental illness.
[46] National Alliance on Mental Illness, "State Mental Health Cuts: A Continuing Crisis" (November 2011). www.nami.org/ContentManagement/ContentDisplay.cfm?ContentFileID=147763
[47] Evangelical Lutheran Church in America, *Sufficient, Sustainable Livelihood for All* (Chicago: ELCA, 1999).
[48] Heather Stuart, "Violence and Mental Illness: an Overview" *World Psychiatry* (June 2003) Vol. 2 (2): 121-124. www.ncbi.nlm.nih.gov/pmc/articles/PMC1525086/
[49] Ibid.
[50] Evangelical Lutheran Church in America, *A Social Statement on Genetics, Faith and Responsibility* (Chicago: ELCA, 2011).