
The Faith Community's Role in Supporting and Empowering Persons with Mental Illness

by Charles Lackamp

Mental illnesses are diseases that stymie the creative thrust of the human spirit because they affect one's ability to think, feel and relate in the community. Mentally ill persons should be liberated from the biological, chemical, hereditary, emotional and environmental hindrances to these capacities. We as citizens, congregants and health care providers should remove impediments to growth such as stigma, rejection, fear and isolation. Medical treatment, pharmacological intervention, social work, vocational training and pastoral care are all a vital part of God's creative and liberating activity. They are incarnations of the "Divine healing force."

Introduction

The Presbyterian Church (U.S.A.), in its statement on mental health, says, "The purpose of treatment for the mentally ill is to provide the restorative and support measures that will enable the person to be an independent, functioning and productive human being to the fullest extent possible. The goal may be described as 'support and empowerment.'"

These two words, support and empowerment, are key words in describing a new dimension in the treatment of mental illness, one which necessarily must go hand in hand with the use of psychotropic medication and which unfortunately was neglected in the early years of pharmacological treatment of persons with mental illness. I propose that faith and faith communities play an essential role in that new dimension of treatment.

The Role of Faith Communities

In the past forty years thousands of people formerly institutionalized with nothing but custodial care at best, have been "deinstitutionalized" and "stabilized" with medications such as Thorazine, Stelazine, Haldol, Prolixin, and released back into the community. They were ill-equipped for reintegration into the community, and the community was certainly ill-prepared to receive them.

Charles Lackamp, M.A., is coordinator of pastoral services at Western Missouri Mental Health Center in Kansas City and serves on the Missouri Advisory Council for Psychiatric Services.

They were less psychotic, but what about other factors that determine quality of life for all of us? What about employment, housing, food, security, friends and relationships, self-determination, intellectual and spiritual growth, participation in community life? These areas of human life were not given sufficient attention and the goal seemed to be, "Get them out and keep them out of the hospital—the expense is too great." Little was done to provide them with support services, nor were there programs of rehabilitation or empowerment so they could enhance their lives.

Support and empowerment are key words describing a new dimension in the treatment of mental illness.

Many returned to families who were ill-equipped to provide the help their loved ones needed. Some were placed in community custodial care, sent to boarding homes and nursing homes more depressing than the institutions from which they were released. Many made their home on the streets or found their way to jails. No matter where they went stigma, isolation, fear, unemployment, hopelessness, grief and a host of other "evil spirits" followed them at every step.

Most people would agree that this deinstitutionalization was hasty, ill-planned and poorly coordinated, and certainly underfunded. Appropriate health care did not seem to be a priority in government spending. Throughout the years of

deinstitutionalization, funding for military purposes increased at a phenomenal rate while health services, especially for the poor, were cut or reduced.

The trend is gathering momentum nationally to follow through with deinstitutionalization by providing treatment in the community that addresses the needs of the whole person. Treatment that not only stabilizes the person, a necessary and vital part of care, but also supports and empowers, frees and liberates; creative programs that facilitate growth of a person's full potential as a child of God.

Community services include vocational and employment evaluations, assistance and training; housing programs in a variety of residential settings from group homes to apartments, less structured and more independent; supportive case management by social workers; day programs of psychosocial rehabilitation that provide opportunities for growth and development; educational opportunities for intellectual advancement; social and leisure opportunities; and monitoring of medication and physical health in outpatient clinics.

Mental illness is a disease of the brain, not of the soul.

An integral part of the philosophy behind these community services is that the person be empowered. The consumer should have a voice in determining which services he needs and wants. The services should so support and capacitate a person that he becomes independent of the services as much as possible. This approach enhances his human dignity and fosters self-esteem and self-trust. The support and empowerment of the person is creative and liberating, reflective of the Creator and Liberator.

According to Genesis 1:27, God created people in the divine image as participants in the creative action. That call to be creative is first of all self-directed: we are called to participate in the creative action of becoming all we can be, of actualizing all the human potential that God has given us. Being is not static but directed towards becoming.

The creative mission is not, however, limited to oneself but extends to other persons, our human community, societal structures which develop and facilitate the creative process, and in fact, all of the existing universe (Rom. 6:19-25).

This creative call of God's life in all of us is hindered in its progress by enslavements of the human world. Our reality is in need of liberation from these obstacles to growth.

In the Judeo-Christian tradition, God is seen not only as the creator but also the source of freedom from these obstacles. The God who freed the Hebrew people in the exodus experience liberates us from all enslavements. The means of liberation are not the horses and chariots of violence or death-dealing weaponry, but the life-giving maternal power of nurturing, support, affirmation, compassion, justice; and, in a word, love and acceptance.

Mental illnesses are diseases that thwart the creative thrust of the human spirit because they affect the human spirit's ability to think, feel and relate in the community. Persons afflicted with mental illness are in need of liberation from the biological, hereditary, emotional and environmental hindrances to these capacities. They also need liberation from the impediments to growth imposed by others such as stigma, rejection, fear and isolation.

Medical treatment, pharmacological intervention, social work, and vocational therapies are all a vital part of God's creative and liberating activity. They are reflections, images and incarnations of the divine healing force.

However, I believe that an essential dimension is added by faith communities to this healing process that I have been referring to as support and empowerment. A dimension which is a real participation in the activity of the Creator is expressed in Psalm 146:

Happy are those whose help is the God of Jacob,
whose hope is in the Lord, their God,
who made heaven and earth,
the sea and all that is in them,
who keeps faith forever,
secures justice for the oppressed,
gives food to the hungry,
The Lord sets captives free,
the Lord gives sight to the blind,
the Lord raises up those who were
bowed down.

It is similarly noted by Isaiah 61:1-3 as messianic activity:

The spirit of the Lord God is upon me,
because the Lord has anointed me,
God has sent me to bring glad tidings
to the lowly, to heal the brokenhearted,
to proclaim liberty to the captives and
release to the prisoners, to announce
a year of favor from the Lord,
and a day of vindication by our God,
to comfort all who mourn;
to place on those who mourn in Zion
a diadem instead of ashes,
to give them oil of gladness in place of
mourning, a glorious mantle instead of
a listless spirit.

Faith communities can be agents of support and empowerment for mentally ill persons by encouraging those therapies that most help them achieve their potential, thus offering a better quality of life.

I. Medication Compliance

The use of medication in the treatment of mental illness raises many ethical questions about their side effects. Certain drugs can cause a variety of uncomfortable and sometimes debilitating effects such as dry mouth, blurred vision, sensitivity to the sun, over-sedation, severe muscle contractions, slurred speech, restlessness and tardive dyskinesia (a movement disorder commonly seen around the mouth, eyes or hands) However, ethically, the proper use of medication can be seen as the lesser of the evils involved, and faith communities can be helpful in supporting medication compliance among the mentally ill. Unfortunately, the opposite has sometimes been true; faith communities have told people that they don't need medication, that they just need faith and prayer to become well. This belief is an ostrich-like denial.

I have met many people who have been models of faith, committed to God and others in love, but who suffer from mental illness. With medication they can think more rationally and coherently, control their emotions more easily, and relate to themselves, others and their environment in an appropriate manner so they can live productively in the community. Many would not be alive if it were not for their medications.

Mental illness is a disease of the brain, not of the soul. Those suffering from mental illness may experience spiritual problems and need pastoral care in the form of support, prayer and counseling, but pastoral care does not cure schizophrenia. However, all people who suffer from schizophrenia or other long-term mental illness can benefit a great deal from pastoral care provided by a caring faith community or a chaplain.

II. Empowering Through Self-Esteem

Environmental stressors do not cause mental illness, but they frequently occasion or trigger it. Among the effects of mental illness is a weakening of one's coping abilities. When a person is brought to the emergency room of a mental hospital, one of the first questions he is asked is, What has been going on in your life? What pressures have you been experiencing? Building coping skills and reducing stress in a patient's life is an integral part of the overall treatment. A faith community's loving pastoral care, the incarnation of a nurturing God, can play an invaluable role in treatment. The more positive a person feels about himself, the better he

can cope with stress. But many suffering from mental illness have very low self-esteem and self-image. They have experienced rejection, sometimes from family and friends, surely from society. They have difficulty relating, so they isolate themselves and are isolated by others. They are constantly being told, "You can't work, you can't study here, you can't live here." They feel unwanted and unloved. They lack the human relationships that strengthen all of us as we face pressure in life.

Acceptance, support and affirming love which is unconditional and consistent can build self-esteem and create a better self-image. Who can better provide that type of love than a faith community? This is the vocation or calling of a faith community, to image the nurturing, loving, maternal God, whom Isaiah describes as follows:

Can a mother forget her infant,
be without tenderness for the child
of her womb?
Even should she forget,
I will never forget you,
See, upon the palms of my hands
I have written your name.
(Is. 49:15-16)

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A faith community can attain this model in a variety of ways: by visiting, calling on the telephone, befriending, welcoming and integrating them into the congregation, praying for them, and supporting them in times of stress.

III. Support in Grief

One aspect of the pain the mentally ill experience is an acute sense of loss. They are people who grieve the loss of a normal future. For many, their hope of a normal family life, a career and social life is shattered by their illness. Many go through periods of denial, anger and depression just as intense as the loss felt by death. Some cannot cope with the pain and turn to drugs, others suffer through it alone and isolated. Part of the pain they experience is caused by the values of our society which define success and personal worth in terms of productivity, material possessions, education, marriage. Any-

one not having a job, a two-car garage and a college education is looked upon as a failure. Faith communities can minister to people by listening, by encouraging, and by helping them to view reality with a different set of standards for success, one measured by *being* rather than *doing* and *having*.

According to Judeo-Christian faith, persons are successful if they recognize their dependence on God, not on things; if they find happiness and self-worth within, not from persons and objects without. The more people are able to judge their lives by God's standards, the less acute will be their pain of loss.

IV. Advocacy

Another way in which faith communities can support and empower persons with mental illness is through advocacy. Support and empowerment are often denied the mentally ill because of the stigma imposed on them by a society whose concept of mental illness is based on ungrounded fears, prejudicial stereotypes and gross misinformation. Faith communities should educate themselves about mental illness and participate in awareness efforts in the larger community such as protesting degrading stereotypes in movies, the news media and advertising.

Compassionate outreach by a person's faith community tells the individual that he is valued, loved, accepted and supported in his illness.

Another important form of advocacy is legislation. The Missouri State Advisory Council for Comprehensive Psychiatric Services, in its campaign to "Paint a Different Picture" of mental illness, lists five priorities of needs:

1. *Housing and Vocational:* People affected by mental illness often have difficulty finding and maintaining employment. To increase access to affordable, permanent, decent housing we advocate appropriate vocational training, supported employment and job counseling.

2. *Accessible Outpatient Services:* Hospitalization for psychiatric problems is necessary in some situations. However, hospitalization can often be avoided by early intervention through outpatient services offered close to home. These include medication stabilization and day treatment programs. In addition, close follow-up is necessary

to ease readjustment and maintain stabilization following discharge from the hospital.

3. *Improve Inpatient Services:* People receiving hospitalization need better staff-to-client ratios to ensure individual attention. This includes active treatment that focuses on the person's quality of life as well as plans for re-entry into the community. Specialized services should complement the treatment plan and may include services addressing substance abuse, vocational training and education.

4. *Children's Services:* Community-based services that support and assist a family in staying together are more effective than hospitalization for a child with an emotional disturbance . . . these services include day treatment, in-home family support, crisis services, therapeutic foster care, outpatient treatment and respite care.

5. *Insurance Coverage:* Even though mental illness is a disease, few insurance companies offer coverage for its treatment. Faith communities can use their influence and numbers to lobby for these services which address the needs of persons with mental illness. Letters could be written and phone calls made to legislators supporting these priorities. Protests could be made to insurance companies that penalize unjustly those who suffer mental illness. The prophetic voice of the faith community must call our society to accountability in how it treats persons who are many times powerless and voiceless because of the nature of their illness.

V. Spiritual Growth

Among many other ways that faith communities may serve the mentally ill, I would like to mention the important spiritual task of nurturing the faith of the person who suffers mental illness.

Developing a stronger personal faith can enhance the individual's ability to cope in a hope-filled way with his situation in life and empower him to grow stronger. Ernest Hemingway wrote, "Life breaks us all sometimes but some grow strong in broken places." Faith empowers one to grow through suffering, to become a virtuous person. It gives meaning and purpose to otherwise meaningless suffering.

VI. Pastoral Services

Institutional pastoral care givers have come to view their responsibilities in a new light by recognizing the invaluable role faith communities play in the treatment and care of mentally ill persons. That new light can be described by the words support and empowerment, the same words used to describe the new dimension in treating mental illness.

As a coordinator of pastoral services I see my mission as facilitating the care of persons suffering

mental illnesses in the most effective and compassionate manner possible, whether they are inpatients or outpatients. I provide that care myself if the individual does not know and trust another counselor. I do this by visitation, worship services, friendship and group discussions; in a word, through the traditional chaplain functions.

However, I believe the more effective instrument of pastoral care is an individual's own pastor or fellow faith community member; so part of my responsibility is to facilitate that care by contacting the person's local pastor, inviting him to visit his members in the hospital and encouraging him to continue a supportive relationship after the patient is discharged.

If an individual has no faith community affiliation I offer to help him become integrated into one. I believe this is how most of us receive our spiritual care, and since many persons suffering from mental illness are living in the community, not in a protective hospital environment, I support faith community participation.

Such involvement is effective because the compassionate outreach of a faith community tells the individual that he is valued, loved, accepted and supported by the community. It lessens the feelings of rejection and isolation, typically strong in the mentally ill.

Frequently ministers and members of faith communities feel inadequate, unknowledgeable or even fearful of serving the mentally ill. Therefore, part of my responsibility is to empower them in their ministry by providing educational programs, workshops and conferences on mental illness. Strengthened by this better understanding and freed from the myths, fears and stereotypes surrounding mental illness, they can more comfortably minister to the individual person. It is my hope that they in turn will be empowered to educate others in their congregations and communities and become advocates for persons with mental illness.

Conclusion

In short, my role is to mobilize the tremendous healing, creative and redemptive power of faith communities in favor of people who suffer from some form of mental illness and who cry out for love, acceptance, support, understanding and hope.



Midwest Bioethics Center
410 Archibald Suite 200
Kansas City, MO 64111
(816) 756-2713

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