

# SLE church Mental Health Awareness Day

Mental Health from a Clinicians view

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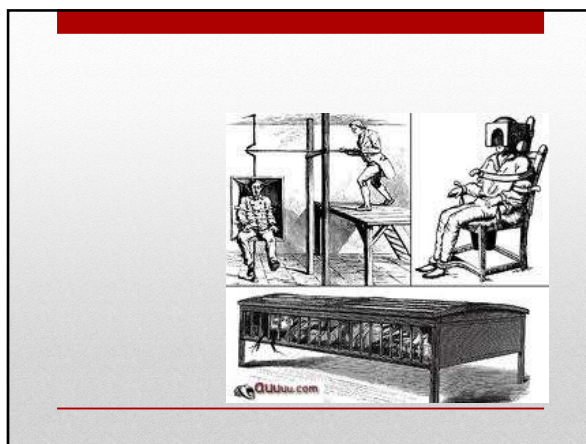


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## Who is mentally deficient?

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- Biological psychiatry: Treatment of brain based chemistry.
- Causes are multiple and complex
- External and long term events effect change in the brain which results in changes of chemistry > changes mood, behaviour, etc
- Therapeutic intervention is complex, and often slow.
- Personal 'wrath of God' on an individual NOT the cause of the suffering, however, internal conflict and unresolved issues of identity, worth, and trauma, etc can create the milieu for illness.

## Current answers?

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Something or someone is.....

- 'Not right'
- 'Different'
- 'Doesn't fit'
- A bit 'out of it'
- 'A bit weird'

## Abnormal

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- The mentally ill have been
- *demonized,*
- *categorized,*
- *lobotomized,*
- *psychoanalyzed...and now*
- *medicated.*

## Summing up

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- '... Many definitions of *Mental Disorder*, none of which is both accurate and complete. Perhaps this is because nobody yet has adequately defined the term *abnormal*.'

(Does it mean that the patient is *uncomfortable*? Then many patients with Manic Episodes are not abnormal.  
Is abnormal that which is *unusual*? Then very bright people are abnormal. )'

## Something is happening!

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- 'A *mental disorder* is a clinically important collection of symptoms (these can be behavioural or psychological) that causes an individual distress, disability, or the increased risk of suffering pain, disability, death, or the loss of freedom.' *DSM IV Made Easy introduction*  
*Dr James Morrison. Guildford Press 1993*

## Useful definitions.....

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- The most prevalent mental illnesses among the group are;
  - **Anxiety disorders** (1 in 10 people) - includes panic disorder, agoraphobia, and post-traumatic stress disorder
  - **Substance use disorders** (1 in 13 people) - the harmful use of and dependence on alcohol, cannabis, stimulants, opioids, or sedatives
  - **Affective disorders** (1 in 17 people) - includes clinical depression and bipolar mood disorder
- **Psychotic disorders** (less common) Around 3 in 100 people will experience psychosis at some time in their lives. (increasing with drug use, esp Marijuana/amphetamines)  
Mostly between 17-25

## Prevalence

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Clinically diagnosable disorders (*symptoms and signs observed grouped together frequently enough as to be recognisable*) that significantly impact on a person's emotions, thoughts, social skills and decision-making.

(Onpsych group definition)

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- Anxiety disorders : major physical and mental arousal often developing avoidance of real or perceived threat  
Approx 1 in 10 of community, often in family clusters
- Phobias
- Generalised
- Secondary
- Panic disorders

## Patterns ( groups)

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- Substance Misuse disorders ( 1 in 13, an increasing)
  - Often secondary ( we call this 'co-morbid' – Together)
  - Increasing in younger age groups
  - Overlap with psychosis
  - Extremely difficult to manage when long term

**Patterns (groups)**

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- Psychotic disorders ( 3-4 in 100)
  - Schizophrenia
  - Psychosis with Bipolar episode
  - Drug induced /illness induced
  - Others..... Uncertain

**Patterns (groups)**

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- Affective disorders ( one in 17 and increasing with isolation)
  - Major depressive disorder
  - Bipolar disorder
  - Post partum ( pregnancy related) depressed mood
  - Dysthymia
  - Complicated Grief

**Patterns (groups)**

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- **Where is God when it Hurts.... In OUR lives, and minds?**
- How to approach the situation where something is happening, but we are uncertain of its origin, and it creates a difference in the way in which we manage a ministry issue/friendship/ group

**Bringing LIGHT to *our* thinking...**

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**Connect OUR Mind to OUR heart first**

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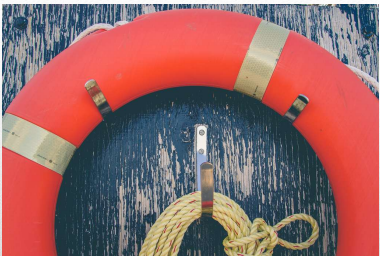
30

- 4 Issues:
  - 1. Awareness of reality and likelihood of occurrence (ie we are on a continuum)
  - 2. Comfort with discussion (ie. Grow in Experience/maturity)
  - 3. Connected in a team who can be supportive and help with direction ?
  - 4. Willing to LISTEN and respond. MOVE towards

**Mental Health and US...**

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**Providing Safety and care**

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- [https://www.blackdoginstitute.org.au/docs/default-source/factsheets/facts\\_figures.pdf?sfvrsn=8](https://www.blackdoginstitute.org.au/docs/default-source/factsheets/facts_figures.pdf?sfvrsn=8)

**1. Reality and Likelihood**

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## Prevalence

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- Be real,
- Be ready
- YOUR mind needs to acknowledge....
- Check YOUR heart.....
- Especially understand Sufferer/ Saint/ Sinner

## What is YOUR situation?

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- Women > Men (slightly)

*Apart from those who have a diagnosable mental illness, many Australians may experience a mental health problem. For example, they might feel very down without having the full range of symptoms which would lead to a diagnosis of clinical depression.*

- Mental health problems can occur in any social group, at any age, but the highest level seems to occur in adolescents and young adults, when young people in Australia face a number of transitions and changes in their lives

## Reality and Likelihood

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- 4 Issues:
  - 1. Awareness of reality and likelihood of occurrence
  - 2. **Comfort with discussion (ie. Our Experience/maturity)**
  - 3. Connected in a team who can be supportive and help with direction
  - 4. Willing to LISTEN and respond

## Mental Health and Us

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- Some are 'naturals' (rare)
- The work may be subtle, and sometimes catches us out.
- Training/using our minds brings protection for us from burning out
- Experience and expertise are gained over time.... For a healthy response from a church

## 2. Comfort and experience

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- Connect with others in mental health who can help with assessment if you have questions, or concerns... Be willing to 'speak their language'
- Combined effort.... ( eg thoughtful, focussed)
- Humility -- take care with prejudice against their position/role
- Important that workers see themselves as part of the team of carers...

## 3. Connected to Team (Body of Christ + community)

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- 4 Issues:
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## Mental Health and Us

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- *I remember walking into a church and telling some older man I was a psychiatry resident and he instinctively said, "I am sorry." Confused, I looked at him and asked "could you explain why?".... he pulled his frontal lobe back in line and tried to smooth over the abrupt and loaded initial statement ... but the flickering light of any connection was lost to superficial smiles. I can understand his reproach. Are not secular psychiatrist and psychologist the secular priests of our time? The "professionals" fulfill the ancient priestly role of listening to confession and people come to free themselves of their burdens. In our society psychologists and psychiatrists are filtered broken people when solutions from magazines, movies, books, and often religious experience fails. Both secular and spiritual professions seek to calm our anxiety, fulfil our desires, solve our attachment needs and bring us some sense of wholeness. (Psychiatry student Dr Puder -- Loma Linda psychiatry centre)*

## God may be in the psych ward!

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- Chinese reminder.....

## 4. Listen and Respond

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- Exercise 2:  
Share thoughts re what you will notice in person who MAY have or be developing Mental Health issues
- A. What may you Hear ?
- B. What may you Observe ?
- C. What may you Intuit (gut feelings!)
- D. What Function is/may be Missing?

## If you 'LISTEN'.... What will you notice?

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- Mood or affect --- appearance and your 'gut'
- Perception – odd descriptions or different from the majority.... (note cultural norms here)
- Behaviours
- Personality change
- Substance misuse ( either primary or secondary)
- History ---
  - *pervasive or episodic*
  - Disability and Loss
  - Distress
  - Thoughts of dying /suicidal behaviours
  - Suffering
  - Loss of freedom

## What *may* be noticed : recent change or longer term

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- Abraham Kuypers, who was well known for saying:  
*'There is not a square inch in the whole domain of our human existence over which Christ, who is Sovereign over all, does not cry, 'Mine!'*

This does not change, though the Body cries out in pain and distress.

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## Where is God ?

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- What will be different in the ministering if a mental illness is present?
- What issues may be raised by the person with the mental illness compared to someone with grief, or relationship issues?
- How will it interfere with relationships?
- Are there any mental illnesses which may have some contraindications for ministering? i.e. do I need to be very careful?
- Are there any modalities of ministry NOT useful for people with Mental illness or perhaps be less helpful.
- Suicide responses

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## F.A.Q.

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**Allow me to introduce.....**

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Mark 5:1 ff.

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- Matthew 23: 23  
neglected the weightier matters of the law: justice, and mercy and faithfulness

Matthew 25: 34  
The king will say to those on his right ( the sheep) .....

And to the goats: Truly I say to you, as you did not do it to one of the Least of these, you did not do it to me.

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## The challenge of living as Gods people where mental Health challenges abound

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- All humans have needs...
- The ministering relationship can take many forms.
  - It is not always 'heart depth related' (psychodynamic or attachment issues)
  - Sometimes it is *Harm minimising*.
  - Sometimes it is *Solution focussed*
  - Sometimes it is more like *coaching*.....
  - It is always working towards BELONGING to the Body

**Important messages**

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- Challenging to our ideas and comfort
- Difficult to negotiate, confusing
- Long term and sometimes chaotic
- Strange and Odd
- Even dangerous for each other

**Proximity and presence**

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- Proximity and presence ( YOUR BEST TOOL)
- Hear the Story /narrative of experience – both internal and interpersonal

Love and Know ( CCEF – Paul Tripp  
Connect and Understand ( CWF – dr John Warlow)

**2 consistent things to be aware of:**

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- **BE CAUTIOUS:** Think through the implications of simplistic ideas behind a lack of mental health

- You say 'It's God's will not to heal you'... *They hear, God actually delights in my suffering and pain: God must be evil*
- You say, 'It's your lack of faith'.... *They hear, 'It is my fault I'm unwell; now I'm also a spiritual failure.'*
- You say, There may be hidden sin in your life'.... *They hear, 'I am completely worthless and flawed'.*

**If it doesn't SOUND like grace, it probably isn't grace!**

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- 2 Downloads that would be helpful to you :

- Mental Illness Fellowship Qld  
<https://www.mifq.org.au/how-we-work/minetworks/information-sheets>
- Mental health Access pack.  
<https://www.mindandsoulfoundation.org/Publisher/Article.aspx?ID=425828>

**Important Sites**

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- Experience will have many aspects
  - The change – story of the development of the illness
  - Who has been involved / where things have occurred
  - Internal dilemmas /sadness or agitation /anxiety for future or self
  - External dilemmas – relationships changing /people withdrawing
  - Loss of capacity ( short or long term)
  - Grief at destruction of 'life'

Be willing to attend to these stories, and to listen well. For the content, and the longing and the emotions that are expressed.

**Story**

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- Ears
- Eyes
- Heart
- King

(Henri Nouwen:  
• Leadership )

**The Perfect 'Listener'**

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