

OPENING HYMN

“Healer of Our Every Ill” (ELW 612)

OPENING PRAYER

O God, our Compassionate Companion, you walk beside us through life’s joys and sorrows. When we suffer, you are with us. We ask that you heal all who are living with a mental illness. Help us, your hands and feet in this world, to turn our prayers into action. We recognize that our biblical ancestors also faced mental health struggles. Today, as our society continues to discover more about mental illness, may we and our faith communities become beacons of light and hope to our brothers and sisters who struggle. Help us to be loving companions on one another’s journeys. Amen

MATERIALS NEEDED

- Bibles (NRSV preferred)
- *Evangelical Lutheran Worship* (ELW)

Compassionate companions

Congregations can play a role in mental health ministry.

BY ELISE SEYFRIED

When I was a child, my encounters with people living with mental illness were, as far as I knew then, very few. From books, movies and TV, I absorbed a picture of these folks as either frightening and out of control, or incoherent and incapable of functioning. My church never spoke about mental illness, except to say that suicide was a terrible sin.

Then, when my mom was diagnosed with major depression in the 1960s, I began to put a face to that picture—the face of someone I loved. Years later, when I received my bipolar disorder diagnosis, I came to understand something else: Anyone—even those who seem to be functioning successfully in life—can have mental health issues.

Since beginning treatment, I have become very active as a writer and speaker on mental health. I am passionate about helping to erase the stigma that still exists around living with mental illness. I have been heartened to learn about the steps many faith communities are taking to make a positive difference, in both the perception of mental illness and the practices that provide practical help and support.

May this devotional add to your understanding and inspire you and your congregation to reach out to the more than 20 percent of people who live with diagnosed mental illness. Jesus’ earthly life of compassion, service and healing is our model.

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NAOMI AND DEPRESSION

📖 **Read:** Ruth 1

With the deaths of her husband and sons, Naomi has been dealt some severe blows in life. In response, she experiences a profound depression, calling herself Mara, which means “bitter.” Naomi and her daughter-in-law Ruth—who, of course, has also lost her husband—become a beloved community for each other, walking together and guiding one another to a place of comfort and healing. Their circumstances affect them differently, and depression does not lift overnight. But in their love and support for each other, we see how caring people can bring hope to the hopeless.

Kirsten Peachey is a pastor and director of faith and health partnership for ELCA-affiliated Advocate Health Care in Illinois. She encourages congregations to build and strengthen their connections, revealing the loving communities already there. This work is not without challenges.

Pastor Peachey says it can be difficult to break the cycle of pretending in many churches. Often people with mental health struggles pretend to be fine out of shame for their situation and the fear of being shunned, she says. At the same time, clergy can sometimes be overwhelmed by church members’ mental health needs, and church members can feel ill-equipped to help each other. However, Pastor Peachey maintains that we are all well qualified to serve as companions for one another.

We don’t have to fix things, she explains. The most important thing is our loving presence. Just as Ruth stayed with Naomi—and Naomi with Ruth—we can be there for those who are suffering. “All of us have a healing presence,” Pastor Peachey says. “The key is to truly see, hear and hold someone in your heart.”

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Share aloud or reflect:

1. Naomi and Ruth’s special bond comforted both women and offered healing for each. Have you or a loved one ever experienced depression? What did it feel like? Did something or someone make a difference for you in this struggle? Have you ever found yourself able to support someone else, even amid your own struggles?

Depression is a mental health condition that can occur even when there’s “no reason to be sad.” It can also be affected by life circumstances, including loss, like Naomi and Ruth experienced, or loneliness and isolation—something that became more common during the pandemic. For many, this depression hasn’t lifted.

Share aloud or reflect:

2. Where and how do you find support when you feel hopeless *despite* your life of faith? Are there certain people you rely on, as Naomi and Ruth relied on each other?
3. When you don’t know how to pray or don’t have strength to do so, does it help to let others pray for you—and to know that even the Holy Spirit does so (see Romans 8:26)?

SAUL AND BIPOLAR DISORDER

📖 **Read:** 1 Samuel 16:14–23; 19:1–24

While there wasn’t an understanding of brain chemistry at the time of King Saul, people now believe he may have lived with bipolar disorder.

Symptoms include extreme mood swings—from the euphoria and hyperactivity of manic episodes to the total despair of depressive episodes. There would have been no medication or psychiatric care for Saul, and it appears he suffered greatly. Saul had tremendous wealth and power, but that didn't prevent his suffering. People who seemingly “have it all” or “have it all together” are not exempt from mental health issues. Some scholars mention 1 Samuel 19:23 as a possible manic episode. Saul's relationship with David reflected his illness, as he swung between loving David and being soothed by his music, to trying to kill him in a jealous rage. Sadly, Saul's life ended with his suicide.

Dr. Deb Karch, a Lutheran who shared her story in the May 2014 issue of *The Lutheran* magazine (the predecessor of *Living Lutheran*), had a long and distinguished career that included Army officer, healthcare executive, and senior epidemiologist at the Centers for Disease Control and Prevention in Atlanta. Yet through much of this time, Dr. Karch lived with undiagnosed bipolar disorder. It made her life painful and difficult enough that she attempted suicide at one point. After she began psychiatric treatment, she joined a church, participated in a group Bible study and connected with a caring pastor, whose daughter was also living with bipolar. All of this made a huge difference in Dr. Karch's life.

Some comments should not be made to someone with mental illness or their family member. For instance, Dr. Karch shares that it is very harmful when church members have the perception that a person who is mentally ill “just needs to pray.” While prayer is good, a person with mental illness also needs to be properly diagnosed and treated, she says. Only when she was diagnosed and received medication could she even begin to understand how to explore a relationship with God.

Share aloud or reflect:

4. Dr. Karch cautions people not to make harmful comments about people with mental illness “just needing to pray.” The implication is that prayer and medical care are in opposition to each other. How might such a comment discourage someone from getting much-needed help from a doctor or therapist? Do you believe that God expects us not only to pray but to put our faith into action, including seeking good medical care?
5. Have you or someone you love ever hidden a mental or emotional struggle out of fear? Did you or they ever share it? What was the outcome? How can the church help to reduce stigma so it becomes safe for church and community members to share these conditions?

ELIJAH AND ANXIETY

📖 **Read:** 1 Kings 19

The prophet Elijah had been doing all the right things for the Lord. Yet he found himself hunted by a cruel ruler, Jezebel. Becoming incredibly worried and anxious, Elijah hid in a cave. There, God came to Elijah in a moment of silence. God's whisper (a sign that God was very near) gave Elijah hope, a plan of action and relief from his anxiety.

For 20 years, I served as director of spiritual formation at an ELCA congregation outside Philadelphia. Beginning in 2005, I spent about a year struggling with very troubling symptoms, including intense manic episodes. I remember feeling that God had abandoned me, even after I had tried so hard to do good things in my congregation and community. My anxiety about the future

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became unbearable; I wondered if I had a future at all. Finally, after seeking psychiatric help, I heard a whisper of hope in a therapist's quiet office. I had a plan of action. I would continue with talk therapy and begin a daily regimen of antidepressants and antipsychotic medications.

Still anxious, I debated telling my congregation what was going on with me. Taking a deep breath, I wrote the church a letter in which I was completely honest. Then I waited for their reaction. Would I be fired? Would these good people give up on me?

To my relief and joy, they embraced me wholeheartedly. I was able to continue in that job for many more years. I was also able to be a sounding board and a resource for church members who also had mental health issues in their lives. My work for God had not ended at all. God used me to reach others in a very special way.

I think of how Elijah had God's love and protection, which gave this prophet confidence even at his lowest point. At my lowest point, I felt that same love—and my anxiety about the future also began to be replaced by hope and confidence.

Share aloud or reflect:

6. What makes you anxious? When you feel anxiety, what are some things that help you cope? Do you think some people are naturally more anxious than others?
7. Where do you feel closest to God (in private prayer, at church, outside in nature, another setting)? Do you regularly seek out those places and that special feeling of closeness? When do you feel farthest away from God? What do you do when you have that feeling?
8. The world is an anxious place these days, with so many worries and troubles.

It's easy to think that things have never been worse, but Scripture reminds us that humans have always had significant troubles. Do you ever feel that God should intervene more directly in what's happening in the world? Why or why not?

JESUS HEALS THE GERASENE MAN

■ **Read:** Mark 5:1–20

In this passage, we see Jesus' great compassion, healing presence and power. We also encounter the ancient understanding of mental illness as demonic possession. "Legion" has been feared and shunned, as his condition has ravaged his brain and body. Jesus meets him exactly where he is, driving out his demons into a herd of pigs, who charge down a steep bank into the sea. After the man's miraculous cure, he tells others what Jesus has done for him.

As Christians, we can imitate Christ's compassionate care through our advocacy for people in our midst who are struggling. Meredith Lovell Keseley is senior pastor at Abiding Presence Lutheran Church in Burke, Virginia, a congregation with a vibrant mental health ministry that includes a partnership with therapist Sarah Tran. Pastor Keseley says the impetus came about when a former intern led a 2016 adult forum and 20 people signed up on the spot to form a mental health ministry team (<https://abidingpresence.net/mentalhealthteam>). Congregation members now participate in NAMI (National Alliance on Mental Illness) walks, host educational events, and debunk myths surrounding mental illness.

In the U.S. healthcare system, psychiatric care is both hard to find and prohibitively expensive for many people. At Abiding Presence, those who need and cannot afford mental health services can receive funding from the church to pay a large percentage of their first sessions with a medical

professional. This is a practical and concrete way for the congregation to serve others. The congregation's website also offers links to help people find providers such as therapists, as well as medication discounts. Without insurance (and sometimes even with insurance), antidepressant and antipsychotic medications can amount to thousands of dollars per month.

Pastor Keseley believes the church should engage beyond church walls and become "one of the loudest voices in the room" when mental health care is discussed. "Possibilities, not limits," is the mindset at Abiding Presence Church, she says.

Share aloud or reflect:

9. In Mark 5, do you think the townspeople lose their fear of the man after Jesus cures him, or might the suspicion that he's still sick linger?
10. Abiding Presence Lutheran Church is notably active in its mental health ministry, though it is not a huge congregation. Mental health has become one of the congregation's most important outreach ministries. Do you think your congregation would be interested in starting a mental health ministry? What might be the obstacles? What are the opportunities?
11. Many of today's societal mental health issues can be traced to the widespread closure of mental hospitals and facilities in the 1970s and 1980s. After patients were released, they faced the prospect of continuing care that was inadequate at best and nonexistent at worst. Even today, there is a lack of mental health care for people who need it. What role do you think the government should play in making mental health care more

accessible? How about insurance companies? What role should the church play?

I can truly say that along with my family and close friends, my church helped save my life. I'm here today because of ordinary people who held me in their hearts. As Pastor Keseley says, "We can make a difference, one person at a time."

CLOSING PRAYER

Lord of Life, what we sometimes see as a definite challenge can indeed be a joyful opportunity. Through your love, we are never alone. You are with us always. You call us to care lovingly for one another in sickness as well as in health. Send us out to make a difference, to serve others with compassion and to love ourselves amid our own struggles, as we choose life together with you. In Jesus' name. Amen.

CLOSING HYMN

"It Is Well with My Soul" (*ELW* 785) 🌿

MORE MENTAL HEALTH TEXTS

Psalms 13 Many psalms, including this one, reflect human struggles with sadness and despair.

Psalms 25 This is a psalm of hope and faith in God's deliverance.

Proverbs 12:25 Mental health has a physical effect.

John 9:1-12 Jesus says that contrary to popular belief, mental and physical illnesses and disabilities are not caused by sin. We aren't being punished for things we, or our parents, did or did not do.

WANT TO START A CHURCH MENTAL HEALTH OUTREACH?

- Start with yourself, according to Advocate Health Care's Kirsten Peachey. Consider creating opportunities for reflection and conversation where you and others can share your own stories of mental health in a safe, respectful setting.
- Pray together in church on mental health and suicide prevention awareness days.
- Invite a speaker who is a mental health care educator to an adult forum and/or youth forum. This speaker can give an introduction to mental health issues and vocabulary, answer questions, dispel myths about people with mental illness and suggest best ways for churches to accompany people with mental health concerns.
- Survey church participants, allowing them to respond anonymously and list or rank mental health services they would like to see the church offer to members and the community.
- Start or host a support group or two. People often feel more comfortable sharing in a smaller group with others who understand. In my congregation, we discovered an unmet need for a support group for parents of teens and young adults living with mental illness.
- Tackle the subject of mental health right there in the sanctuary or meeting room. Don't be afraid as leaders. People really do listen and can sense when church leadership is supportive and open.
- Create and support a mental health ministry team that gives its members a chance to share their individual gifts, as well as connections to mental health resources. Ideally, a team would include volunteers from several generations, including teens and seniors. Teens are often well aware of mental illness within their age group. Likewise, elders are also aware of mental illness and challenges among seniors.
- Publicize your mental health outreach after your congregation has learned about mental illness ministry and has committed to safety, respect, support and confidentiality for people with mental illness and their families. You might add a page to your website or create a welcome brochure, letting people know that your church is a safe place to talk about mental illness.



MAY IS MENTAL HEALTH AWARENESS MONTH. The first week of October is Mental Health Awareness Week. This issue of *Gather* focuses on mental health, including mental illness and suicide. This devotional helps churches and groups explore mental health in May, October or anytime during the year.

Leaders can share the stories of several people from the Old Testament who likely experienced mental illness (Naomi and Ruth, Saul and Elijah). We'll also explore the story of one person from the New Testament: the Gerasene man possessed by demons (an ancient understanding of mental illness), whom Jesus healed.

Mental illness may be an uncomfortable topic for participants for the following reasons:

- Some may not have had interactions (at least, to their knowledge) with people living with mental illness.
- Misinformation abounds in our society about causes and symptoms of mental illness.
- Stigma remains around mental health struggles.
- Some people tend to avoid any discussion of mental health struggles.

In recent decades, our society has become open in talking about mental health care. One example is that increasing numbers of young adults are comfortable sharing that they visit a therapist. However, we're still not in a place where everyone feels safe and comfortable with this subject.

Faith communities are uniquely positioned to help our society make more progress in this area. Churches are excellent places to have these important conversations. This devotional can help you begin to advance understanding constructively and compassionately.

Your challenge, as a leader, is to meet group members where they are and steer conversation in positive, respectful, healthy and nurturing directions.

Paramount to the use of this devotional is the expectation of absolute confidentiality. Leaders

must ensure that everyone in the group understands and agrees to keep the entire discussion within the confines of the room and the group. Clear boundaries must be set and kept by all so everyone can feel safe having this discussion.

Here are discussion guidelines I encourage you to share with participants:

1. Listen to one another. Let others finish speaking before taking your turn.
2. Share your personal thoughts (use "I" language).
3. Respect those with different perspectives and experiences. Try to understand their feelings and points of view.
4. If a participant chooses to remain silent, honor their decision.
5. Remember to keep ALL conversation strictly confidential. What is shared here, STAYS here. All participants must agree that this will be a SAFE place to share.

BEFORE YOU MEET

1. As a leader, watch the May devotional video posted at www.gathermagazine.org, then think about your own understanding of mental illness.
2. Read the Scripture passages ahead of time so you can be ready for possible reactions within the group.
3. Remember: Unless you are a licensed mental health professional yourself, you are NOT called to act as one. Be clear that your role is to serve as a caring discussion leader. If someone in the group reaches out to you with a personal mental health struggle, please encourage them to seek professional help. (You might say: "Sounds like you would benefit from talking to someone with professional expertise in this area.")
4. Make sure all group members agree to the discussion guidelines. If time allows, watch the May 2024 devotional video together. 🌸

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