



COMPREHENSIVE STUDY GUIDE

Introduction: *Shadow Voices: Finding Hope in Mental Illness* is an intimate, inside look at what it is like to live with a mental illness and how individuals and their families find their way through a tangle of medical, governmental, societal and spiritual issues. Ten persons from all across the U.S. with mental illness tell their stories, plus many experts and advocates in the field add helpful perspectives. The program focuses on people's experiences with stigma, recovery and rehabilitation, parity in insurance programs, and how faith communities can do a better job responding to those with mental illness.

Preparation: *Shadow Voices* is one hour long. The DVD includes an additional 1 ½ hours of material. You will be better prepared if you preview the portions you plan to use. Use the guide for discussion with small groups, religious education classes, workshops, conferences or support groups. Choose the questions that work best for your group. You may also want to read some of the supplementary material found at www.ShadowVoices.com before leading a discussion.

How to use this study guide: If you are able to set up six one- or one-and-a-half-hour sessions, use Part I: Six Session Study. If you want to show the documentary in its entirety and then discuss it, use Part II: Documentary Discussion. The final sections can be used for personal study or can be printed out for class members. They include Part III: Background Material; Part IV: Additional Resources; and Appendix: Web Sources for Information and Support.

Table of Contents

- Introduction
- Preparation
- How to use this study guide
- Study Segments
 - I. Six-Session Study
 - Session 1: Introduction
 - Session 2: How churches can help
 - Session 3: Husband-wife relationships
 - Session 4: Stress and self-care
 - Session 5: Support of family and friends
 - Session 6: History of treatment
 - II. Documentary Discussion
 - III. Background Material
 - IV. Additional Resources
- Appendix

I. SIX SESSION STUDY

Overview. Each session is designed for one- to one-and-one-half hours. The first session, where we recommend you watch the entire 58-minute program, may be the most challenging to manage time-wise. Tell participants that in coming sessions, you will study each topic in more depth, look at relevant scripture passages, view additional personal stories and discuss many questions.

Session 1: Introduction

Read the paragraph introducing the documentary from the beginning of this study guide.

Read: 1 Samuel 16:14-23

The young David is introduced to the troubled King Saul who is tormented by “an evil spirit from the Lord.” David provides soothing music for the troubled king. But, more importantly, he is caring and compassionate even in the face of Saul’s terrible rages. Too often we try to explain behaviors we do not understand by labeling them as an “evil spirit” or as a punishment from God. Medical science has taught us much about illnesses of the brain. Modern researchers have theorized that Saul suffered from a mental illness. As people of faith, we are called to share God’s love and compassion with those who are hurting. We can and should be instruments of healing and comfort to those we know are suffering from a mental illness just as David was an instrument of healing and comfort to Saul.

Show the documentary. Then, if you have time (or as a closing or something to think about until the next session) ask, “Has this program helped you see persons with mental illness in a different way?”

Session 2: How churches can help

Read: Luke 15:11-32

When a young adult has a mental illness they often feel lost and abandoned by family, friends, and church. Parents need to realize that young people make mistakes, because they are young and sometimes because their judgment is impaired by a mental illness. Most, like the prodigal son, come home. If they don’t seem to be headed in this direction, parents need to know the signs and not be afraid to intervene. Seeking professional help is not a sign of weakness, but a sign of strength. The congregation can play a vital role in educating the congregation so that it can be a safe and supportive community for the youth and the families struggling with these issues.

Show: Judy Herbold from Personal Stories

1. At one place Judy wanted to reject a label of schizo-affective disorder for her son because of her mother’s life with schizophrenia, yet when he was finally diagnosed she felt relieved to find out that something “really big” was wrong. How can labels be limiting? But how can it be good to name an illness and deal with it? Has anything similar ever happened to you?
2. Some people seek out help and comfort from others when faced with a problem such as the one Judy and her family face. Others withdraw and want to be alone to sort things out. Which style are you? Why? Are you different from your spouse?
3. How can telling your story to others be helpful?

Show: “How churches can help” from Bonus Content

1. How can your congregation do a better job of meeting the needs of those with mental illness?

2. Most pastors have only had a few classes to deal with mental illness. Is there anyone in your congregation who is fully trained? How can persons tap professionals in the congregation as resources without taking advantage of getting “therapy” without an appointment?
3. David says in this segment, “Sometimes religious leaders believe that people who are suffering from a mental disorder just don’t have strong enough faith.” Have you ever heard this expressed? Do you agree? Disagree? How is it unhelpful?
4. Susan shared that her family was unable to get the support and care they needed through her illness, mainly because she felt she had to keep it quiet. How can we create a congregational environment where there is no need to keep silent about mental illness?
5. Susan says: “It is in relationships and persons that we experience the presence of God, and the ministry of presence to another person is the biggest gift that can be given.” Share experiences of this truth.
6. Are there any ways your congregation can develop a program or plan for responding to persons with mental illness? Consider planning an ongoing support group, reach out ministry (visiting or phoning those who are ill), or educational activity regarding mental illness for others in your congregation.

Close discussion with prayer for any in your congregation or friends with mental illness.

Session 3: Husband-wife relationships

Read: Isaiah 58:8-9; John 1:1-5; John 8:12.

The creation story from the first chapter of Genesis tells of God creating light out of the darkness. Light is a symbol of hope and new life throughout our sacred scriptures. The Gospel of John proclaims, “The light shines in the darkness, and the darkness did not overcome it.” (John 1: 5) The foundation of our faith is God’s victory over darkness and the ultimate triumph of light. Darkness can be terrifying for those experiencing mental illness. But love comes out of the darkness and this love gradually draws us back into the light of this world. For persons experiencing a mental illness, we can be instruments of God’s love by extending care, compassion and hope to those in the grip of darkness and despair.

Show: “Husband-wife relationships” from Bonus Content

1. Have the group name some of the steps mentioned in the DVD of relating to a spouse with deep depression. Which items would be difficult for you? Which would come more naturally?
2. How can spouses plan for understanding in a time of mental illness, such as agreeing up front to seek counseling together? How could this potential issue be addressed in marriage counseling, at the time of making a living will, or other time?
3. How do spouses walk the fine line of the well one helping to care for the ill one without doing too much and engendering an unhealthy dependency?
4. How would you feel having a disagreement with your spouse on an important issue, fearing that it could cause them to become depressed again?
5. Stan says at some point the recovery or a next step was up to Susan. Discuss: at what point is it helpful to allow the person with depression to initiate the next step? When is it not caring, and when is it the best possible response?

6. How can you just be present with someone in their pain without necessarily trying to fix them or it? Is that hard for you? How can you learn the ministry of presence?
7. How can a spouse work and still care for a person with a mental illness?
8. Stan stresses how difficult the long journey is, that one must be persistent, and to keep trying over and over. What keeps you going through difficult places in your marriage, no matter what the problems are?

Show: Amber Joplin from Personal Stories

1. Have you ever known someone with paranoia? How does one decide when someone simply has mild paranoid tendencies, or when it becomes something that needs treatment? How does one know when “hard to live with” has become something that has to be addressed?
2. Why do people tend to think that someone with a mental illness is not as intelligent as other people?
3. At what point is it helpful to realize that a spouse can’t fix the other person, and that it is advisable to “learn to live with this new situation in a successful way?”
4. Amber had to deal with the difficult reactions of her adolescent daughter to her husband’s illness. Share stories of how you or others have dealt with the responses of children/teens to tragedy, illness, disabilities, or death.
5. Amber’s church and others came through for her in very supportive ways. How can you make sure the same kind of response happens at your church?

Close by praying for Amber, Susan, and other persons that are on the hearts of participants—for their ongoing struggles. Pray for new openness in your congregation or among acquaintances.

Session 4: Stress and self-care**Read: Luke 8:26-29**

The story of the man called Legion (though it appears three times in the Gospels) only appears once in the preaching lectionary. This text from Luke reveals that people with mental illness in biblical times were often banished from their communities because of the community’s fear of behaviors they did not understand. In Luke’s version of this story, Jesus intentionally sought out this man just as the church must do today. Because of Jesus’ love and compassion, this man was healed. The church today is called to embrace those who struggle with a mental illness and be instruments of healing and wholeness. Even though this man wanted to follow Jesus, he was sent back to the full membership of his own community. And so it was that a person with a mental illness became the first “missionary” to the Gentiles.

Show: Debbie Miller from Personal Stories

1. For those of us who grew up as families that attended religious services two or more times a week, some of Debbie’s compulsions and guilt about religion sound familiar. Discuss how much perceptions of God are shaped by family and early church experiences, and how much they are shaped by our own personality, illness or idiosyncrasies.
2. Did you ever feel like you were supposed to respond to an altar call, or give a testimony, or some other religious act? How did you respond? How did you feel? What is the difference between those experiences and genuine faith-changing movements of God in your life?

3. How does the experience of growing up overseas or in a missionary family impact kids? How can it be a good experience? How can it be a bad or difficult experience? How can you be tuned into the experiences of families in your own congregation with this background?
4. Have you ever felt, as a child or adult that you just did not want to live?

Show: “Stress and self-care” from Bonus Content

1. How do you manage stress? What are tips that work for you?
2. Do you have people who tell you when you seem stressed, or who you can go to and ask for feedback on how you are coming across?
3. Have you noticed any links between stress and any particular kinds of pain (headache, back ache, shoulders, etc.)? How do you deal with physical pain (besides taking a pill)?
4. How is a comprehensive approach to health beneficial? How can you help your doctors look at your emotional, spiritual and mental health as well as your physical? Whose responsibility is that?
5. How do world events or community events contribute to your own stress? Does it bother you? Should it? How about church conflict?
6. Does your job, lifestyle or chosen career contribute to your stress?
7. How can you help your pastor watch that he or she has downtime?

Close with 4-5 minutes of quiet rest and meditation as a way of practicing self-care.

Session 5: Support of family and friends

Read: John 4:7-30

In the story of the Samaritan woman, Jesus asks for water from an outcast woman — a woman who has had five husbands and is living with still another. Jesus boldly initiates the conversation with the woman at the well knowing the cultural taboos of a man speaking to a woman and a Jew addressing a Samaritan. Their lengthy conversation centers on the theme of “living water,” which Jesus promises to the woman. Persons struggling with addictions that are often brought on by mental illnesses, such as depression, also thirst for “living water.” Jesus did not dwell on the Samaritan woman’s past. Rather he gave us an example of how the faith community can initiate a relationship with those struggling with these illnesses. Jesus clearly understood that all persons of faith, and especially those who are separated from their faith community for whatever reason, need to be offered a drink from the deep well of “living water” so they may find the gift of new life.

Show: Lyn Legere from Personal Stories

1. Do you know or have you known anyone who “self-medicates” for depression or other mental illness? What are the dangers? What are the advantages?
2. Lyn talks about the importance of a therapist who believed in her. When has someone demonstrated belief in you and what did it mean to you?
3. Lyn talks about getting to the place of forgiving her mother and accepting her in spite of the poor choices she made in life. How can forgiveness contribute to good emotional health? Other examples?

4. How can you avoid judging people on appearances?
5. What does Lyn's story say to you? How is it like the story of the Samaritan woman? How is it different?
6. Lyn's experience of family in the beginning of her life was not ideal, but she has good relationships today. How have they been a support?

Show: "Support of family and friends" from Bonus Content

1. Have you ever sent a card or casserole for a person dealing with mental illness?
2. How does struggling in silence make an illness worse?
3. What do we fear about a person with mental illness?
4. Ray says that "One of the catalysts of my recovery was when my family was educated and it was explained to them and they realized it wasn't their fault." How can you help this to happen for families who are suffering?
5. Susan says many wanted to "get me better right away." However, a pastoral counselor "... was vulnerable enough himself to enter into my dark place and to be there with me. And it was his faith that I was a child of God, even in the midst of all that I was going through that was one of the sustaining factors that helped me come back around to a point of healing and wholeness." How can trusting God even amid doubts and anger be life transforming?

Close with each person naming one friend or family member that they are especially thankful for.

Session 6: History of treatment

Read: Micah 6: 8 The major reason many persons do not get the treatment they need for a mental illness is the stigma that surrounds these illnesses of the brain. Most fear comes from our lack of understanding of these illnesses. Faith leaders and congregations can and should learn ways to be supportive and helpful to persons struggling with mental illness. The words of Micah remind us that the Lord requires us "to act justly and to love mercy." This may require us to advocate for social issues affecting the mentally ill. By offering loving mercy and including those struggling with mental illness in our prayers and in the life of our congregations, we will give hope to those who often feel hopeless.

Show: Bob Carolla from Personal Stories

1. How is Bob's work in advocacy with the National Alliance on Mental Illness (NAMI) one way to fulfill Micah 6:8?
2. Why does it take so long for doctors and therapists to get an accurate diagnosis when it comes to mental illness? Persons often complain about inept diagnoses, but how can friends and families be helpful and supportive as those with symptoms seek help?
3. Did you know that police are often called rather than an ambulance if a psychiatric disturbance is suspected? Why is this? Is that the way it should be? Do you know how it is in your community? Discuss.

4. Some persons enjoy and thank God for the creative side of bipolar disorder, even going so far as to say if they had a choice, they would accept being bipolar even with its negative and life-threatening implications, rather than miss out on its creative inspiration. What does it mean to be created in the image of God when it comes to mental illness?

Show: Johnny Limbaugh from Personal Stories

1. How do you weigh the rights of a patient to privacy and the need of a family to be given information about their loved one? Which is more important?
2. Should policies be different for persons with mental illness?
3. How can Johnny's experience be instructional for you — how he felt being surrounded by police cars, versus the more individual approach where he was told everything that was being done to him and why?
4. Have you ever seen someone talking to him or herself in public (and not on a cell phone or other device)? What did you think — did you judge them or were you fearful? Have your views towards those with mental illness changed as a result of education on these issues?

Show: "History of treatment" from Bonus Content

1. What was new to you in the documentary or this segment about the history of treatment with mental illness? What have you learned?
2. It has been said it is a miracle that anyone got better in the "grim" atmosphere of mental hospitals in the first half of the 1900s. How does our current fractured mental health care system contribute to more illness? Are there any signs of hope you would point to in the system(s)?
3. Several of the experts pointed to the tradition of care for the mentally ill being a need shouldered by the community, from the days of state sponsored mental hospitals, to today's state and government sponsored aid programs. The current rehabilitation movement puts some responsibility into the hands of those with illness. Is this good? Bad? How can those with mental illness be best cared for?
4. Dr. Joyce Burland talks about some of the early psychotropic medicines that would "drop an elephant.... They were very hard to tolerate. They were Civil War medications. And so people who took those found ways to go off of them." How are people and society still bearing scars from those early medications?
5. Should a person have a right to not take medication even if everyone else says they should? Who decides?

Close with a circle prayer. Each person can pray if they wish, or decline to pray and pass on the opportunity by squeezing the hand of the person next to them.

II. DOCUMENTARY DISCUSSION

A. Introduce the documentary

Begin by asking the following before viewing the program:

1. What is mental illness?
2. Do you believe there is stigma surrounding mental illness? Why or why not and what experiences have you had that support your answer?
3. How do you honestly regard a mental illness? Is it the same as a physical illness? How do you treat people or think about persons with mental illness?
4. Why do you think some people never seek treatment for a mental illness?

B. History and stigma

1. The program talks about the fact that when the mentally ill were moved from state hospitals to treatment centers in the community, there was a breakdown in follow through by communities, causing many mentally ill to end up in jails and prisons. Were you surprised by this information? Why or why not?
2. Discuss the negative and positive effects of deinstitutionalization. Do you think the effects were worth it (more homelessness, more mentally ill in prison, more community-based programs)? How can society change some of the fallout?
3. Dr. William Anthony said that with deinstitutionalization, "We opened the doors of the hospital and gave people a prescription for their medicine when they left. Now we have to open the doors to the community, and help people develop a prescription for their lives." How can we help do this?
4. Dr. Anthony says the psychiatric community is still working at re-orienting the training philosophy for psychiatrists and physicians to include rehabilitation. Is this a need among the doctors in your community?
5. What kinds of images of the mentally ill have you seen in the media or in the news?
6. How has the media's treatment of mental illness affected your own attitudes about mental illness?
7. Rosalynn Carter comments that the mentally ill are more often victims than the cause of violence. Do you believe this is true? Why or why not?
8. Why are people afraid of those with mental illness?

C. Criminal justice system

1. How can congregations be helpful in breaking the cycle of persons with mental illness passing into and out of prisons and not finding help or treatment?
2. How can we speak to systemic issues of communities not being equipped or educated to deal with mental illness issues in the criminal justice system?

D. Psychiatric rehabilitation

1. The medical community and rehabilitation circles have often operated in separate spheres or “silos” according to the experience of Lyn Legere. Do you think that is changing and how can the church aid in that change?
2. Why is goal setting helpful for psychiatric needs? How can you apply that in your own life?
3. Vonnie Williamson says that putting on the clown face and acting funny and happy helps bring her out of a down mood. Have you ever found that to be true, even if you don’t don a clown’s makeup or mask? Is it good to sometimes fake cheeriness or a positive outlook? What is the flipside of this?
4. Kari Broadway says that accepting mental illness is one key to recovery. This is true in many situations. Talk about the times acceptance has helped you overcome a problem. How might acceptance be different with a mental illness?
5. Is it misleading to talk about recovery in regard to mental illness? Have you known situations where recovery seemed impossible?

E. Insurance

1. Dr. Joyce Burland says society has no “social contract” on mental illness. A social contract is where everyone in society agrees that this is a problem that needs solving and that money, a cure, and prevention need to be worked at. Why do you think society does not have a contract on mental illness? If it did, how would that make a difference?
2. Some feel that it would cost employers less than a 1-4% increase to achieve parity in insurance coverage for mental illness. Is this surprising? How do you respond to the fact that of the times persons with mental illness needed medical attention, only one-third of their medical needs related to their mental illness?
3. Why do insurance companies and employers fear that the amount of treatment will escalate if insurance covers it? How can treatment for mental illness save companies money in the long run?
4. Do you think mental illnesses ought to be covered exactly the same as any other illness? Should there be limits? As businesses deal with trying to provide insurance that they can afford and stay viable as a business, how can they deal with this issue? How do they cope with excessive claims—like recovery from jet lag being claimed as a mental disorder?
5. Is there an advocacy role for the religious groups regarding public policies on insurance parity?

F. Faith communities

1. What agencies are available in your community for those with mental illness or their families?
2. Persons with mental illness say that telling their stories to others helps them to cope and recover. Is there a way your congregation can aid this process? How can we make people comfortable with sharing their story?

3. What is the role of faith? While the participants in the documentary would not say they needed to “pray more” to get better, many of them do point to strength they found in God to cope. What is the difference? Have you ever heard anyone talk about a mental illness as a moral or spiritual failure? Does this still happen? Have you ever heard anyone who hints that if a person really has faith in God they shouldn’t have to take medication?
4. Why does Chet Watson say that among clergy they talk about those with mental illness as being “high maintenance?” How can clergy set boundaries and still deal compassionately and helpfully? How can fellow congregation members also set boundaries so they don’t become burned out caring for others?
5. Why has there often been a hostile relationship between mental health providers and faith communities?
6. Is it true in your congregation that people don’t send casseroles or cards to families experiencing a mental illness? Does that depend on how open the individual or family is about it?
7. Discuss the voucher system offered to churches at the Crown Counseling Centre in Ohio. What would it take for your community to offer a similar program?
8. Family support is important for those struggling with mental illness; yet there do seem to be cases where no amount of help or support can help an individual get better. How can family or congregational members balance support and encouragement with realistic evaluations or the knowledge that sometimes you’ve done everything you know to do?
9. Do you know anyone attempting to self-medicate for depression or other problems? What can be done? Is it ever helpful?
10. Susan Gregg-Schroeder and her husband, Stan, say the role of a spouse should change as a mental illness changes. Discuss the difficulty in changing from being a caretaker and protecting a person with illness, to relating as equal married partners who both have needs and differences.
11. Dr. Burland says families are the shadow mental health system in America. What do you think this means and do you agree?
12. In your experience, have families been kept at arm’s length from persons in treatment? Why is this particularly hurtful? Is that ever helpful? In your experience, have family members blamed the person who is ill for their situation?
13. Dr. Bornemann says that hope is the great antidote. Lyn Legere shared how someone else held on to hope for her when she didn’t know if she could go on. How can you “hold on to hope” for another person? What are ways to offer hope and presence?

G. Summary

How has this program helped you see persons with mental illness in a different way? What did you learn that surprised you? What changes would you like to see in your congregation, in your community, and in your own life as you relate to those with mental illnesses?

III. BACKGROUND MATERIAL

Most background material prepared by Rev. Susan Gregg-Schroeder, whose story is told on Shadow Voices. VHS resources available from www.MentalHealthMinistries.net. Used by permission.

Mental Illness

There is a great deal of stigma associated with having a mental illness. People with mental illness are often feared, distrusted and marginalized. In American society, ex-prisoners stand higher on the ladder of acceptance than people with mental illness. When asked to rank 21 categories of disabilities from the least offensive to the most, mental illness was placed at the top of the list. Mental illness, unlike other forms of illness, is viewed by society as being socially unacceptable, embarrassing and not to be discussed or acknowledged.

Many people believe that mental health problems, psychological problems, emotional problems, psychiatric disorders, etc., are a sign of personal or moral weakness or failure. Having to rely on a professional to help with one's emotional issues can be a major blow to self-esteem. This results in a sense of inadequacy, of being lazy, or even of being morally deficient.

Mental illness is so disturbing and degrading that one can understand why people are unwilling to openly admit that they have an illness of the brain. It is less painful to deny it and not think about it. Certainly a faith leader and a congregation can assist a person in such a situation by being supportive and by helping the person with the spiritual journey he/she is taking. People are more likely to comply with their medication therapy or participate in psychotherapy if they can envision hope for the future. (Source: Pathways to Promise (www.pathways2promise.org))

Too often mental health is an afterthought to medical care for physical problems. There will be less stigma and discrimination against mental illnesses as people become educated as to the causes and their treatment options and as people advocate for health parity in dealing with physical and emotional illnesses. Then we can put more attention into early diagnosis and treatment for all ages instead of spending money on the effects of no treatment such as addiction, homelessness, employment, domestic violence, and problems with the legal or school systems.

Excerpt from VHS resource, "Overcoming Stigma: Finding Hope," produced by Mental Health Ministries.

Understanding Mood Disorders

A depressive illness is a "whole-body" illness, involving your body, mood, thoughts and behavior. It is not just a passing blue mood. It is also not a sign of personal weakness or a condition that can be wished away. Depressive illnesses may be associated with an imbalance of chemicals in the brain, negative life experiences, other medical illnesses, medications, certain personality traits and genetic factors. With the effective medications and therapies available today, most people, including those with the most severe forms, can improve significantly.

The economic and social costs of untreated depression are staggering. Depression costs nearly \$50 billion annually in the United States alone and \$24 billion in lost productivity and worker absenteeism. Yet early diagnosis and appropriate treatment reduces overall costs by reducing hospitalizations, medical expenses and disability. There are several different types of depressive illnesses including major depression, dysthymia (a milder, chronic form of depression) and bipolar disorder. Depression can often co-occur with other illnesses.

Symptoms of Major Depression Can Include

- Persistent sad, anxious, or "empty" mood
- Feelings of hopelessness, pessimism
- Feelings of guilt, worthlessness, helplessness
- Loss of interest or pleasure in hobbies and activities once enjoyed, including sex

- Insomnia, early-morning awakenings, or oversleeping
- Appetite and/or weight loss or overeating and weight gain
- Decreased energy, fatigue
- Thoughts of death or suicide, suicide attempts
- Restlessness, irritability
- Difficulty concentrating, remembering, making decisions
- Persistent physical symptoms that do not respond to treatments, such as headaches, digestive disorders, and chronic pain

Typical Symptoms of Mental Illness in the Workplace

- Decreased productivity
- Morale problems
- Lack of cooperation
- Safety problems, accidents
- Absenteeism
- Frequent complaints of being tired
- Complaints of unexplained aches and pains
- Alcohol and drug abuse

Bipolar Disorder

Like depression, there are different types of bipolar disorder which is also known as manic depression. More than two million American adults have bipolar disorder. It affects both men and women. People with bipolar disorder have severe mood swings that affect their ability to function in daily life. These mood swings are more extreme than the normal ups and downs experienced by most people. The mood swings of bipolar disorder are called episodes and can last days, weeks, or even months.

A period when a person feels overly “high” is called an episode of mania or hypomania. Hypomania is a less intense form of mania. A period when a person feels “low” or sad is called an episode of depression and would include the symptoms listed above.

Bipolar I disorder is characterized by one or more episodes of intense highs (mania) and/or lows (depression). Some people also lose touch with reality and experience psychotic thinking during episodes of mania.

Bipolar II disorder is when people have one or more episodes of depression and at least one episode of hypomania. Rapid-cycling bipolar disorder is distinguished by four or more episodes within a 12-month period. Mixed bipolar has symptoms of mania and depression that occur together.

Symptoms of Bipolar Depression Can Include

- Excessively “high” mood
- Irritability
- Decreased need for sleep
- Increased energy and activity
- Increased talking, moving, and sexual activity
- Racing thoughts
- Disturbed ability to make decisions
- Grandiose notions
- Being easily distracted

For more, see Depression and Bipolar Alliance (www.dbsalliance.org).

Excerpt from VHS resource, “Understanding Depression,” produced by Mental Health Ministries.

Addiction and Depression

Adults and adolescents are often first referred to treatment for alcohol and drug abuse. Studies show that more than half of the persons with a substance abuse diagnosis also have a diagnosable mental illness. But they are often not referred to a qualified mental health professional for appropriate diagnosis and treatment of the underlying cause of their addictive behaviors. Many persons use addictive behaviors as a way of self-medicating themselves for the pain associated with mental illnesses such as depression.

When a person suffers from both a mental illness and an addiction, they have a “dual diagnosis.” Unfortunately, the programs that treat people with brain disorders often do not treat individuals with active substance abuse. And programs for substance abusers are not geared for people with a mental illness. Consequently, many persons get caught in this treatment or services gap. Mental health and addiction counselors increasingly believe that brain disorders and substance abuse disorders are biologically and physiologically based. But the spiritual component is also a key to recovery and healing.

Excerpt from VHS resource, “Addiction and Depression,” produced by Mental Health Ministries.

Mental Illness and Families of Faith

Surveys show that 40-60 percent of Americans seeking help with mental health issues turn first to ministers, priests and rabbis. Unfortunately, the response of clergy and congregations falls significantly short of what parishioners expect of their faith leaders. Mental illness has been called the “no casserole disease.” Individuals struggling with mental illness are significantly less likely to receive the same level of pastoral care as those in the hospital with physical illnesses, those who are dying or those who have long-term illnesses.

There are a number of reasons for the needs of the mentally ill and their families not being met by many faith communities. Clergy do not receive adequate education about mental illnesses in seminaries. Some faith groups have theologies that associate sin or weakness with mental illnesses instead of seeing them as biochemical illnesses of the brain. Congregations are made up of individuals who mirror the stigma and fear we find in society as a whole. Even if people are aware of the problem, they may not know what to do or say.

The needs of families coping with mental illness are documented in the book, *Families and Mental Illness: New Directions in Professional Practice*. (Marsh, New York: Praeger. 1992).

Excerpt from VHS resource, “Mental Illness and Families of Faith,” produced by Mental Health Ministries.

V. ADDITIONAL RESOURCES

- **Carter, Rosalynn with Susan K. Golant. *Helping Someone with Mental Illness: A Compassionate Guide for Family, Friends, and Caregivers*.
- **Gregg-Schroeder, Susan (1997) *In the Shadow of God's Wings: Grace in the Midst of Depression*, The Upper Room, Nashville, TN.
- **Gregg-Schroeder, Susan (1998) *Group Study Guide for In the Shadow of God's Wings: Grace in the Midst of Depression*, The Upper Room, Nashville, TN.
- It Is Well With My Soul*, (1997), The African American Churches Task Team (AACTT), Pathways to Promise, St. Louise, MO.
- Light for All: Worship Resources for Including People with Mental Illness and Disabilities*, (2001) Mennonite Central Committee Canada, Winnipeg, Canada.

- Martinson, J. *Clinical Depression: Recognition and Treatment Within the Religious Community*, (2002), The American Association of Pastoral Counselors, Fairfax, VA.
- Miller, K. and Burggrabe, J. (1991) *The Congregation: A Community of Care and Healing*, Presbyterian Church (U.S.A.) Louisville, KY.
- Shifrin, J. (1997) *Caring Congregations: Observations and Commentary, Pathways to Promise*, St. Louis, MO.
- Shifrin, J. (1997) *Pathways to Partnership: An Awareness & Resource Guide on Mental Illness*, Pathways to Promise, St. Louis, MO.
- Shifrin, J. (1996) *Worship Resources*, Pathways to Promise, St. Louis, MO.
- Smith, C. (1999) *Mental Illness Worship Resource*, the Presbyterian Health, Education and Welfare Association, Louisville, Kentucky.

Resources compiled by Rev. Susan Gregg-Schroeder, Mental Health Ministries, www.MentalHealthMinistries.net.

Videotapes by Mental Health Ministries

**Creating Caring Congregations
Understanding Depression
Teenage Depression and Suicide
Overcoming Stigma, Finding Hope
Gifts of the Shadow
Addiction and Depression
Eating Disorders
Anxiety: Overcoming Fear
Alzheimer's: Care and Support
Mental Illness and Families of Faith

For information on obtaining videos and other mental health resources, visit the Mental Health Ministries Website at www.MentalHealthMinistries.net or contact Rev. Susan Gregg-Schroeder, 6707 Monte Verde Dr., San Diego, CA 92119.

** Indicates books and videos available from Mennonite Media, 800-999-3534 or www.MennoMedia.org/resources.

Websites of organizations mentioned in the documentary:

www.bu.edu/cpr/about — Boston University Center for Psychiatric Rehabilitation
www.cartercenter.org — The Carter Center
www.hopehaven.org — Hope Haven
www.mentalhealthministries.net — Mental Health Ministries
www.nami.org — National Alliance On Mental Illness
www.pennfoundation.org — Penn Foundation

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APPENDIX

Web Sources For Information and Support

National Mental Health Association (NMHA) | (800) 969-6642 | www.nmha.org

National Alliance on Mental Illness (NAMI) | (800) 950-NAMI | www.nami.org

Depression and Bipolar Support Alliance (DBSA) | (800) 826-3632 | www.DBSAAlliance.org

Pathways to Promise | www.pathway2promise.org

FaithNet NAMI California | www.faithnetnami.org

Oasis (Organization for Attempters and Survivors of Suicide) | www.oassis.org

Alcoholics Anonymous | www.alcoholics-anonymous.org (for meetings in your area)

American Association of Pastoral Counselors | www.aapc.org

Anabaptist Disabilities Network | www.adnetonline.org

Congregational Resources NAMI Indianapolis Faith Communities Education Project | www.congregationalresources.org/mentalhealth.asp | This site provides a comprehensive list of books, articles, videos, articles and other mental health resources with a description of each resource.

Episcopal Mental Illness Network (EMIN) | www.eminnews.org

FaithNet NAMI California | www.faithnetnami.org

Lutheran (ELCA) Mental Illness Network | www.elca.org/dcs/Candlelighting.html

Mental Health Ministries | www.MentalHealthMinistries.net

Presbyterian Serious Mental Illness (PSMIN) | www.pcusa.org/health/usa/resources/mental-illness.htm

United Church of Christ Mental Illness Network | www.min-ucc.org

VICOMIM (Virginia Interfaith Committee on Mental Illness Ministries) | www.vaumc.org (Click on "Ministries." Click on "Virginia Interfaith Committee on Mental Illness Resources.")